Cullum Welch Court

Cullum Welch Court Care Home

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 24 April 2018. Cullum Welch Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home is registered to accommodate up to 60 people across three separate units over two floors, each of which have separate adapted facilities including dining rooms and sitting areas. There were 45 people living at the home when we visited.

When we inspected Cullum Welch Court in March 2017, we found two breaches of regulations relating to the management of medicines and quality assurance systems.

We then undertook a focused inspection on 16 August 2017 in relation to the breaches of regulation we identified at the March 2017 inspection. We found that the service had followed their action plan and had met statutory requirements.

At this inspection the service continued to meet the regulations and we have therefore rated the service as Good overall.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

People told us they were safe at the service. People knew how to report any concern or abuse. Staff also had knowledge and understanding of the various types of abuse. They knew how to report any concerns and felt confident that any concerns they raised will be thoroughly investigated and addressed.

Risks to people were managed in a way that promoted their health and well-being. Staff knew the risks associated with people and actions to reduce such risks. Incidents, accidents and near misses were reported, investigated and actions put in place to prevent them from happening again. The home was well maintained, clean and free from unpleasant odour. Health and safety checks were conducted regularly to ensure the home complied with health and safety regulations.

People received their medicines as prescribed. Only trained and competent staff administered medicines to people. Medicines administrations records were correctly completed. Medicines were stored safely.

People received support from sufficient number of staff with suitable skills and experience to meet their needs. Appropriate recruitment procedures were followed to recruit staff to ensure only suitable applicants worked with people.

People's needs were thoroughly assessed and planned for. People received care from staff who were effectively trained, supported, supervised and appraised in their role. Staff had completed a range of training to do their jobs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People gave consent to the care and support they received.

People's care was delivered in line with the requirements of the Mental Capacity Act 2005 (MCA). People were asked for their consent before care was provided and staff respected their decisions. Relatives and healthcare professionals were involved in the best interest process to support people who were unable to make decisions about their care. People's rights were safeguarded under the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in place and valid where required.

People had access to a range of healthcare services and to maintain their well-being and good health. The service ensured people's care was well arranged when they moved between services. There were suitable facilities and adaptations for people to use. The facilities available within the service include bedrooms with en-suite wet rooms, communal living areas including sitting rooms, dining rooms, a chapel, a sensory room, a hair dressing saloon and a well-maintained garden.

People enjoyed the food provided at the service. People's nutritional and dietary requirements were met. Staff supported people who required support with eating and drinking. Dietitians were involved where required to maintain people's nutritional needs.

People, and their relatives told us that staff were kind, compassionate and caring. People told us they felt comfortable with staff. We saw positive interaction existed between people and staff. People were involved in their day to day decisions. Staff understood the importance of respecting people's dignity and privacy.

People received care personalised to their needs. Care plans reflected people's needs. Staff knew people well and understood their needs, likes, dislikes and preferences. People were engaged in activities they enjoyed. Activities were of a wide range and tailored to reflect people's interests.

People were supported to maintain relationships which mattered to them. People's cultural, social and religious needs were maintained and respected. People were given the end of life care they wanted. Staff cared for people well at the end of their lives. They ensured people were comfortable and their pain was managed as much as possible.

People knew how to make a complaint. Complaints were resolved in line with the provider's procedures. People's feedbacks were obtained and used to plan and improve the service.

People, relatives, staff and professionals told us the service was managed well. There was an open and transparent culture at the service. The registered manager was visible and approachable. Staff told us they received the leadership and direction they needed.

Regular checks and audits of the quality of care were carried out to improve on service delivery. The service had close partnership with other healthcare professionals and with external agencies.

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 told us they felt safe living in the service. Staff were knowledgeable on signs to recognise abuse and how to report their concerns.
Risks to people were managed in a way that kept them safe and promoted their well-being.

Incidents and accidents were reported, reviewed and lessons learnt from them.

There were sufficient staff on duty who were suitably vetted to work with people. People told us staff responded to their needs promptly.

Medicines were managed and stored in a safe way. The home was clean and well maintained. Health and safety systems were up to date. Staff followed infection control procedures

Is the service effective?

Good

The service was effective.

People's needs were thoroughly assessed using recommended assessment tools where relevant.

Staff were well trained, supported and supervised in the job. They had the skills and experience to support people appropriately.

People's rights were protected in line with the mental capacity act. People consented to their care and support before they were delivered. The registered manager and staff understood their responsibilities under MCA and DoLS.

People's needs were met by a range of healthcare professionals. Professionals told us that staff liaised effectively with them and followed recommendations given.

There was an effective system in place that ensured people

received well-coordinated care when they moved between services.

People's nutritional and dietary needs were met. People told us they enjoyed the food provided by the service.

The service had suitable facilities, space and adaptations for people to use.

Is the service caring?

Good

The service was caring.

People and their relatives spoke favourably of the excellent care they receive from staff. Professionals also commended staff's caring nature.

Staff gave people the emotional support, reassurance and comfort they needed. Staff knew how to communicate effectively with people taking into consideration their needs.

Dignity was strong at the service and staff understood the importance of this. People's choices and preferences was promoted. People had the privacy they wanted.

Is the service responsive?

Good

The service was responsive.

People's care was personalised to their needs. Care was planned and delivered in a way that addressed people's specific needs and requirements.

People were kept occupied with a range of interesting activities they enjoyed. People were supported to maintain their independence and fulfil their potential.

People's cultural, and religious needs were met. People were supported to maintain relationship important to them.

End-of-life care was provided that met people's needs. People's wishes during the final stages of their life was respected.

People knew and were encouraged to make complaints and raised concerns. These were used as an opportunity to improve the service.

Is the service well-led?

Good

The service was well-led. There was clear and visible management presence in the service. The registered manager understood their role and responsibilities.

People, their relatives, staff and professionals told us that the service was well managed. They told us the service listened to them and acted on their feedbacks. People and their relatives were the centre of service delivered. They were involved in the running of the services.

Staff told us they were supported and they had the leadership they needed to carry out their jobs effectively. Staff felt valued and motivated to develop in their roles and practice.

The service worked in partnership with other external organisations to develop and meet the needs of people.

The provider demonstrated commitment to continuously develop the service. Robust systems were in place to monitor the quality of the service.

Cullum Welch Court Care Home

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 24 April 2018 and was unannounced. The inspection team consisted of one inspector, a specialist advisor and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a registered nurse.

Prior to the inspection we reviewed the Provider Information Record (PIR). The PIR 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. We also reviewed the information we held about the service and notifications we received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people who used the service, three visiting relatives, the chief executive, the registered manager, the clinical lead nurse, three registered nurses, a care manager, two unit team leaders, six care staff, a member of the human resource team and a visiting community nurse. We reviewed medicine administration records for 20 people and care records for eight people to see how their care was planned and delivered. We checked six staff records to pertaining to their recruitment, training and support and supervision. We also looked at other records relating to the management of the service including health and safety, complaints and quality assurance systems. We carried out observation to see how staff were supporting people throughout the service and during lunch time.

After the inspection, we received feedback from four healthcare professionals involved in the care and treatment of people living at the service.

Good

Is the service safe?

Our findings

The service had systems in place to ensure people were safe. People and their relatives told us they felt safe and protected. One person told us, "I feel safe and comfortable here. The staff take care of my needs and treat me well." Another person said, "I feel completely safe, I have three call bells I can use to call for help when I need to." A relative told us, "I can walk in at any time and there is always someone looking after my loved one. Staff check on them frequently and often there's a carer sitting beside them to make sure they are safe." A second relative told us, "It's totally safe here. The care staff are observant and they recognise when someone is in danger or struggling and they are there right away to help."

Staff knew what constituted abuse and their responsibilities to protect people. They told us they were strongly encouraged to raise any concerns to the registered manager or to external agencies as appropriate. One staff member said, "Abuse is wrong. I have a duty of care to report it so that something can be done about it." Another staff member told us, "We have safeguarding training every year. I would report any concern to the unit manager or head of care. I am happy to whistle blow if I need to protect people." Safeguarding formed a standard agenda at staff meetings so staff were reminded of their duties to keep people safe from abuse. The registered manager and unit managers were also aware of their responsibilities. They knew to alert the local safeguarding team of any alleged abuse, carry out investigations and notify CQC as required. Records showed the service had taken appropriate actions in line with their procedure.

Risks to people's health, well-being and safety were managed well to keep them safe. Risks were assessed by qualified nurses in the nursing units and by senior care staff in the residential units. Assessments covered areas such as risks to people's mental health, mobility, malnutrition, falls and pressure sores. Assessments were detailed and gave staff clear information and guidance on how reduce harm to people. Pressure relieving cushions and mattresses were provided for people at risk of developing pressure sores. Staff told us they checked the mattresses daily to ensure they were at the correct setting for everyone. People were supported to reposition regularly to relieve pressure areas. People at risk of malnutrition were adequately supported to maintain a healthy balanced diet. Weight monitoring charts were in place where required. A dietitian had been involved for one person who had lost excessive amount of weight in a short period of time. The person was provided high calorie food, they were encouraged to eat at regular intervals and staff checked their weight weekly as advised. Weight monitoring charts showed that the person's weight improved to a safe level. Staff knew the risks people were exposed to and supported people to maintain their health and safety.

People were protected from unforeseen emergencies. Each person had a personal emergency evacuation plan (PEEP) in place to be activated in the event of fire, flood or other unplanned events. PEEP documents detailed each person's medical, cognitive, mobility needs and ability to follow instructions. There was an 'grab bag' available for use in emergency. The bag contained list of people living in the service and their needs; torch lights and other essential items needed to aid a smooth and safe evacuation process. Staff had received fire training and participated on regular fire drills. There was a fire marshal available on every shift to maintain fire safety.

There was cardiopulmonary resuscitation (CPR) defibrillator available at the service for staff to use when needed. A defibrillator is a device that gives a high energy electric shock to the heart through the chest wall to someone who is having cardiac arrest. Staff were trained to perform CPR and knew how to use the device.

Staff knew the procedure to follow if a person was feeling unwell. If it was a non-urgent, they called on the nurses to assess the situation and if need be they called the ambulance to hospital. There was an on-call duty manager system available to provide support to staff when needed.

The home environment was well maintained and safe for people to live and work. The provider had a maintenance team who carried out health and safety checks/audits and routine repairs and maintenance. Risks had been assessed in relation to management of water, legionella, infection, clinical waste, gas safety, electrical portable appliance and fire safety. Portable appliances and health and safety equipment were tested and serviced annually or when due to ensure they were good working condition and safe. Record showed health and safety checks were up to date.

The home was clean and free from odour or unpleasant smell. Staff had been trained on infection control and knew the practices to follow to reduce the risk of infection. They could confidently identify the various methods used to prevent the spread of infection. We observed staff wearing personal protective equipment such as aprons and gloves, as well as washing their hands before and after personal contact with people at the service. The clinical lead nurse confirmed that audits were completed regularly to check the efficacy of the service's infection control procedures. These included the use of a light box to check the efficiency of staff hand washing procedures. There were alcohol hand gel dispensers located throughout the home. Clinical wastes and sharps were disposed properly.

The service managed people's medicines in a safe way. There were policies and procedures for the safe administration of medicines which were in line with the guidance from the Nursing and Midwifery Council and the Royal Pharmaceutical Society. People received their medicines as prescribed. Only qualified nurses and trained care staff assessed as competent were allowed to administer medicines to people. Staff could confidently describe the home's medicine policy and protocol for the use of "as required" (PRN) medicines, including the rationale for their use, record keeping and when to discontinue the medication (under medical supervision).

Staff practice reflected advice stated within the policy. We observed a medicine rounds in two units, and noted that the staff members washed their hands before commencing the round. They ensured that each person was clearly identified by using the photo ID in their medicine administration record (MAR) chart, before giving them their medicines. The staff members followed the minimum handling procedure which is recommended as best practice. We also noted that the staff members offered support to people as required and waited until each person had taken their medicines before signing the MAR chart. We reviewed 20 MAR charts, and found that all medicines were signed for correctly, and where any person had not received their medication an appropriate omission code had been used.

Medicines were stored appropriately in locked cabinets and medication trolleys which were chained to the wall to secure it. Medicines requiring storage in a fridge were stored as such. The temperature of the fridge and clinical room was checked daily to ensure medicines remained potent. Medications classed as Controlled Drugs received stricter management and storage measures. They were stored securely in a cabinet in the clinic rooms. There was a log book which detailed each time a controlled drug had been administered, and was signed by two trained members of staff. Unused medicines were disposal in a safe way; and a record was clearly maintained, with all the details as required by the home's policy. Regular medicines audits took place by staff to ensure medicines were accurately accounted for

The service maintained safe recruitment practices. Recruitment records we reviewed showed that prospective applicants completed their full employment histories as part of the recruitment process. Interviews were conducted to check applicant's knowledge and skills. References and criminal record checks were completed before staff were appointed and allowed to start work in the service.

The service maintained adequate staffing levels. People told that there were staff available to support them. One person said, "It's lovely to have someone here 24 hours a day. When I call they respond quickly." Another person commented, "There are always staff around. If I ring the bell, it's not always instant but staff do come eventually, it's not a problem. I'm satisfied." A third person said, "There are enough staff, there are plenty of them, they are very attentive and always there". Staff told us they were enough on duty to support people with their needs. The nursing units were covered by qualified nurses and care staff; and the residential units were covered by care staff. Our observation across all units throughout the period of our inspection showed that there were sufficient staff available to meet people's needs. Staff responded to people's call for help promptly. Staff did not seem rushed and they had time to chat with people and exchange pleasantries. Where two members of staff were needed to perform a task to ensure people's safety, this was available. Staff were also available to provide support to people with activities and during mealtimes. The service used a dependency planning tool to determine staffing levels. The provider had a pool of bank staff who were used to cover planned and unplanned absence.

Lessons were learned from incidents. Staff knew how to report incidents, accidents and near misses. The registered manager reviewed and investigated all incidents and devised an action plan to reduce the risk of recurrence. Depending on the severity of the incident, it was reviewed by the incident panel set up to discuss serious incidents. Where required, depending on the seriousness, the Board of Trustees were also involved to discuss actions. Lessons and actions were shared with staff daily during handover and team meetings. Following a recent scalding incident, the maintenance team were monitoring water temperature daily. Major maintenance work had also been commissioned to replace water supply valve.

Good

Is the service effective?

Our findings

People's needs were assessed and planned on an on-going basis to ensure the service met their needs and requirements. Care records contained an initial assessment of needs prior to admission which was carried out by senior and qualified staff members. Following these assessment, care plans were developed to show how people's identified needs would be met. Assessments conducted looked at people's past and current medical needs, nutritional, skin integrity, mobility, emotional, physical and mental health needs. The service used assessments tools such as the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs, and the Waterlow assessment to check risk to people's skin integrity. Based on the scores and the needs identified, care plans were developed on how those needs would be met. Where necessary, the views of relevant professionals were sought in relation to people's needs and how the needs should be met. Review of people's needs took place regularly to ensure staff were knew people's current needs and requirements.

People and their relatives told us that staff had the skills and knowledge to meet their needs. One person said, "The staff are qualified, they are always on training courses, they do their job very well." Another person commented, "The staff are well trained, I don't need to worry because I know they know what they are doing." A relative also commented, "They [Staff] are always attentive and know what my loved one needs in advance. I can walk away at the end of my visit and know they are looking after them."

Staff told us that they were equipped through regular training with the knowledge and skills to meet people needs. One member of staff said, "We have a lot of training here. I definitely feel I know the job well because all the training I have done." Another member of staff commented, "I am up to date with my training. We are required to do courses every year and my manager makes sure we are up to date." Record showed that new staff completed the Care Certificate induction when they first started. The Care Certificate is the benchmark that has been set for the standard for new social care workers. Staff confirmed their induction helped them improve their knowledge and skills for the job. Record also showed that all staff had received training in safeguarding adults from abuse, manual handling, health and safety, infection control, food hygiene, person-centred care, safe administration of medicines, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had also completed courses in specific areas such as diabetes, palliative care, dementia care, catheter and pressure sore management. These enabled staff develop skills to care for people with specific conditions.

Staff were supported in their roles through regular supervisions and annual appraisals where they discussed their work, concerns about people; and reflected on their performance and any other matter. Staff told us that they felt well supported. One staff member said, "The management are very supportive of my developmental needs. They provide you with the support you need to do your job well." Another staff member commented, "I can discuss any issue I have with my manager during supervision whether it relates to service users or colleagues. I can also request for any training I need." Records of supervisions and appraisals, and noted that staff were given the opportunity to discuss all the aspects of their role with their line manager, including key requirements of the role, such as safe medication administration. Nursing staff were supported with their revalidation process and to regularly update their practice through reflective

sessions.

People consented to care and treatment and enjoyed their freedom and rights. Staff understood people's rights to consent to their care and support. Care records detailed people's needs in relation to making decisions and how staff should enable people to consent appropriately. Throughout the period of our visit, we observed staff obtaining consent from people before they provided care and support to them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff understand the responsibilities under the MCA and DoLS. Mental capacity assessments were carried out where there were doubts about a person's capability to make specific decisions. People, their relatives, GP's and relevant healthcare professionals held best interest meetings to support a person who was deemed unable to make a specific decision about their care and support. Where appropriate people had appointee's in place to act on their behalf. The registered manager made DoLS applications as necessary and ensured the conditions were maintained.

People had access to a range of healthcare services to meet their needs and to keep them well. The provider had a doctor linked to the home. The doctor ran clinic at the service thrice weekly or as when required. There was also a physiotherapist employed by the provider to work with people. People told us and records which confirmed that people had regular visits from community nurses, psychiatrists, dentists, dietitians, audiologists, opticians, chiropodists and podiatrists. Professionals we contacted told us staff followed their recommendations. One nurse told us that staff were good at making referring concerns about people's health to them and complying with any actions agreed. We saw that a person had the involvement of a dietitian in managing their nutrition due to concerns raised by staff. Record showed checked the person's weight weekly and kept a chart of the food and fluid intake as recommended.

People received well-coordinated care and support when they moved between services. The service was in the process of implementing the 'Red Bag' scheme. The Red Bag scheme was designed to ensure people continue to receive the care and support they need when they use other services. The registered manager told us they were training staff on how the scheme works. Each person had a personal profile document which contained important information about them such as care needs, communication needs, the person's physical health, medication list, GP and next of kin details. Staff told us they ensured people had basic personal items needed every day such as hearing aids, glasses, and dentures when they were leaving the service.

People's nutritional, dietary and hydration needs were met as they received sufficient food and drink to nourish them and maintain their health and well-being. People's comments about the food included, "The food is adequate, edible, …the menu looks impressive. You can ask for whatever you want.", "The food is really good, sometimes the portions are too much, there's a big lunch and dinner, but it really is excellent.", "The food is not bad, fairly standard.", and "The food is very satisfactory."

Care records contained people's nutritional needs and requirements which the care staff communicated to the kitchen staff. People's allergies were also known to staff. The service provided people with breakfast, lunch and dinner daily; and snacks and drinks in between each meal. We carried out observation during lunch time. The atmosphere was relaxed, sociable and friendly. Both the kitchen and care staff knew people's dietary requirements. People who required pureed food received it. People who needed assistance and encouragement to eat got the assistance they needed. Those who were cared for in bed or chose to have their meals in their rooms could do so. Staff assisted people as required to cut their food in smaller pieces and to pour drinks into their cups. Staff asked people if they were satisfied and offered extra portions if needed. The menu had two options people could choose from. Food was well presented and served to people hot. Staff saved food for people who were not ready to eat at the time. People were offered snacks, fruits and hot and cold drinks throughout the day.

The home was beautifully maintained, well decorated and welcoming. There were communal and private rooms available for people to relax, socialise and entertain their loved ones. Each person had their own furnished bedroom which was decorated with their personal items such as photographs and ornaments. There were toilets and washroom facilities throughout the service for people and visitors to use. Toilets were installed with grab rails and call bells in case people needed them. The home was wheelchair accessible and there was a lift for to use to access different floors. There was a prayer room/chapel within the home which people could use if they wished. The service also had a sensory room where people could relax and stimulate their senses.

Good

Is the service caring?

Our findings

People told us staff treated them with kindness and respect. One person told us, "The staff are really caring, they are so kind. Some know me very well, like friends, I feel catered for." Another person commented, "There's nothing I would change, they are good girls, they always behave beautifully, what else could I want?" A third person told us, "I'm here on short term after a hospital stay but I don't want to leave, everyone is so kind and helpful, it's remarkable. The nurses are superb, nothing is too much trouble. They are most delightful and always find a few minutes for a chat." Relatives also made positive remarks about staff caring attitude. One relative told us, "My [loved one] is very happy here. Staff here are very good, pleasant and caring." We observed staff and people exchange pleasantries and shared jokes. Staff addressed people by their preferred names. The atmosphere was relaxed and people were comfortable with staff.

People were supported by staff who understood their needs and preferences. Care records contained information about what people liked to be called, the time they preferred to go to bed, things they could do and with whom and how they liked to be supported with their personal care. Staff could tell us about people's needs and preferences as described in their individual care plans. Our observation also confirmed that staff knew people well and delivered care to them in line with their requirements. For example, during our lunchtime observation, a staff member brought a personal item to a person. As soon as the person had the item with them they sat down and became settled. Staff explained that the item brought comfort to this person as they related to it as something valuable from their past. The care plan of one person, who was feeling anxious and upset following bereavement, stated that staff should spend regular one-to-one time with the person, provide comfort and reassurance, and talk about their family in a memorable way sharing nice memories through pictures. We observed staff supporting this person as stated in their care plan.

People were allocated keyworkers who were responsible for organising their day to day care. Keyworkers developed close working relationships with people and took charge for ensuring that the person's needs were met. People and their relatives found the key work system very useful. One relative commented, "Communication is good, much less confusing since the key working system and since staff started using name badges. The key worker system works very well, it keeps an eye on things, it's a very good system and reassures me that my [loved one's] needs are understood and met. It helps the staff too, they develop relationship with people and they take responsibility to make sure their key client's needs are met. I really praise it." Another relative said, "The key worker system has resulted in good relationships and better care, as the knowledge of the individual is more in depth." People and their relatives where necessary, were involved in planning their care and making decisions about their day-to-day care. One relative told us, "I'm involved in my relative's care planning, the documentation is good. I'm informed of any changes." Another relative said, "Staff discuss my loved one's care with me and I'm involved in reviews too."

Staff understood people's cognitive conditions and emotional needs. From our observation in the dementia unit, we saw that staff knew how to engage and comfort people who were restless and agitated. Staff used positive body language and facial expression to communicate with people. Staff also used gentle touch and physical contact as appropriate to provide comfort and reassurance to people. We saw a staff member trying to find out from a person if they were fine as the staff noticed they were not engaging much and

appeared withdrawn. The staff member spent one-to-one time chatting with them and trying to cheer them up. Relatives commended staff approach in caring for people with dementia. One relative said, "There is a kind and caring attitude down here (in the dementia wing), if my loved one gets agitated, they notice and give them the right guidance and attention. Staff know [my loved one] is lucid and has a memory problem. This is the best managed part of the home."

People's privacy and dignity were respected by staff. People had their self-contained rooms which afforded them the privacy they needed. They told us they can chose to stay in their rooms anytime and nobody would bother them. We saw that staff carried out any intimate tasks in private behind closed doors to ensure people's dignity was maintained always. We noted that staff always knocked on people's bedroom doors and awaited a response before entering. Staff had all received training in dignity in care and demonstrated good knowledge and skills in putting it in practice. There was a 'Dignity in Care Champion' in the service who promoted and advocated people's right to be treated with dignity.

People's personal information and records were protected. Records including care plans were locked securely to maintain confidentiality. Staff shared information about people were others who do not have a right to such information could not overhear them.

Good

Is the service responsive?

Our findings

People received care personalised to meet their individual needs and requirements. People's care plans detailed their needs and how the needs would be met. These included the support they required to maintain and manage their physical and mental health, skin integrity, personal care, mobilise, and socialise. People's care plans also highlighted their backgrounds, histories, likes and dislikes and what was important to them individually. This helped staff gain insight into people's personalities and behaviours. Staff told us that care plans enabled them deliver care to people as the individuals want.

People and their relatives confirmed staff met their needs appropriately. One person told us, "I get help with whatever I need. They [staff] are amazing." A relative told us, "My loved one's skin is healthy so I know staff are changing them and turning them as they should as my loved one needs this." Another relative mentioned that staff knew how their loved one take their meals and they have never gotten it wrong. A person who recently used the service on a short-term basis following an illness commented, "… all the staff were so kind, all of them without exception and I was so well looked after that I soon recovered and got my appetite back."

People with continuing health needs were suitably cared for at the home. One person had a percutaneous endoscopic gastrostomy (PEG). This is a feeding tube which has been placed in a person's abdomen by a surgical procedure. There was a care plan for use of the PEG, which included detailed instructions from the dietitian on how staff should care for the feeding tube, the type of feed to be used, the frequency and rate of feeds, and the amount and frequency of flushes. Staff told us that they followed these instructions closely, and daily records demonstrated this. People with diabetes also received care tailored to their needs. One person with type 2 diabetes received support with food intake management. Their plan stated, "support [person name] with choices of a wide range of healthy balanced food options." Staff also checked their sugar levels weekly and encouraged them to join in exercises. Signs for staff to recognise when the person was having high and low sugar levels was detailed in their care plan too.

People were actively encouraged to participate in meaningful activities of their interest. The service had activity coordinators who organised and facilitated activities for people. People told us they had activities to occupy them. One person said, "There are plenty of activities if I wanted to take part in them, there was a St Georges Day festival yesterday." Another person commented, "There is an amazing interactive sensory table (in the dementia wing) which they all love to play with, lots of one to one activities too, they are always doing something." One relative said, "She enjoys the food, joins in the activities, bingo, holding owls, using the amazing sensory table. When she comes home, she always asks to come back."

There was monthly activities plan which incorporated both indoors and outdoors activities. These included social evenings with musical performance from entertainers, celebration of feast days and special occasions such as Valentine's day, St George's and St Patrick's day. Plan were in place to celebrate the royal wedding. There were trips to the seaside every summertime. People also took part in sing-alongs evening, quiz, arts and crafts and movie/TV evenings. We observed staff and people playing card games on one unit and in another unit people took part in a quiz competition about the royal family. It was interactive and from the

expression on people's faces they seemed to enjoy it. Staff engaged people who preferred to stay in their rooms or were unable to take part in group activities of their choice. Some of the activities they regularly took part in included, reading sessions, reminiscence, music, games and puzzles and hand massages.

The service collaborated with various organisations to deliver a broader range of activities that improved the experiences of people. People were recently visited by an organisation who look after Owls. People had the opportunity to hold Owls and learn about them. The service also welcomed local schools and charity groups to sing, read and perform concerts for people to enjoy.

People were supported to maintain relationships which mattered to them. People told us that their friends and relatives could visit them at the service. We saw relatives and friends visit and spending time with people. They had private rooms to spend exclusive and uninterrupted time. We also observed a staff member delivering a message from a relative to a person. The registered manager explained that people could receive phone calls using the office phone lines.

The service maintained and respected people's protected characteristics such as age, gender, sexuality, religious, disability, race and nationality in line with the equality act. Staff had received training on equality and diversity and understood the importance of promoting equality and diversity. People's care plans indicated these characteristics and what support they needed to maintain these. People were supported to practice and maintain their religious beliefs. There was a chapel on site where religious services took place. The registered manager explained that they had liaised with various faith groups to attend to the spiritual needs of people where needed. People took part in various religious and cultural celebrations. One person was supported to attend Catholic Mass weekly. People were also provided food to meet their cultural requirements.

People received the end of life care of they wished for. Care plans detailed people's requirements when they approached the last days of their lives. This plan included people's Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status, where they wished to spend their final days and how their pain should be managed. End of life care was planned in conjunction with the person where possible, and with the input of the person's next of kin and relevant professional. The service provided appropriate end of life care to people with the support of the local hospice, who were available for staff as an information resource if needed. The clinical lead nurse told us and records confirmed that staff had been trained in palliative care. A staff member was the champion for 'End of Life' care at the service. They lead on providing support and sharing knowledge and information to their colleagues in this area. They also provided support to families coping with loss. A relative complimented the home saying, "Thank you so much for all your help and kindness you showed [person's name] over the last years and especially in their last week….it was great comfort to us knowing they were in safe hands with your good care." A nurse from the local hospice who worked in conjunction with the home commented, "I would just like to bring to your attention, how impressed I was with your staff. They are professional and caring always making sure the patients' needs are central to all decisions made. It is always very reassuring that when we have patients placed in your care home, we know they and their families will be well supported during their last days of your life."

There was a complaints procedure in place. People could raise their complaints about the service which was recorded and addressed by the registered manager. Record showed that eight complaints had been received since our last inspection. These were investigated and resolved in line with the provider's procedure. Following a recent complaint received the registered manager was monitoring how promptly staff responded to call bells by reviewing the report generated by the calls monitoring system and taking necessary actions where required.

Good

Is the service well-led?

Our findings

The service had a registered manager in place, they were supported by a clinical lead nurse and unit managers. The registered manager received support from the chief executive director who based within same premises. There was also a human resource and training team onsite who provided support with coordinating staff training, recruitment, staff appraisals and performance management. This level of structure ensured that management was visible throughout the service and that staff received the leadership and direction they needed to be effective in their roles.

The registered manager understood and met their responsibilities to the CQC. Notifiable incidents and accidents were reported to CQC in a timely manner as required.

People, their relatives, professionals and staff were complimentary of the quality of care people received at the service. One person said, "It's a very good service, I can't fault it. I would be surprise if anyone finds a fault with this home." Another person told us, "This place is very well led, it's the most excellent arrangement." A relative commented, "It's wonderful home. I wish there were more homes to this standard, I was a nurse so I know, this one is spotless, never a smell and I can't believe the staff are so friendly and helpful." Another relative mentioned, "My loved one is very happy here. There are very good staff and management…There have been no problems at all."

Professionals we contacted also made positive comments about the quality of care and how the home was managed. One professional said, "I think this is a very high-quality service. Great care is taken to ensure that residents are well cared for and their emotional and spiritual needs are taken into consideration as much as possible. Staff are kind, caring and courteous… I would be very happy for family members to be cared for in Cullum Welch Court." Another professional stated, "I have nothing but praise for this home, the management is superb and its activities offer and access to in house therapies is unrivalled in the local market."

The service had an open and inclusive culture where people, their relatives and staff felt part of a community; and all working together to improve the quality for people using the service. Staff showed they were interested in people and valued the uniqueness of each person. We saw staff care for people in an individualised manner – respecting their choices and decisions.

People, their relatives, staff and external agencies were involved in running the service. The management held regular meetings with people and their relatives to obtain their views and to provide update about the service. Discussions included staffing changes, health and safety, activities and food. People were also given opportunity to raise any concerns they may have. People were reminded of the safeguarding and complaint procedure. The catering committee set up to review the food menu held regular meetings and gave updates to people during residents' meetings. We saw that the menu had been updated following suggestions people made.

Staff told us they felt well supported and they received guidance to do their jobs. Each unit held daily

handover meetings where staff discussed people's issues including progress and concerns. Staff meetings also took place regularly. These meetings afforded staff an opportunity to share their ideas about the running of service and engage with management. One staff member told us, "I like working here. It's a very good place. The management are here all the time. If I have urgent concerns I can go to them for a chat, if not urgent, I will raise it at staff meeting. They do give you answers to your questions." Team meetings were also used to update staff on changes in health and social care legislation and to share good practice.

Staff showed positivity, enthusiasm and commitment in their jobs. They demonstrated these in the way they carried out their duties, their attitudes and their comments about the service. Most staff had worked in the service for several years. The provider sought for ways to keep staff motivated to continue to deliver quality care to people. They did this by providing ongoing opportunities for staff to develop their knowledge, skills and experience so they felt valued. The provider offered staff lead roles such as champions in key areas like dignity in care, safeguarding, palliative care and infection control. This gave staff a chance to learn and develop expertise in an area of their choice and share their experience with their colleagues. The provider also held a summer event for staff yearly. This was aimed at improving staff well-being and to improve morale. Staff told us it was an opportunity to socialise with one another.

The service was subjected to regular monitoring and checks. Audits and checks took place at various levels. These covered health and safety systems, environment, care records and delivery; catering, call bells, dependency levels/staffing levels, DoLS, infection control processes, medication management, finance system and staff records. The audit also involved observing how staff supported spoke with people. The registered manager regularly updated the Board of Trustees with the performance of the service. They produced a report which analysed events and trends. This covered various aspects of the service including incidents, infection control, complaints, safeguarding, MCA and pressure sore management. An action plan was developed to address areas of concerns. For example, the Board of Trustees had been involved in implementing improvements to issues identified from our last inspection, which had all been completed by the time of this inspection.

An annual review of the service took place. It checked if the service was safe, effective, caring, responsive and well-led. The service had improved their medicine management system from a review conducted. The local authority monitoring team also visited to check that service complies with regulations and standards. There were no issues identified from the most recent monitoring visit.

The service worked closely with other agencies such as local authorities, St Christopher's Hospice, Skills for Care, Age Concern, Alzheimer's Society, British Heart Foundation, Multiple Sclerosis Society and the Diabetes UK. These organisations have supported the service through providing clinical and professional advice and support; training and developing and creating awareness on relevant issues. Organisations we contacted confirmed that the service liaised and worked well with them. One organisation commented, "Members of the management team are guaranteed at our quarterly Care Homes provider forums, Safeguarding Adults Board and Enhance Care in Care Home Framework."