

Andrew Care Ltd

# Welby Croft Residential Home

## Inspection report

Crossings Road  
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High Peak  
Derbyshire  
SK23 9RY

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Date of inspection visit:  
17 February 2021

Date of publication:  
19 March 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Welby Croft is a residential care home providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 24 people.

The home is set across two floors, with bedrooms on both levels. There are communal spaces including a dining room. The garden offers a secure space with seating and there is a conservatory with views of the local area.

### People's experience of using this service and what we found

The provider used a range of audits and systems to monitor the service; however, these had not always identified areas which required improvement. Staff had received training in many areas, however recent training in relation to COVID-19 had not been done or training in relation to specific health conditions.

Risk assessment had not always been completed to cover all aspects of people's care. These had not been reviewed or monitored to consider changes in the risk or how to reduce it.

People felt supported by kind and caring staff who had information to enable them to share their daily needs or life history. The care plans had been completed, however the provider told us they were making developments in this area to make these more person-centred. This was with the introduction of electronic care planning system.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

There was a relaxed atmosphere in the home and people enjoyed the lunchtime experience. Assistance was provided if required and there were many choices to promote people's dietary needs.

People and relatives were consulted on aspects relating to the home and the care people received. The staff worked in partnership with health and social care professionals to support people's ongoing needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection The last rating for this service was Good (published 12 January 2019)

### Why we inspected

The inspection was prompted in part due to concerns received about infection control and managing risks. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and wellled sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Welby Croft Residential home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Welby Croft Residential Home

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

### Inspection team

This inspection was completed by one inspector.

### Service and service type

Welby Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This inspection was unannounced.

### What we did before the inspection

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We sought feedback from the local authority and professionals who work with the service. We reviewed information we held about the location

from notifications. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five members of staff including the, registered manager, the deputy manager, senior care workers, and the housekeeper. We reviewed a range of records. This included four people's care records and multiple medication records. We spoke with one professional who regularly visited the service. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and schedules.

#### After the inspection

After the inspection we contacted five relatives who had people using the service by telephone to obtain their views. We also contacted four care staff who were not on shift at the time of the inspection. We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and additional policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people's health and safety had not always been assessed and mitigated.
- Risk assessments had been completed; however, these were often generic and did not reference specific health conditions. For example, diabetes or when people had behaviours which challenged.
- Nutritional food assessments were in place; however, these did not contain the required information to ensure swift action would be taken in the event the person's health condition deteriorated.
- Risk in relation to the environment had not always been considered for people's dignity. These were in relation to continence issues and consideration in changing the environment to reduce the risk of malodours or the risk of sore skin from inappropriate mattress.
- Care plans had been completed; however, they lacked the detail around people's personal care needs. Some care plans had not been reviewed to reflect current needs. Despite this staff knew people's needs, this was down to the small staff team and the daily handovers.
- There were no end of life plans in place to support how people would wish to be supported should these needs arise.
- People had an evacuation plan which detailed the measures to take to support a person should there be an emergency, for example a fire.

### Using medicines safely

- People received their medicine as prescribed. Staff took time to explain what the medicine was for and encouraged people to take their medicine.
- Staff had received training in medicines; however, we noted some areas for improvement.
- Where people required 'as needed' medicines, protocols were not always in place to inform staff when they should administer these medicines. This posed a risk people may not receive their medicines appropriately or when needed.
- Some people received pain relief via a transdermal patch (a transdermal patch attaches to the skin and contains medication). The application site, and removal of patches was not always recorded. This meant we could not be sure appropriate guidance had been followed to protect people at risk of skin damage from over application on the same site.

### Staffing and recruitment

- There were sufficient staff to support the needs of the people currently using the services.
- Staff had been supported to work flexibly during COVID-19, which meant the home did not use any agency staff. This meant people were supported by staff they were familiar with.

- Staff had received training, however there were some areas where training was required to support people's long-term health conditions, for example diabetes. Other areas of training had not been addressed following COVID-19; these have now been completed by staff.
- Relatives we spoke with reflected on the kind and caring nature of the staff. One relative said, "Staff are genuine in their affection for people, since [name] has been at the home we feel they have returned to their old self."
- The provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Baring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

#### Preventing and controlling infection; Learning lessons when things go wrong

- The provider and registered manager had been working with the infection control team to ensure all areas of the home were compliant with the latest guidance. This reflected how lessons were learnt when things had gone wrong during the recent COVID-19 outbreak.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections. The was a purposely built visiting pod on site which had been successfully used through a booking system.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We have also signposted the provider to resources to develop their approach.

#### Systems and processes to safeguard people from the risk of abuse

- Staff understood the importance of safeguarding people and protecting them from harm. All the staff we spoke with had received training in safeguarding and knew how to raise any concerns. One staff member said, "I would have no hesitation in raising any concerns and that they would be taken seriously and addressed."
- The registered manager had worked with the local authority when safeguards had been raised. We saw how after an incident any learning outcomes were shared with staff and appropriate family contacted.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had completed audits; however, these were not always used to ensure improvements or changes were made. Accidents and incidents were not reflective of trends to note the action taken to reduce ongoing risks.
- Where audits had been completed it was not clear how actions were followed up or any improvements identified had been made. For example, with the environment of the home or in relation to medicines.
- Meetings had been held with the provider; however, it was not clear who was responsible for the actions, and the timeframe of when these would be completed. Follow up meetings did not reflect the previous meeting to ensure all actions had been addressed.
- The governance and quality assurance systems at the home were ineffective and had failed to identify and act on the concerns raised during this inspection. Care plans had not been consistently reviewed to ensure the detail was current.
- When people lacked capacity, the required documentation was not always available to ensure decisions had been made in accordance with the Mental Capacity Act and the associated guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We observed a relaxed feel at the home. A relative told us, "It is homely and [name's] bedroom is they lovely. The staff put the bird feeder by the bedroom window, which they really enjoy."
- Relatives expressed thanks to the staff during COVID-19 and how they had been kept informed about events or incidents which had occurred at the home. During the summer entertainers came to the garden and opportunities for using the outside space for ice cream days or visitors was maximised.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff we spoke with understood the providers vision for the home, in relation to the homely values. The registered manager told us about the new electronic care plan initiatives which were being implemented to support the staff with the care plans and daily recording.
- The provider had notified us of significant incidents as required and updated these if events already notified had changed. This meant we could continue to monitor the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged and given the opportunity to maintain relationships with family.
- Relatives told us how they had received videos reflecting activities or messages for special occasions. A relative said, "I received a birthday video message from [name], that meant so much."
- The provider engaged with people through regular meetings. We saw at a recent meeting; areas relating to the home were discussed, for example, the new boiler and the visitor's pod. Other aspects of care were also reflected in people commenting on the menu and making suggestions. The cook told us, "Recently people had asked for less mash potato and more homemade sponge puddings, so we have made these changes to the menu."
- Staff felt supported by the registered manager and had received supervision to support their roles. All the staff we spoke with felt the management were approachable and had supported them well through the last year.
- There was a daily handover, so staff received updated details of people's needs. One staff said, "We get the information and follow anything up, like getting a water sample or promoting fluids."

Working in partnership with others

- The provider had developed a range of partnership to enhance the experience for people in the home. These included entertainers and local services. However due to COVID-19 these had been placed on hold.
- Other partnerships with health and social care professionals had been developed. We spoke with a visiting health care professional who told us, "All staff are well informed on people and accompany me with the person if required. The home contacts the surgery if they require any support or guidance."
- We saw a working partnership had been developed with the infection control team to drive improvements in this area.