

Welford Court Limited

Welford Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Welford Court Limited is a residential care home providing personal and nursing care in an adapted building. At the time of inspection 14 older people were using the service. The service can accommodate up to 14 people on two floors.

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

Quality assurance and audit processes did not cover all aspects of the service which meant some issues relating to people's care and safety were not promptly identified and followed up. There had been some recent changes to the managerial structure, including a new management level post which needed time to become embedded.

We have made a recommendation about quality assurance and audit processes in the service.

Risks associated with people's care were assessed and reviewed regularly. We found items in people's rooms such as denture cleaning tablets and prescription cream which were not stored in cupboards. This increased risk to people's safety if others entered the room and accidentally used or consumed these products.

All staff had up to date checks with the disclosure and barring service (DBS). Medicines were administered by trained staff. Protocols were in place for people who received medicines 'as needed' but these were not always up to date. Staff followed infection control practices to reduce risks to people, however, storage of toiletry items in communal shower/bathrooms presented a risk of cross contamination.

Referrals were not always made promptly when people's health needs changed. People did not have mental capacity act assessments and evidence of best interest decisions in place when they were not able to make decisions for themselves, or had fluctuating capacity.

Staff received training suitable for their roles, including specialist training, and were up to date with annual refresher training. Feedback was mixed about whether people felt there were enough activities for them to do.

The service was working on an action plan with the local authority to make improvements in a number of areas. Some improvements had been made to the exterior of the property so there was a level access pathway to the front door. Access to the garden remained difficult from the main living area of the service.

The CQC rating was not displayed on the website and notifications to the CQC of certain incidents did not always take place promptly.

People felt staff cared for them safely. Staff were aware of their responsibilities and how to keep people safe

from the risk of abuse. People received care from kind and caring staff who knew them well.

People's privacy and dignity were respected, and their independence was promoted. People received choice in their daily menus and staff were aware of people's dietary needs.

Care files contained a range of care plans which set out people's care needs and how people wanted to receive their care. No complaints had been received in the last twelve months. People and staff felt confident they could raise any issues and these would be dealt with appropriately. People and their relatives were supported to discuss end of life preferences if they wished.

People and staff spoke positively about the registered manager, staff enjoyed working at the service and felt team work and communication was good. People's views were gathered via regular resident meetings and annual surveys. Regular staff supervision had been recently introduced, along with regular team meetings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 October 2019).

Why we inspected

The inspection was prompted due to information received from the Local Authority. The Local Authority funded some people's care and they found the service was not complying with their contract. We decided to undertake an inspection and look at all areas of the service.

We have found evidence the provider is not complying with the requirement to display their CQC rating on their website. We also found evidence that the provider needs to make and embed improvements. Please see the safe, effective and well led sections of this full report for further details.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Welford Court

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.

Inspection team

The inspection was carried out by an inspector and an assistant inspector.

Service and service type

Welford Court Limited 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.

The service had two managers registered with the Care Quality Commission, one of whom was also the provider. This means the registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one visitor about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, care lead, team lead, kitchen staff and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and several medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service including quality assurance processes, accidents and incidents, meeting minutes, complaints and compliments were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and received updates on follow up actions taken.

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

- Staff used a range of evidence based tools to assess and monitor risks. For example skin integrity, moving and handling and malnutrition. We found one person's risk of skin breakdown had increased in recent months according to the risk assessment, but no follow up action had been noted. We did not find any negative impact upon the person, and the registered manager responded promptly when it was brought to their attention.
- We found denture cleaning tablets and a prescription cream in two bedrooms which were not stored in cupboards. This meant they were visible and could be consumed or used accidentally if someone wandered into those rooms. This presented a risk to people's safety.
- People had a range of risk assessments in place and these were reviewed at least monthly. Care and risk support plans informed staff how to provide care to reduce known risks.
- In the event of an emergency evacuation of the building, Personal Emergency Evacuation Plans were in place so information could be shared quickly and easily with emergency responders such as the Fire and Rescue Service. These had been recently reviewed to ensure they were up to date.

Staffing and recruitment

- We received mixed feedback about staffing levels. Some people felt there weren't always enough staff. Most staff felt they had sufficient time to meet people's needs. Feedback confirmed staffing levels were consistent and during the inspection we observed people being assisted promptly when needed.
- There was evidence on staff files that checks had been completed with the disclosure and barring service (DBS). This helps employers make safer recruitment decisions. The registered manager responded promptly to strengthen processes, for example, making sure all future applications have a full employment history and gaps explained where necessary.

Using medicines safely

- Protocols were in place for people who received medicines 'as needed', for example, paracetamol. We found one person's dosage of paracetamol had reduced from two tablets to one but the PRN guidance had not been updated. Staff were aware of the reduction and changed the record promptly when it was brought to their attention.
- People had medicines assessments in place outlining how they preferred to receive their medicine which meant their independence was promoted. For example, one assessment stated, "I like a glass of water with my tablets."
- Medicines were administered by staff who had received appropriate training.

Preventing and controlling infection

- We found a variety of toiletries such as shower gels, shampoos and a razor in cupboards in the communal shower and bathrooms. Items such as razors presented a risk of cross infection as all toiletries should be stored in people's private rooms.
- We saw information on the noticeboard about good hygiene practices specific to reducing the risk of coronavirus. This meant staff had up to date information on ways to protect themselves and people living in the service.
- Staff told us they used personal protective equipment (PPE) when providing personal care to people, which included gloves and aprons. People we spoke with confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People felt staff cared for them safely and felt Welford Court was a safe place. One person told us, "Oh yes, I feel safe here."
- Staff were aware of their responsibilities and how to keep the people they cared for safe from abuse. Annual mandatory training included the topic of safeguarding.
- There was information on display about whistleblowing and what to do if staff had any concerns people were at risk of abuse. One staff member told us, "If I was concerned, I would have no qualms about whistleblowing if it meant people were safe."

Learning lessons when things go wrong

- Accidents and incidents were recorded along with follow up actions. We saw one person had two falls recently which led to a referral to the falls clinic, this was recorded on the incident form. The registered manager informed us there were staff discussions about each fall to understand what had happened and to consider how similar incidents could be prevented in future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- MCA assessments were not completed when people did not have capacity to make specific decisions, and there were no best interest decisions noted on people's care files. A senior member of staff had received training and planned to undertake MCA assessments as a matter of priority.
- The registered manager made DoLS applications to the local authority when it was in people's best interests to ensure their safety.
- Staff supported people to make their own choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals were not always made promptly for specialist health input when needed. For example, one person had lost weight over a sustained period of time but no referral had been made to the dietician for nutritional advice. The referral was made when this was brought to the attention of the registered manager. We found other examples where prompt specialist input had been sought when needed.
- Each care file contained a log of people's involvement with health professionals such as the GP, district nurse and dentist. The files we reviewed included recent updates.
- Oral care assessments were undertaken which identified any issues with people's mouths and if people

needed to be seen by a dentist. The registered manager was working to find a dentist who could visit the service to see people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Reviews of people's care plans took place monthly but these were not always effective. Outdated information often rolled over each month and new information was not added to the update. For example, two people had been visited by the GP and important end of life preferences had been discussed, but these were not added into the monthly update. The information was recorded in another section of the care file so it was available elsewhere if needed.
- People were involved in an assessment before they moved into the service to ensure staff understood their needs and preferences.
- Care plans were person centred and showed all aspects of people's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's religious and cultural needs.

Adapting service, design, decoration to meet people's needs

- Access to the garden from the conservatory remained difficult for many people due to a threshold step. It was possible to access the garden via the fire escape or the side gate but due to the distance most people would require support with this.
- An area outside the front door had been re-paved which allowed level access from the service to the road and a handrail had been added recently. There were still uneven areas in the driveway. The provider was awaiting a visit from the environmental health team to review the ongoing improvements.
- People's rooms were personalised and contained their belongings.

Staff support: induction, training, skills and experience

- A system of formal staff supervision sessions had recently been introduced. These had previously taken place more informally. All staff had received recent supervision sessions and appraisals were planned to take place. This meant staff had the opportunity to discuss issues and their development with a senior staff member.
- The training matrix showed annual mandatory refresher training took place and was up to date. Refresher training is important because it gives staff a chance to update their skills and knowledge so they can keep up with best practice.
- Staff undertook specialist training to meet people's complex health needs, for example, dysphasia training had taken place recently.
- Staff told us the registered manager encouraged and supported their professional development.
- Staff undertook an induction when they started. On the day of inspection a new member of staff had recently started and was being supported by shadowing more experienced staff members.

Supporting people to eat and drink enough to maintain a balanced diet

- People spoke positively about the food in the service. They were offered mealtime choices and we saw staff asking everyone their preferences in the morning ahead of lunch, we saw the same in the afternoon before tea time.
- People's dietary needs were contained in their care plans and the information was shared with kitchen staff who had a good knowledge of people's needs. Kitchen staff also had a list of people's likes and dislikes which assisted a person-centred approach. This included a list of hot drink preferences which included, for example, whether people preferred tea or coffee and how they liked it.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The people we spoke with, visitors and staff all felt people were well cared for. Staff were kind and caring to the people living in the service. One person told us, "I love everything about it here." Another said, "You can't grumble about it. The staff are a great lot."
- Staff were knowledgeable about the people they cared for and valued people as individuals. Staff spoke about people respectfully and we observed warm interactions between people and staff throughout the inspection. A relative told us, "They have given [my relative] a new lease of life."

Supporting people to express their views and be involved in making decisions about their care

- Care plans set out how people preferred to receive their care and their regular routines. This meant staff could follow people's wishes when planning and delivering their care.
- We saw people's opinions being sought on their daily routines and being offered choices throughout the day. Although people tended to have their baths or showers on particular days, the registered manager confirmed there was flexibility about this. One person told us they could go to bed and get up when they wanted and, "If you wanted to lay in bed you could."

Respecting and promoting people's privacy, dignity and independence.

- We saw people's privacy and dignity were respected. When we arrived in the morning someone was comfortable in the lounge with their dressing gown on and soon after they went with a staff member to get dressed. One staff member told us, "I always treat everyone how I want to be treated."
- People's independence was promoted and people were encouraged to do the tasks they were able to do and supported with the tasks they couldn't. For example, one member of staff told us about a person's personal care routine, "They do it themselves but just want someone there to make sure they are safe."
- People's information was stored within the office and staff were aware of the need to keep people's personal information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had separate care plans for different aspects of their needs such as mobility, nutrition/hydration, skin care and general physical health and these covered all aspects of their care needs. This meant staff could deliver care which met those needs. Care plans also included information on people's personal history, interests and choices including those related to the protected characteristics under the Equality Act.
- Staff had built positive, professional relationships with people and knew them well. Staff felt because of the small size of the home they got to know people and their families well.
- Staff told us communication and handovers were effective, and spoke positively about good team work. These all contributed to people receiving personalised care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered as part of the care planning process and this information was included in care plans. This included information about communication aids such as glasses and hearing aids.
- Information and documents could be made available in accessible formats, such as large print or easy read, to people using and visiting the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mixed feedback about how much there was for people to do on a daily basis, some people felt there was not enough. A part time coordinator delivered activities two days per week and people came in to do activities such as exercises on some other days. One person told us, "I really love the exercises."
- Other visitors to the service included a vicar once per month to support people follow their faith. We saw a poster promoting an afternoon tea on Mother's Day later in the month. People and staff felt more outings would be beneficial and enjoyable.
- People and visitors told us there were no restrictions on when they could visit. This reduced the risk of people feeling socially isolated when they lived in the service.

Improving care quality in response to complaints or concerns

- The service had a complaints process in place. No complaints had been received in the last 12 months.

- People and staff told us they felt confident if they raised any issues these would be taken seriously and dealt with promptly.

End of life care and support

- People and their relatives were supported to make plans and express their preferences for end of life care if they wished. Records showed this was discussed in the assessment prior to people moving into the service and recorded in their care plans.
- People's care plans recorded whether a person had a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) decision in place. The professional logs showed a GP had held recent conversations with some people about this.

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

- Quality assurance and audit processes did not cover all aspects of the service. This meant some issues relating to people's care and safety were not identified and followed up. For example, daily totals on fluid monitoring were not always added up so it was not always clear if people had drunk enough each day. Medicine audits had not identified there were open bottles of liquid medicine which had not been dated. The registered manager confirmed these processes were strengthened following the inspection.
- A lack of audits of care plans led to care files not being as robust as they needed to be. It had not been picked up that monthly reviews of care plans were not always effective.
- Some audit processes required strengthening. For example, partial monthly analyses of falls, incidents and accidents occurred but these stopped short of confirming that all necessary follow up actions had taken place.
- Due to the small size of the service and the good level of knowledge the management team had about people and their needs we did not find people were negatively impacted by this at the time of our inspection.

We recommend the provider implements an effective range of quality assurance processes and audit checks which cover all key aspects of the service.

- The registered manager was aware of the need to send notifications to the CQC in order to meet regulatory requirements. We found a notification had not been submitted on a recent occasion, but this was sent in promptly when brought to the registered manager's attention.
- The service did not meet the requirement to display the CQC rating on the website. This had been identified at the last inspection but had not been rectified. The rating was still not displayed on the website, although it was on clear display in the service.

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

- There had been some recent changes to managerial oversight of the service. One of the registered managers was based at the sister service. A new Care Lead post had been developed and needed time to become embedded.
- People knew who the registered manager was and spoke positively about him. One person told us, "He

seems a nice chap. He has always got time for you."

- Staff enjoyed working at the service and many had been there for a long time. Staff felt supported by the management team. This helped create a positive environment for people to live in.

Working in partnership with others

- The local authority provided funding for a number of people's care and had identified a variety of shortfalls in various aspects of how the service was run. An action plan was in place which the service were working on.
- People were supported to use local health services. Staff worked with other health professionals such as district nurses and GPs.

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 were aware of the local authority action plan which showed the management team worked openly with the team when improvements were identified and needed to be made.
- The registered manager was aware of their responsibilities under the duty of candour to work transparently with people and families when incidents occurred.
- Staff knew how to whistle blow and there was information on display in the office. This meant staff were aware of how to raise concerns externally if they felt their concerns were not being suitably addressed.

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

- Staff told us team meetings took place occasionally, but issues could be discussed at any time. Detailed minutes from the most recent meeting were available. A variety of topical issues were discussed such as training, recording in people's daily notes and incident reporting.
- An annual survey took place to gather feedback from people who used the service and their relatives. The 2019 survey had been sent out in December and five responses had been received at the time of our inspection. Feedback was generally positive and included a comment, "The staff are so caring and always there to help if needed. I know [relative] is in safe hands and I can ask any questions."
- Resident meetings took place every other month and topics discussed were recorded in the minutes. People's views on topics such as the menu were noted. These meetings provided an opportunity for people to offer their opinions on issues affecting them. A recent newsletter was created for people and their relatives which contained useful information about events, complaints processes and coronavirus.