Wellmun Care Limited

Two Gates 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 unannounced inspection took place on 15 July 2016.

This was our first inspection of this provider using the new methodology introduced for inspections to provide a rating for the service under the Care Act 2014.

At our last inspection in June 2014 we found the provider was not compliant with our Essential Standard outcomes that we assessed at that time. People were not always safe because risks to their safety had not been fully identified or managed consistently. Learning from events such as accidents and incidents was not fully established to help reduce the risks to people. The quality assurance system and management overview was not effective in identifying shortfalls. The provider sent us an action plan and at this inspection we found that the provider had made the improvements needed.

Two Gates House provides accommodation for up to 32 older people some of whom have a diagnosis of dementia. At the time of our inspection 32 people lived at the home.

There was a registered manager in post who was also one of the providers. A registered 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 who used the service and their relatives told us that they felt they received safe care. Staff had been trained to recognise harm or abuse and systems were in place for reporting these. Staff were able to describe in detail the needs of people they supported and how to promote people's safety. Risks to people's safety had been identified, assessed and were regularly reviewed. People told us they had their medicines when they needed them and the arrangements in place for managing people's medicines were safe.

People were satisfied with the numbers of staff on duty. People and their relatives had no concerns about staffing levels and described the staff as friendly and caring.
Staff had an induction into their role and support and training to ensure they had the skills to meet people's needs.

The Deprivation of Liberty Safeguards (DoLS) had been considered as part of people's care planning to protect their legal and civil rights. People's consent was actively sought before care was delivered.

People told us they enjoyed the meals provided and we saw they had the support they needed to eat and drink enough. People were supported to have their routine health care needs met and medical advice was sought to keep people safe and well.

We observed positive interaction between staff and people who lived at the home. People told us staff were

kind, patient, respected their need for privacy and protected their dignity.

People were actively involved in planning all aspects of their care. Personalised care plans were in place and staff understood and followed people's preferences regarding how they wished their care to be delivered. People were actively supported to follow their interests and take part in social activities.

People, staff and relatives were encouraged to share their opinions about the quality of the service. We saw that the provider had a system in place for dealing with people's concerns and complaints. The providers systems to monitor the quality of the service were effective in ensuring the home was well-led.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were cared for by staff who had been trained to recognise and report concerns about their safety.

Risks to people had been identified and managed to protect their safety and well-being.

People had their medicines when they needed them and staff had been trained to administer medicines safely.

Is the service effective?

Good

The service was effective.

Staff had training and support to meet people's needs effectively.

Staff understood the principles of gaining people's consent in line with Mental Capacity Act (2005) and understood how to support people whose liberty had been restricted.

People enjoyed their meals and had the support they needed to ensure they ate and drank enough.

Is the service caring?

Good

The service was caring.

People spoke positively about the caring and kind nature of the staff.

People were satisfied with the way staff communicated with them and the information they were provided with.

People were treated with dignity and staff respected people's right to privacy.

Is the service responsive?

Good

The service was responsive.

People had been consulted about their care and were supported to do things they enjoyed and were interested in.

Staff knew when people's needs changed and shared information with other staff at daily meetings.

People told us they were aware of how to make a complaint and were confident they could express any concerns and action would be taken.

Is the service well-led?

Good

The service was well-led

People and their relatives had been asked for their opinions of the service so their views could be taken into account.

The registered manager carried out quality assurance checks regularly in order to develop and improve the service.

Two Gates 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 15 July 2016 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with nine people who used the service, three relatives, a visiting health professional, three members of staff, the registered manager, deputy manager and provider. We observed care and support provided to people. Not all the people using the service were able to communicate with us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. These included reviewing six people's care records, six people's medication records, two staff recruitment records, safeguarding records, accident and incident records and records related to the quality of the service.

Good

Is the service safe?

Our findings

At our previous inspection in June 2014 we identified that risks to people's safety had not been managed consistently. The provider had not analysed accidents or incidents of behaviour to help reduce the occurrence of incidents. Following that inspection the provider sent us an action plan informing us of the action they would take to make the required improvements. At this inspection we found that improvements had been made.

People told us they felt safe living at the home. One person told us, "They (staff) always check on me when I'm in my bedroom to make sure I am okay". Another person said, "I have never felt unsafe; there's no confrontations and there is always staff around". We saw that people looked relaxed and comfortable in the presence of staff.

Relatives we spoke with said they were confident that their family members were safe living at the home. One relative told us their family member was safer than when they lived in their own home; "I have no concerns about safety; (name) has the help she needs, she's not falling and is eating much better".

We found staff had been trained and knew how to recognise and report abuse so they could take action if they were concerned a person was at risk of harm. Staff were confident to report any concerns to the manager or providers. In addition staff knew how to contact external agencies such as the local authority and the Care Quality Commission. We saw the provider had followed local safeguarding protocols where this had been needed to keep people safe. Staff we spoke with were aware of the protection plan in place for one person and we saw they followed this.

Risk assessments were in place which identified the steps staff needed to take to ensure people's safety. For example staff supported people to maintain healthy skin by using specialist cushions and mattresses to reduce the pressure on areas of people's skin. We spoke with a district nurse who told us they had no concerns about the ability of staff to recognise and report any concerns about people in a timely way.

Staff had taken steps to reduce the risk of people having accidents. For example people were provided with aids to support them when walking which people told us provided them with added confidence when walking around the home environment. In addition we saw specific sized slings had been purchased to ensure people could be lifted safely using the hoist. One relative told us about specific health risks to their partner. We saw that action had been taken to reduce risks to the person's feet and that staff were mindful to ensure these precautions were in place throughout the day.

The registered manager reviewed accidents and incidents to ensure action was taken to help prevent them from happening again. This included for example the involvement of other external professionals assessing the needs of people at risk of falls and referrals to a specialist clinic after they had experienced a number of falls. These practices had enabled staff to receive expert advice about how best to assist people at risk in this area. Staff we spoke with told us about the post falls procedures they should follow after a person has fallen to ensure people had the medical help they needed. This meant staff understood what to do in the event of

an accident. Incident reports had been reviewed and safety measures put in place where people needed additional support with their behaviour. For example strategies included the frequency of checks needed throughout the night to ensure people had the support they needed.

Recruitment processes were effective and included the required checks on staff to ensure they were safe and suitable to work with people. Checks on people's identity and character references were in place. Checks with the Disclosure and Barring Service (DBS) were also evident. A DBS check identifies if a person has any criminal convictions or has been banned from working with people. Staff we spoke with confirmed that these checks had been completed before they commenced working in the home.

People that we spoke with told us that there were enough staff to support them. One person said, "Staff always come when I buzz from my room", another person said, "I have no concerns about the staff they are always around and help me when I need it". Relatives told us they had no concerns about staffing; one relative said, "I come regularly and although it is busy staff are always available I see them help people". Another relative told us, "Some people get a little confused but there is always staff to intervene and calm them down, I've got no worries in that department". We saw some people who had a higher level of dependency required two staff to assist them and we saw that this was evident throughout the day. The registered manager told us they reviewed their staffing levels and the delegation of staff so that at busy times people had the support they needed. Staff told us that the way the shift was organised ensured there was enough staff on duty to support people including at peak times such as mealtimes.

We spoke with some people about their medicines. One person told us, "I've had short courses of medicine and the staff have never forgotten to give it to me". We observed a medicine round and saw the staff member followed the procedures for checking medicines and administering and recording them. Medicine records were correctly signed and dated and codes were used correctly to indicate if a person had refused their medicines. Our checks on people's medicines showed that the balance of medicines matched people's records evidencing that the medicines had been administered as prescribed. Staff had been trained to administer medicines safely. Where people required the use of medicines described as 'as required' there was clear guidance to staff as to how people should receive this medicine including the frequency and the reasons it should be administered. We noted that some people who were at risk of falls were also prescribed medicines that thinned their blood. This could make them more at risk of having a bleed if they had a fall. This information had not been included in the risk assessment. The registered manager told us that this would be added as well as adding to the falls protocol to ensure staff were alert to people at higher risk and knew what to do to seek medical attention.

Good

Is the service effective?

Our findings

People told us they felt confident that staff understood how to meet their needs. One person said, "I'm very happy here, staff look after me very well". A relative said, "The staff care for (name of person) and understand her needs".

Staff told us that they received an induction which included initial training in key subjects specific to their care role. A staff member told us that their induction included the opportunity to shadow more experienced staff. Competencies were checked to ensure staff used their skills effectively to meet people's needs. Staff had regular supervisions and staff meetings and told us they felt well supported. One staff member said, "The manager is supportive and I've had training and updates". The registered manager had reviewed and identified staff training needs and staff had attended a range of training which included training in dementia awareness. We saw staff used these skills to meet people's needs effectively, for example the need to prompt, repeat and reassure people. This approach worked effectively with a person who was showing signs of confusion and agitation. A staff member said, "We know (name of person) their preferences and their behaviour and how to calm them". The relative of the person told us, "They (staff) have discovered that having a doll to care for calms her down and this works really well". Staff told us they had training in managing diabetes and we saw they understood how to support people with diabetes.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA and saw that they sought people's consent before assisting or supporting them. One person told us, "They always ask me if I'm happy for them to assist". Staff had received training and updates in relation to the MCA and DoLS. Staff were able to demonstrate an understanding of the need to consider people's ability to give consent. One staff member told us, "Some people do lack capacity in some areas but we encourage people to make choices about everyday things". We saw people's care plans took capacity into account so that staff knew how to support people who were unable to give consent. Two people were subject to a DoLS authorisation and there was clear guidance in their care plan as to the restrictions in place. Staff were fully aware of whose liberty was restricted and our observations showed that staff practiced in a way that was least restrictive when the decisions the person made jeopardised their safety.

People told us that they enjoyed the meals on offer. One person said, "The foods nice and I have a choice of what I eat". We saw people's nutritional needs had been assessed and guidance sought from the dietician and speech and language therapist where people required specific support. Our observations showed that people had the support they needed during mealtimes with appropriate utensils to enable people to eat

independently. We saw staff offered regular assistance to people to cut up their food or assist them to eat their meal. Staff were encouraging and prompted people to eat. Staff were aware of the importance of good nutrition and hydration and people at risk of weight loss were monitored and weighed regularly. Drinks were available throughout the day. Relatives told us that staff regularly encouraged people to eat or drink. We saw that any concerns regarding eating and drinking were shared at the staff handover so that staff were kept informed and could seek external support if needed from the GP.

People told us that they had access to routine health checks and the doctor when they needed this. One person told us, "I've had the doctor out a few times and seen the optician". Timely referrals to healthcare professionals had been made where people's health care needs had changed. A visiting healthcare professional told us that staff communicated any concerns with them in a timely way. Records contained information of consultations with healthcare professionals and any recommendations they made so that people's health needs could be managed consistently. The registered manager had ensured that care plans were updated so that staff had information about managing peoples' health conditions, for example where people had developed pressure sores. Staff we spoke with had a good understanding of people's health needs and how to manage these. For example they could identify people with diabetes and recognise the signs of high or low blood sugar levels and how to respond to these. Written guidance about diabetes was available but this had not been captured in the person's care plan. The registered manager told us they would address this.

Good

Is the service caring?

Our findings

People told us that they had good relationships and friendships with staff. One person said, "I've lived here a long time and the staff are good; I can talk to them or the owners (providers) anytime, they treat us properly". A relative told us, "The staff are kind and patient and they have always been friendly to me".

We saw staff regularly checked on people's well-being and comfort and responded in a caring way to people's distress. Staff knew and understood people's needs and anticipated these well. For example we saw staff reassured a person and sat holding and stroking their hand when they became upset and agitated. Staff had a good understanding of people's emotional needs; they knew how to re-direct people by using distraction techniques. A staff member told us, "Some people respond to distraction. We will talk about things that interest them; their family, things they enjoy good memories which we know they will respond to". A relative told us, "Staff are calm and speak with (name of person), she can get confused but she responds to them, their voice or they sit and hold her hand". This approach calmed people and showed staff understood how to reassure them.

People were encouraged to express their views and be involved as much as possible in making decisions about their support needs. One person told us, "They ask me where I need help and what I like and don't like; they know my routines". Another person told us, "I have a copy of my care plan and its updated each month if needed, I'm happy it represents my choices". Staff were observed to give people choices throughout the day; such as what they ate, bedtimes and getting up, and how they wished to spend their time. A relative told us, "I am involved every month in checking the care plan. I explain what mom likes as she's not able to do this herself". Staff told us they had explored people's histories with them and their family members. They were able to tell us what people's favourite items were, their favourite drinks and their routines. One staff member told us, "We speak with families all the time and know people really well it all helps to find out people's routines and what they recognise and understand". One person had refused to use their glasses and hearing aids and their relative told us she had been made aware of this. The person's care plan described this and staff were able to tell us how they communicated with the person. We saw that staff were patient and took the time to ensure the person understood what was said to them.

Relatives and visitors told us they were happy with how staff communicated with them. They said they had information from the 'service user guide' when they were first admitted to the home. We saw information was displayed about the home, events and routines to keep people informed. Relatives were happy that they were kept informed and involved in day-to-day events. Where people needed the support of advocates to represent their views information was available in the
home on how to access this service. The registered manager told us that no one required an advocate but she was aware of the circumstances where this might be needed.

People's care was delivered in a respectful and dignified way. We saw staff were sensitive and discrete when assisting people with personal care needs. People told us staff spoke with them in a respectful way and that their privacy was respected. One person said, "I feel staff respect the fact it can be a bit sensitive when providing personal care and they are always aware of my dignity". People's dignity during mealtimes was

protected by providing them with clothes protectors, serviettes and the correct utensils to eat independently. The registered manager actively supported staff understanding of the principles of dignity and respect by providing training and carrying out observations on the way staff championed dignity and respect in their work. Some people told us how they maintained their independence with regard to washing and dressing and if they needed help with certain aspects this would be provided by staff. We saw that people's care plans identified what they preferred to do for themselves and where they wished to have support. Staff members were well informed about people's abilities and any limitations or choices regarding how they wished their care to be provided.

We were told by people and their visitors that they could visit at any time. Staff recognised the importance of people's relationships with their family and friends. We saw that several family members and visitors were made welcome. One visitor told us, "Staff have always made me welcome and although I have been upset about (name of person) and their deterioration, staff are good; they try to explain to me".

Good

Is the service responsive?

Our findings

At our previous inspection in June 2014 we identified areas that required improvement. Risks to people's well-being had not been fully assessed to ensure staff had the information to respond to people's changing needs. For example where people had fallen or where people needed support with their behaviour. Following that inspection the provider sent us an action plan informing us of the action they would take to make the required improvements. At this inspection we found that improvements had been made.

People and their relatives were complimentary about the care they received. One person told us, "They are very supportive". Another person told us, "They do work hard to try and make us happy and comfortable". A relative told us, "I don't have any concerns; the staff understand (name of person) and have improved her life".

People confirmed that they had been asked about their care and routines. Care plans were personalised and contained information about people's likes and dislikes and how to deliver their care. For example strategies were in place to support a person with their behaviour. We saw their care plan informed staff about the steps they should take to calm the person. Staff told us that care plans were more descriptive and had people's preferred routines outlined, they said this helped them to respond to people in a more consistent way.

The provider told us in their completed Provider Information Return (PIR) that, "Individual personalised care plans are created for each service user [person] involving the service user and their representatives. The care plans are reviewed on a monthly basis and important changes are made whenever necessary so the care plan provides and up to date picture". Relatives told us that they had been consulted about being involved in developing care plans. One relative told us, "The staff go through the care plan with me and if there are any changes I would tell them". A person who lived at the home told us, "I've got my care plan and it shows how I like things done, I'm quite happy". We saw people's care plans focused on them; their likes and dislikes and the things they liked to do independently as well as their preferred routines. Staff told us that they would consult with people's families if the person was unable to express their choices. A relative confirmed that staff would ask if they needed information about preferences or routines. This ensured people's care was being personalised to them.

Daily recorded handovers ensured that communication between staff was effective and provided them with the information they needed to provide people with the care and support they required. Staff we spoke with were knowledgeable about the needs of people they supported. We observed that daily handovers took place to enable staff to discuss people's care. Any changes were noted and communicated to the senior staff. Senior staff told us they would make changes to people's plans if a need was identified. This ensured that actions in response to people's changing needs were shared and followed up appropriately with external healthcare professionals. For example in response to the risk of losing weight a person had been provided with prescribed food supplements. Another person complaining of pain had been referred to the doctor. Records showed that consultations with external professionals were recorded so that staff were aware of any recommendations being made and how this might affect the way they delivered care to the

person.

People told us they enjoyed a range of different activities such as music, arts and crafts and visiting entertainers. One person said, "There is usually something to do, bingo, singing and a little exercise". We saw events were displayed in advance for people. A relative told us, "They [staff] try and encourage people to join and I've seen them painting people's nails and playing games". Our discussions with staff demonstrated they understood the importance of involving people in interesting things. One staff member told us, "We try and ensure people have things to look forward to but not everyone likes to do activities". We saw some people enjoyed their own company, read newspapers or watched TV, whilst other people did drawing or art work. Some planned activity days had taken place where families and people had celebrated events such as The Battle of Somme. An ice cream van had also visited on another day and Fish and Chip days had taken place. People who lived at the home told us they were regularly asked for their views on what they would like to do. The provider told us in their PIR that, "We plan to improve the provision of activities. In the past we have sent out activity questionnaires however the response is not always good. We now intend to conduct more one to one research to find out what individuals enjoy and would like to see. We will continue to train staff to be attentive to the needs of service users, recognising that they need a varied approach to accommodate different people".

People told us that they could go to staff or the registered manager if they wanted to complain about anything. One person who lived there told us, "Look you can't live in a place with lots of people and not complain, but in fairness the owner always talks to me and things get resolved". Relatives told us that they would be confident to approach staff or management if they had concerns. Information about complaints was displayed. No one we spoke with had any complaints about the service. One complaint had been raised, investigated and resolved which showed the provider had systems in place to manage complaints effectively. People's views about the home had been sought via surveys, family meetings and compliments and these were captured and feedback to people. The feedback from these was positive showing people were happy with their care.

Good

Is the service well-led?

Our findings

At our previous inspection in June 2014 we identified areas that required improvement. This was due to the lack of effective systems in place to monitor the service performance. We also identified that care records required improving to ensure they contained clear guidelines and risk assessments to meet people's needs. Following that inspection the provider sent us an action plan informing us of the action they would take to make the required improvements. At this inspection we found that improvements had been made.

There was a positive and friendly atmosphere in the home. People, relatives, staff and external professionals we spoke with considered the service was well-led. A person who lived in the home said, "The owners are here every day and I can talk to them any time". A staff member said, "We have regular meetings and the manager lets us know what is expected off us". Another staff member said, "I'm happy working here, the manager has explained the importance of updating care plans and communicating changes or risks to people, we are expected to keep records up to date, and share information and she checks what we are doing". A relative told us, "The manager is available on the phone or when I visit and is always willing to listen and is helpful". Relatives told us that they were kept informed and had confidence in the way the home was run.

There was a manager in post who was registered with the Care Quality Commission. She was also one of the providers and we saw she was in the home daily and available to people and staff throughout the inspection.

Providers are required legally to inform us of incidents that affect a person's care and welfare. The registered manager had notified us of all of the issues that they needed to. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned to us within the timescale we asked and was an accurate reflection of the improvements that had been made since our last inspection in 2014.

Staff were motivated and committed to their work. They spoke positively about their roles within the home and understood what was expected from them in relation to supporting people and promoting a positive culture and environment. They told us about the arrangements in place to support them this included meetings, supervisions and access to training opportunities to develop their skills. Staff said they felt listened to and their views were sought on how the home was run. Discussions with staff demonstrated they were aware of the home's mission statement and the expectations on them to provide a safe and caring environment within which people were treated with respect.

Staff were aware of the whistle blower procedures and told us how they would report bad practice if they witnessed this. One staff member said, "We have always been encouraged to tell the manager if we felt anything was wrong". The registered manager told us they had taken disciplinary action in the past where the conduct of staff affected people's care or safety or where staff performance had been an issue.

We saw that systems were in place for the review and reporting of accidents and incidents. These had been analysed for any patterns or trends in order to reduce reoccurrence. The registered manager had an overview of the home and how risks were being managed. Accidents, incidents and events that affected people at the home had been reviewed and steps taken to learn from these. For example there was clear guidance available to staff about seeking medical assistance for people following an accident. The registered manager told us that she had reviewed and updated their post falls policy so that staff were clear about seeking medical attention where people were unable to communicate pain. This ensured people with dementia had a proper medical assessment of their injuries.

People were supported to express their views about their care via meetings and satisfaction surveys. These were regularly sought and covered a range of topics such as the food, cleanliness, or respect. We saw that the provider had analysed these and displayed the results for people showing their experiences and opinions about the service mattered.

Systems were in place which enabled the registered manager to monitor the quality of care. The registered manager told us that they had strengthened their quality assurance systems. Audits were completed and action plans were shared with the staff team. An improvement plan had been developed to address the shortfalls we identified at our previous inspection in June 2014 and the registered manager was able to show us the progress made to date. The registered manager had introduced an accident, incident and safeguarding audit. This included clear information about what action had been taken to minimise further reoccurrence and outlined the learning and improvements made. For example risk assessments and management plans were in place to support people's behaviour. This had reduced the frequency of incidents because staff had the information they needed to support the person.

The system for monitoring the quality of service that people received was effective in identifying and managing risks to them. We saw that the registered manager had made improvements so that records kept in respect of people who used the service were up to date and regularly completed in relation to the care they needed. An electronic records system had been introduced which enabled staff to update records daily and access information quickly. The registered manager told us in their PIR, "We plan to utilise this system further to centralise information making access easier for all and aiding responsiveness". We saw staff competencies were checked to ensure staff cared for people properly.