

WCS Care Group Limited

Fourways

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Fourways is a residential home providing accommodation and personal care to 40 older people at the time of the inspection. Some of these people were living with dementia or a cognitive impairment. The service can support up to 47 people.

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

At our last inspection, we found people's risks and environmental risks were not always managed. Medicines were not always managed and kept safely, and the quality of audits and checks were ineffective. At this inspection, we found improvements had been made.

Environmental risk management was improved since our last inspection. Fire checks were completed, but we found some outstanding actions needed to be completed. Following the inspection, the provider confirmed this work would be completed by 30 June 2021.

Medicines management had improved following our last visit. Medicines were managed safely by trained and competent staff.

People's individual risks related to their health and wellbeing had improved and plans were in place to manage those identified risks. People's changing needs were responded to promptly by staff and other healthcare professionals were contacted when needed. People were treated with respect by staff. Where complaints had been made the provider had investigated and responded.

There were enough staff on duty to meet people's needs and to respond to people's requests for assistance.

Staff understood their responsibility to safeguard people from harm and report any concerns they had to the management team.

People were involved in pursuing their own interests and hobbies. Staff helped encourage people to share some of their interests with other people in the home. The pandemic and government restrictions had limited external and internal visits over the last 12 months, however staff continued to keep people occupied and stimulated.

Audits and checks were completed. People and staff provided their feedback which helped ensure the quality of service continued to improve. People and staff were complimentary of the management and staff felt the care provided at the home had improved since our last inspection. Relatives we spoke with confirmed the quality of care was much better and communication had also improved. Relatives we spoke with felt well informed and engaged in how their family members were supported. The provider's care record system had a facility for family members to review what care had been provided each day which helped them to keep in touch.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 September 2019).

Why we inspected

The inspection was prompted in part to follow up concerns from the previous rated inspection in July 2019. As part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures. We looked at the IPC practices the provider has in place.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No immediate 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fourways on our website at www.cqc.org.uk.

Follow up

We will work alongside the provider and local authority to monitor progress. We will 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 safe.

Details are in our safe 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 well-led.

Details are in our well-led findings below.

Good ●

Fourways

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 could 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

The inspection was carried out by two inspectors who visited Fourways on the 22 June 2021. Off site, one inspector undertook telephone calls to relatives who consented to us calling them on 22 June 2021.

Service and service type

Fourways 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 a registered manager. 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

We gave short notice of the inspection because of the risks associated with COVID-19. This meant that we could discuss how to ensure everyone remained safe during the inspection.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service and provider and used any information the provider had sent us from their annual Provider Information Return. 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 used all this information to plan our inspection.

During the inspection

During our visit we spoke with four people living at the home, although these were not full conversations. We spoke with one visiting relative. We spoke with six members of care staff, one laundry assistant, the registered manager, a regional manager, a health and safety manager and a director of quality and compliance.

We reviewed a range of records. This included examples of five people's care records and examples of medication records. We also looked at one staff recruitment file and records that related to the management and quality assurance of the service, especially around managing risk, environmental risks, medicines management, complaints and compliments and infection control.

Post our visit, we spoke with four relatives about their experience of the care provided to their family member.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. The provider failed to ensure people received their medicines safely, identified risks where known were managed safely, and risks related to safe infection control practices were managed effectively. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection, improvements in these areas had been made and the provider was no longer in breach of regulation 12. This key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People had their medicines when required.
- Medicines were stored and administered safely and records we checked, showed staff had correctly signed medicines administration records when medicines had been given.
- As and when required medicines were administered in conjunction with safe protocols that explained when to give these medicines, why and maximum dosages.
- Some people received their medicines via a patch. Staff completed medicines patch records which showed the location and frequency of when and where to apply the patch medicine. This helped ensure people received this type of medicine safely.

Assessing risk, safety monitoring and management

- Staff understood and applied their knowledge to their work where people required support to reduce the risk of harm. All risk assessments included evidence of risk planning and review.
- Care plans identified what staff needed to do to manage people's individual risks. For example, where a person needed help with moving, risk plans included safe numbers of staff and equipment to transfer safely.
- Some people had special equipment, such as airflow mattresses on their beds, to reduce risks of developing sore skin. Improvements from our last visit were made to ensure mattresses were set to the correct setting, however we still found two mattresses set incorrectly. There was no negative impact for these two people. We told the registered manager who would remind staff and increase the regularity of checks into normal practice throughout the day. The registered manager was confident regular checks were undertaken daily.
- Environmental and health and safety checks were completed and where improvements were needed, actions were taken. During our visit we identified some fire doors had been identified as requiring additional work to make them safe. Following our visit, the provider confirmed what work was required and when this would be completed.
- Each person had a personal emergency evacuation plan (PEEP) which reflected the support they would need to evacuate the premises safely, in the event of an emergency.

Preventing and controlling infection

- The home was clean and increased checks because of the current pandemic ensured the home environment reduced the risk of cross infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- There were enough staff on duty to meet people's needs.
- People received assistance when they asked for it and staff were around to respond when help was needed. One relative said, "Staff have time to sit and talk." Another relative said staff on occasions were rushed, but their family members needs were always met."
- The registered manager completed a dependency tool to calculate the amount of staff needed to safely cover shifts in the service. We found that the amount of staff was flexible according to the current needs of the people living there.
- Recruitment processes were safe. We reviewed a staff file and records demonstrated that there was a system to ensure that references, employment history and criminal background checks were in place to make sure staff were of a suitable character.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the meaning of abuse and how to keep people safe.
- The registered manager was clear what needed to be reported to us and the importance of keeping people safe and protected.

Learning lessons when things go wrong

- The registered manager knew what to do to investigate any issues and to learn from them. For example, falls and incident analysis was completed monthly. The registered manager said they reviewed this information to see what could be done to prevent further reoccurrence if a poor outcome was found. One relative said, "Every time there's been an incident, they (care staff and management) let us know. They keep us well informed." They told us in their view, risks were managed well.

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 requires improvement. At this inspection this key question has improved to good. 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

- Relatives said staff meet their family members needs because staff knew what worked well. One relative shared their experience, "(Relative) had been admitted to hospital a couple of times...the staff contacted us straight away, they were excellent. Staff organised their wheelchair and lifting equipment (before discharged from hospital) and moved the furniture around in their relative's bedroom so they had a view out of the window (from bed)."
- Another relative praised staff's attention to detail. They said, "The other day we noticed (relative's) eye was sore and raised this with staff but (person) already had eye drops." They also said, "staff tell us if there is any problem."
- It was clear from our conversations with family members, personalised care was provided by staff who knew their relative well. Comments included, "They love (person) to bits, the staff are really caring", "The activities person makes sure (person) has something to do" and "Staff go out of their way to make (person) laugh...they are very caring and very professional."

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

- The registered manager and director of quality and care explained the impact of COVID-19 on relative visits and external visitors to the home.
- There was photographic evidence of activities, important celebrations and involving people with their interests and hobbies.
- Activities to stimulate movement and exercise were promoted to help people keep mobile and active, especially as restrictions on movement through social isolation took place during the pandemic.
- Staff knew people well and encouraged people to pursue their own and new interests. The registered manager gave us examples, such as 'bringing the pub' to the home for one person who enjoyed an occasional alcoholic drink. For another person, staff encouraged them to hold talks about their hobbies to a group of people. The registered manager said some people had become more adventurous and gained confidence in pursuing new pastimes and interests.
- Relatives said important links through communication had been really appreciated and welcomed, especially when government social restrictions were placed on visiting family members.

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 and sensory needs were identified and recorded in care plans and followed by staff.
- Most people were able to understand the literature in its written form, but staff said they could adapt any literature if anyone needed access to it. In one example, we were told how information was translated into one person's preferred language.
- Staff knew people well so adapted their methods of communication accordingly, such as speaking slower or using pictorial cards.

Improving care quality in response to complaints or concerns

- People were continually involved in day to day choices so when people's actions or signs showed they were unhappy, staff supported people to prevent any concerns escalating.
- Records showed one formal complaint was received in 2021. This was responded to in line with the providers complaint policy.
- Relatives we spoke with had not had reason to make a complaint, but relatives knew what to do and how to raise an issue.

End of life care and support

- No one received end of life care during our visit.
- The registered manager was confident the staff team supported people and families wishes at this time. Anticipatory medicines were arranged to help support the person at the end stages of life.

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 requires improvement. The provider failed to ensure their governance was effective with identifying and driving improvements. This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of regulation 17. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was managed well and had improved since our last inspection. Staff understood their roles and responsibilities and the registered manager told us they led by example. The registered manager was accountable for their staff and said, "I lead from the front."
- Regular audits were completed on a wide range of areas of the service. Information gathered from those audits and review of incidents and accidents, began to drive up improvements.
- Staff told us, and we saw, that the registered manager was visible in the service and available. Relatives said the registered manager had made a difference and the service was much improved since our last visit.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Communication was sought from relatives' feedback and staff. Most relatives felt involved with their family members care whilst they had been unable to visit. One relative told us, "It's so much better now than your last inspection report."
- Staff training continued to be refreshed.
- People and their relatives were involved in their care and how it was delivered. Relatives told us staff knew their family member well and provided the right levels of personalised care. One relative said, "They (staff) seek out ways to improve (relative's) wellbeing. For example, staff engage with her and chat. (Person) and carers have a good rapport. Staff speak to her on her level, so she understands them better. She gets anxious and frustrated when she can't think of what to say, staff give her a lot of reassurance and manage her anxiety well."

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

- The registered manager had demonstrated an environment of continuous learning through their own audits once they had been improved. The registered manager read the last report and wanted to drive improvements in those areas. Through effective audit and checks, there were confident improvements were made and sustained.

- The registered manager understood their legal responsibility to offer an apology when things went wrong.
- Statutory notifications had been sent to us for notifiable incidents.

Working in partnership with others, Continuous learning and improving care

- The provider worked with other health and social care professionals. This further supported people to access relevant health and social care services and improved links with commissioners, mutual aid calls and Infection control teams who provided support throughout the pandemic.
- The registered manager welcomed the inspection and our feedback. Plans continued to be made to continue to improve as relaxations around government restrictions took place.