

# Care Worldwide (Wednesbury) Limited

## Kelvedon House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 04 and 06 July 2018. We last inspected Kelvedon House on 20 July 2016, when we rated it as 'good.'

Kelvedon House is registered to provide accommodation for 52 people who require nursing or personal care. People who live there may have a dementia type illness or a learning disability. At the time of our inspection 49 people were living at the home. The service is delivered across three units; Park View and Jobs Way which are predominantly occupied by people who are living with dementia and the third unit which supports people who have a learning disability.

A registered manager was in place. A manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met.

People were supported by staff to have their medicines and records were maintained of medicines administered. People and relatives complimented the cleanliness of the home and staff used protective clothing when appropriate.

Staff were available to meet people's individual needs and demonstrated good knowledge about people living at the home. Staff told us training helped them meet the specific needs of the people they supported.

Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions. The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and had submitted the appropriate applications where they had assessed that people were potentially receiving care that restricted their liberty.

People enjoyed a choice of meals and snacks and were supported to access professional healthcare outside of the home, for example, they had regular visits with their GP and any changes to their care needs were recorded and implemented.

People were supported to enjoy a wide range of activities and were involved in their day to day care and chose how to spend their day. We saw further developments including on site reminiscence shops were planned to support people living with dementia. People were encouraged to maintain their independence.

Staff were caring and treated people with respect. We saw people were relaxed around the staff supporting them and we heard and saw positive communication throughout our inspection and saw people smiling and responding positively to staff. Staff showed us that they knew the interests, likes and dislikes of people. We saw that staff ensured that they were respectful of people's choices and decisions.

People knew how to raise concerns and felt confident they could raise any issues should the need arise and that action would be taken as a result.

The provider had systems in place to check and improve the quality of the service provided. We saw that where areas had been identified as requiring improvement actions had been taken in response.

The registered manager was available to people, relatives and staff and supported staff to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# Kelvedon House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 04 July 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We agreed to return and complete the inspection on 06 July 2018, when the inspection team consisted of one inspector.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We also contacted the local authority about information they held about the provider. The local authorities are responsible for monitoring the quality and for funding people receiving care support.

During our inspection we spoke to five people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We also spoke with nine relatives of people living at the home, three healthcare professionals and one independent trainer who were all visiting the home during the inspection.

We spoke to the registered manager, the deputy manager, one unit manager, two senior care staff, two care staff and the senior administration worker. We also spoke to the cook and kitchen assistant. We looked at records relating to the management of the service such as, care plans for six people, the incident and accident records, two staff recruitment files, Medicine Administration Records (MAR), audit records and residents meeting minutes.

# Is the service safe?

## Our findings

At the last inspection on 20 July 2016, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People we spoke with told us they felt safe living at the home and with the support of staff. Relatives also said people were safe. One relative commented, "[Person's name] is safe, I am assured of that." They told us staff knew the risks to their family member and had taken action in response. For example, their family member had a specialist mattress in place to minimise the risk of getting sore skin. Staff we spoke with knew the type and level of assistance each person required and told us records and assessments of the risks to people were kept up-to date and reflected people's current support needs.

Staff told us they had received training in safeguarding and knew the different types of abuse. Staff we spoke with told us some of the signs they had been trained to look out for that would indicate that the person might be at risk of abuse and what action to take if they had any concerns about people's safety. This included telling the registered manager, so plans would be put in place to keep people safe. One member of staff commented, "[Registered manager's name] would definitely take action. if not I would report it myself." Staff also confirmed the provider had a whistle-blowing policy in place.

People were supported by sufficient staff and during the inspection we observed that staff were available to support people. One person said, "The carers [staff] are good if I press my buzzer they come." All staff we spoke with were assured that people were safe. The registered manager stated that staffing levels were based on a dependency tool which looked at people's individual needs. They advised that some staff had recently left and recruitment was ongoing as they wanted to ensure, "We get the right staff." In the meantime, the staff team covered the additional hours from within the staff team with the deputy manager providing cover too.

We checked two staff files and saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS) before staff worked with people. Completing these checks reduces the risk of unsuitable staff being recruited.

People we spoke with said staff supported them with their medicines. One person told us, "I get all my medicines okay." Their relative also confirmed they received pain relief medication when they required it. We looked at how medicines were managed by checking the Medicine Administration Records (MAR). We found the administration records were completed and recorded when people were receiving their medicines. Staff told us that they had received medication training prior to supporting people with their medication. We did note that the storage unit for controlled drugs was not secured to the wall as required, on one floor. We reported this to the registered manager and this was immediately addressed.

The provider took steps to protect people from the risk of infection. One relative said, "Cleanliness is good. Staff always wear aprons and gloves, I see them use them all of the time." Staff received infection control

training and we saw monthly checks were made with the results published for people and relatives to see. Hand sanitiser was available for use by staff and visitors.

The registered manager completed records to monitor any accidents and incidents and to look for learning and for actions needed to reduce the likelihood of events happening again.

## Is the service effective?

### Our findings

At the last inspection on 20 July 2016, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

Staff we spoke with told us that training helped them to do their job. All staff said training provided gave them the skills to support people living at the home and gave examples of some of the specific training they had completed, which they told us gave them confidence in their support to people. The registered manager had recently introduced a training needs assessment form to be completed by staff in supervisions. This would identify any areas in staff member's knowledge that needed addressing and then training could be arranged. We saw a number of training courses were planned over the coming months and this was confirmed by staff we spoke with.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood the importance of asking for people's consent before providing support. Relatives we spoke with confirmed that staff sought people's consent and respected their choices when providing support. They said, "They always ask [person's name] consent." Another relative said, "They [staff] do respect [person's name] rights; if they refuse."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and saw that the registered provider had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. The registered manager also had a process in place to record the expiry date of any authorisations, so an assessment could be made to review the person's care and make a new application if needed.

People told us they enjoyed a choice of food. One relative told us, "They show [person's name] two meals to help them choose." They added, "The food is lovely. I sometimes have my dinner with them. The choice is good, there is always a vegetarian option." We saw people offered a choice of main course and puddings. When one person couldn't choose between the two puddings offered, the member of staff said, "What about a bit of both?" The person smiled and agreed. Some people told us they felt there could be more variety in the menus and we noted this had been highlighted in the resident survey completed in April 2018. Following the survey the management team reported, 'We are revamping our menus ready for summer which will include something everyone will enjoy.'

People's nutritional needs had been assessed and referrals were made where more specialist support was required, for example to a speech and language therapist. The cook was knowledgeable about people's preferences and dietary needs. For example, where people required softened meals or had a dietary



intolerance. They told us they supported people's cultural diets by preparing meals which were available as an alternative if and when the person chose.

We saw that people had drinks and snacks throughout the day. One relative told us, "Staff make them a drink anytime." They added when their family member woke during the night, "They have a cup of tea and watch television until they settle."

People living on the unit for people with learning disabilities had their food prepared by staff. This was to encourage where possible people to be involved in the purchasing and preparing their food. One relative confirmed this and said their family member, "Likes to help."

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. We saw referrals were made to specialists such as the speech and language team (SALT) or physiotherapists. We spoke to three healthcare professionals visiting the home on the days of our inspection. They all said that staff were responsive to changes in people's health and followed guidance given to support people's well-being.

The premises were suitable to meet the needs of the people who used the service. The home was bright and well-lit with some themed areas such as a garden themed area for people living with dementia. A Namaste room for people to enjoy peace and quiet in a relaxing space had also been introduced in the lower level unit. We were advised that redecoration of some areas was being planned. We saw people's rooms were personalised and reflected their life histories and interests.

# Is the service caring?

## Our findings

At the last inspection on 20 July 2016, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People spoke positively about staff that supported them and described them as respectful and caring. One person said, "The carers [staff] you can't fault them. They are all very good and do the best they can." A second person commented, "They are nice carers."

Relatives also spoke positively about staff. One relative said, "[To say they are] caring doesn't do them justice. [Person's name] is loved and cared for." A second relative said, "We know {person's name} is being looked after. The carers [staff] jump through hoops if needed."

One relative commented how staff took time to care for their family member. They said, "They [staff] arrange the sheets the way [person's name] likes them and spray perfume, staff treat them like they are their relative." They added, "I thanked staff, they don't have to do all that they do but they are happy to do it." Another relative commented, "It's like a family; staff treat them [people] like family."

During our inspection we saw staff approached people in a friendly manner and we heard staff chatting with people, offering people support and reassurance where necessary. We also saw people had developed positive relationships with staff. We saw a member of staff had a good knowledge about one person as they chatted to them about their interests and activities.

People were able to make choices about their care. People told us they chose how and where to spend their day. One person told us they had chosen to stay up late the previous evening to watch football on the television. One relative also told us, staff recognised their family member preferred to be alone therefore although they encouraged them to join in activities they respected when they preferred to be alone.

We saw staff supported people to maintain their independence, for example, at lunch we saw some people had adapted cutlery and dinner plates to help them eat. We saw staff gave one person time to start to eat their meal themselves before offering help. We saw help was offered in a respectful way with the member of staff saying, "Let's do it together shall we?"

People and relatives told us they had been involved in planning and reviews of their care. One relative said, "We had a review; we were happy with everything." Another relative said, "We looked at the care plan together and they asked what [person's name] liked. They also asked me to complete a 'life and times' sheet so they could know all about [person's name]." Residents meetings were also held so people could give feedback on the service provided and discuss activities they would like.

People's relatives told us they were able to visit when they chose, and they felt welcomed by staff. One relative told us they visited frequently and always felt welcomed, they added, "Staff care for me too." Relatives we spoke with said all staff were friendly and welcoming including kitchen and domestic staff. One

relative said, "The chef always stops and speaks. The maintenance man also speaks...they are happy staff, everyone is friendly."

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I love working here."

We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they stepped out into another area.

During the inspection we were advised that a password protected computer memory stick used for printing people's care plans had been mislaid. The registered manager had taken action to make changes and a printer was now installed in the office and equipment was securely locked. We advised the provider to seek further advice on data governance to ensure all appropriate actions were taken.

One relative we spoke to told us, "[Staff] treat [person's name] with dignity and respect – staff are lovely." The service had a number of dignity champions, staff who provided guidance on dignity for other members of staff. We saw they completed a number of checks, including on people's appearance, and the environment. They also had a coffee morning each month for staff to drop in to ask questions or for guidance. The dignity champions had been in place since January 2018 and in that time they advised improvements had been made and staff were now more proactive and knowledgeable. We saw there was a dignity champions board giving guidance to staff.

## Is the service responsive?

### Our findings

At the last inspection on 20 July 2016, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

Staff were responsive to people. One relative told us their family member had been supported to get up and changed early in the morning, this was in recognition to their working life prior to living in the home. The relative said, "They've adapted to [person's name] really well." We also saw that when one person showed signs of becoming anxious a member of staff recognised this and offered to take them for a walk. We saw the person became more settled in response.

People, relatives and staff we spoke with told us that people enjoyed a range of group and individual activities. We saw lots photos of people joining in various activities and one relative said, "Every week there is a party for one thing or another." People told us staff had arranged for an ice cream van to visit the home. People had enjoyed going out to choose their ice cream. One relative told us their family member didn't like going out but, "[Person's name] didn't miss out, they brought an ice cream into them."

The home had a mini-bus which enabled people to go out on trips both locally and further afield. For example, on the day of our inspection, some people went out to the pub for a pub lunch. On the lower floor for people with learning disabilities we saw other activities had been arranged for people. There was music and games and a paddling pool was put in the garden for people to cool down in.

On the upper two floors we saw although there were jigsaws, games and books available to people who remained at the home some people were not engaged in any activities. We asked the registered manager about this they had recognised this and advised the provider sought guidance on activities for people living with dementia and was now in the process of building a row of reminiscence shops in the garden area. This was to provide shops which people could safely go to and purchase sweets and snacks.

Staff understood people's individual needs and we saw staff shared information as people's needs changed, so that people would continue to receive the right care. We spoke to three healthcare professionals. They all said communication within the home was good and staff were responsive to people's healthcare needs and that communication was good. Relatives also said that communication was good and they were advised promptly of any changes in their family members health.

People and relatives told us they felt able to raise any concerns they may have with staff. One person told us, "I'm happy, I would tell staff if I wasn't." One relative told us when they had a concern they had spoken to the registered manager, who took action and responded. They said, "[Registered manager's name] listened and sorted it." We saw that where written complaints had been received during the last twelve months, these had been investigated, and the supporting documentation showed the progression and conclusion of the complaint.

Staff we spoke with knew how to prevent discrimination and were aware of the individual wishes of people

living at the home that related to their culture and faith. One member of staff said, "Equality is promoted. It is a given that we are person centred." Care files contained information about people's personal histories, people's preferences and interests so staff could consider people's individual needs when delivering their care. Within the home we saw there was a human rights board providing guidance and information to staff.

We saw that plans were in place to support people at the end of their life to receive the care they wanted. One relative praised the support given to their family member. They said, "I can't imagine a better place. The palliative nurses come in and they all work together so well." They added, "They [staff] explained things to me I wouldn't have coped without them." We spoke to the registered manager who told us staff worked closely with palliative nursing staff. We spoke to one healthcare professional regarding end of life care. They commented staff were responsive and sought advice from them appropriately and also followed any guidance given on people's care.

# Is the service well-led?

## Our findings

At the last inspection on 20 July 2016, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

Relatives told us they were happy with the care provided and people were happy living at the home. One relative commented, "I couldn't think of anywhere better." Another relative commented, "Things are going really well, we are very happy with it all." Staff also told us the home was well managed for the people who lived there. One member of staff also said the home was well managed, they said this was because of, "The way its run; everything is in place."

There was a registered manager in place. A manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they liked living at the home and they liked the registered manager. We saw the registered manager talking to people living at the home. Relatives were happy with the care and said the home was well managed and the registered manager was approachable. One relative said, "I can always ask [registered manager's name] if I have any questions." Another relative said, "I can see [registered manager's name] whenever I want."

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements in the home. We saw that the provider had a programme of regular checks in place to review areas such as medication, infection control, equipment and the environment. We saw that where an area had been identified as requiring improvement, action had been taken. For example, checks of MAR sheets had found gaps in signatures when medication was administered. In response daily checks were made by the management team at the managers meeting to ensure medications records were completed correctly and there were no gaps.

The registered manager told us over the past year improvements had been made in the range of activities available to people and the introduction of the dignity champion staff, both of which they felt had had a positive impact on people's wellbeing.

The registered manager felt that all staff worked well as a team. Staff we spoke with confirmed this and said there was good team work. Staff we spoke with told us that they had regular supervisions and felt they felt supported by the registered manager. One member of staff said, "The manager listens, I feel able to raise ideas."

The registered manager told us they were supported by the provider. A daily managers report was sent to the provider with information including any incidents, GP visits or medication issues. The registered manager said the provider visited frequently to see first-hand the service provided and talk to people. They

also added that the provider was available for help and advice and had supported the ongoing redecoration programme for the home.

Records we saw showed the management team worked with other agencies to support the well-being of the people living at the home. For example, records showed joint working with district nurse and palliative nurse and other healthcare professionals such as GP's, dentists, opticians and the local authority commissioners.

The registered manager told us they kept their knowledge up to date by attending training, linking to the local authority quality team and accessing information such as medicine alerts from the government website and information from the CQC website