Altogether Care LLP

Weymouth - Weymouth 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 15 November 2016.

Weymouth Care Home provides nursing care for 34 people. There were 32 people living in the home at the time of our visit, some of whom were living with dementia as well as other conditions such as a brain injury and multiple sclerosis. The home was organised into four areas across two floors. There was a passenger lift to allow easy access to the first floor. The majority of rooms had ensuite facilities and there was a communal dining area and lounge as well as a library room which was used as a quiet area or for meetings.

There was a registered manager who had been promoted into their current position three years ago. 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 had opportunity to engage in activities within the home such as games and reminiscence. There were trips out twice a week, some people had one to one time with staff to support them with their social and recreational needs. The provider had reviewed how activities were organised and delivered , this included feedback from meetings and questionnaires. They identified that improvements were required to ensure that activities were varied, planned according to people's interests and were a positive experience for people. There had been staff changes and a vacancy for an activity coordinator was in the process of being completed. This demonstrated the provider had reviewed how activities were organised and was actively making improvements.

There were sufficient staff to meet people's needs. Staffing was planned according to people's care and support needs. Staff were supported with their professional development and the registered manager told us three staff had recently left to commence their nurse training. There had been use of agency staff while new staff were recruited and the registered manager told us all vacant staff positions had been filled. Checks were made by the provider to ensure new staff were recruited safely and that the appropriate pre-employment checks were carried out.

The provider told us they had made improvements to training and development. Registered nurses had received training in a range of clinical procedures such as catheterisation and verification of death. All staff were up to date or had training booked which the provider identified as essential such as infection control and health and safety. Some staff had trained as trainers in specific areas such as moving and assisting, which meant training could be delivered when it was needed in the home environment.

People told us the food was good and we saw they were offered a choice of what they would like to eat and where they would like to eat it. People who needed support to eat their meals were supported with dignity. Staff sat with them on a one to one and were unhurried. People had their nutritional needs assessed and a

plan of care was developed to ensure the persons needs were met. For example there were several people who had swallowing difficulties. They had been referred to the speech and language team (SALT) for a specialist assessment. We saw staff were following the recommendations which had been made to ensure people were supported safely to have enough food and drink. People who were identified at risk of not having enough to drink were monitored throughout the day and staff told us it was all of the staff teams' responsibility to ensure people were appropriately hydrated.

People were at reduced risk of harm and abuse. Staff were able to describe to us how they would recognise abuse and were aware of their responsibilities in reporting actual or potential abuse. Staff understood how they would escalate concerns about poor practice and told us about the whistleblowing procedures. One member of staff told us they would not hesitate to contact the CQC if they felt concerns about poor practice were not being addressed by the provider.

People had their risks assessed which included a moving and assisting risk assessment and skin integrity risk assessment. When a risk was identified there was a care plan which provided guidance to staff how to support the person in such a way as to reduce the risk

The environment was well maintained. There were maintenance staff available on a daily basis. There was a maintenance schedule which demonstrated that equipment was service as required and a range of checks were made including electrical items and water quality.

People and their relations told us they were involved in decision relating to the persons care and support needs as well as decisions affecting the home. There were regular review of people's care plans which were updated accordingly.

Staff told us they enjoyed their work and worked well as a team. People were relaxed with staff and we saw positive interactions. Staff were caring and friendly and respectful of people's individual preferred routines. People had personalised care plans which reflected their likes and dislikes and provided guidance for staff.

The registered manager was accessible and visible within the home and had a good awareness of people's care and support needs and people were comfortable talking with them.

Registered nurses were supported to complete their revalidation with the Nursing and Midwifery Council (NMC). The registered manager had provided training and as a registered nurse had completed it themself. Registered nurses administered prescribed medicines safely and monitored people to ensure they received as required medicine when needed. They liaised with healthcare professionals for medical or specialist advice when necessary.

There were quality monitoring systems in place which meant any areas for improvement were identified and plans put in place to rectify them.

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. There were sufficient staff to meet people's needs.

People received their medicines as prescribed.

People's risks were assessed and care was delivered to minimise the risks to people.

People were at reduced risk from harm and abuse. Staff were aware of how to identify and respond to actual or potential abuse.

Is the service effective?

Good

The service was effective. People were cared for by appropriately trained staff.

People had choices at mealtimes such as what to eat and where to sit.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People had access to healthcare from a range of healthcare professionals.

Is the service caring?

Good

The service was caring. People were cared for by staff who treated them kindly. There was a relaxed atmosphere in the home.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive. Activities were available for people and those who were unable to participate had one to one time. People had opportunity to go out on trips which were available

twice a week.

People received personalised care and staff were knowledgeable about peoples preferred routines.

People could raise suggestions or concerns in a variety of ways Complaints were managed appropriately and within an agreed time frame.

Is the service well-led?

Good

The service was well led. The registered manager was visible and approachable.

Staff were motivated to achieve high standards of care, they were supported and encouraged to do this by the management team who were committed to ongoing improvements.

There were systems in place to monitor the quality of the service and to ensure improvements were ongoing.

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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 unannounced inspection took place on 15 November 2016; it was carried out by one inspector.

Prior to the inspection we requested and received a Provider Information Return (PIR). A 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 spoke with four people, three relatives and one visitor. We also spoke with eleven staff which included the registered manager, the operational manager two registered nurses, the head chef, maintenance person, housekeeping and care staff. We looked at four care records and a sample of the Medicine Administration Records (MAR). We also contacted a representative from the local authority quality improvement team.

We looked around the service and observed care practices throughout the inspection We saw four weeks of the staffing rota and the staff training records, and other information about the management of the service. This included accident and incident information, emergency evacuation plans and quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI).This is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Medicines were stored at the correct temperatures and checks were made to ensure people received their prescribed medicines correctly .There were guidelines to cover medicines as required and homely remedies. There were appropriate pain assessment tools to ensure people who were unable to express themselves received pain relief when they needed it. Some people required cream to be applied for skin protection or treatment of a skin condition. These were prescribed on the Medicine Administration Record (MAR) and there was separate recording sheets in people's rooms. This meant staff could sign they had applied the cream once completed. We saw one person's recording sheet had unclear instructions regarding the frequency of application; we spoke with staff who promptly amended it so it so the frequency of application was clarified. We saw the person had been receiving the cream.

People were supported by sufficient staff. The provider used a dependency calculation tool to identify how many staff were required to meet people's care and support needs. Staffing was provided at the assessed level .There were two registered nurses on each shift and eight care staff. Most people required support from two staff. The registered manager told us historically they had a stable staff team however some staff had left recently. This included three staff who had left to start nurse training. New staff had been appointed to vacant positions and had either commenced employment or were awaiting final pre-employment checks to ensure they were safe to work with vulnerable adults. This included references and checks with the Disclosure and Baring Service (DBS). There were guidelines for staff to follow to cover unplanned absence at short notice and one member of staff told us they would ring around the staff team and would often get the shift covered, when this was not possible agency staff had been used. Checks had been made to confirm agency staff were recruited safely and had the appropriate skills.

People were protected from the risks of harm and abuse. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. Staff were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice. Staff were aware of whistleblowing procedures. One member of staff told us they would have no hesitation contacting the CQC if they had concerns that people were not being cared for appropriately. People told us they felt safe living in the home and had confidence in staff to protect them. One person told us "They look out for me, make sure I'm alright." There was guidance for people in the reception area on safeguarding procedures which included telephone numbers for the local authority safeguarding team.

People had a full assessment of their needs which included specific risk assessments, such as pressure areas, eating and drinking and mobility. When a risk was identified there was a care plan which provided guidance to staff about how to support the person in such a way as to reduce the risk. For example one person was identified as at high risk of skin damage, their care plan included which type of mattress was most appropriate as well as the frequency of repositioning and use of barrier cream. Some people were at high risk of falls and there was guidance on how to support them to minimise the risks for example how many staff were needed to support them and if they required any equipment. We saw some people who were identified as a high risk of falls had a pressure mat beside their beds. These were used to alert staff if the person got out of bed .. On one occasion we saw staff responded within two minutes, when the alarm

mat was activated which demonstrated that staff responded promptly.

Accidents and incidents were reported in accordance with the service policy. We saw that they were investigated and actions taken/followed up in a timely way. The registered manager told us there was a monthly audit to monitor trends and to ensure that learning took place. For example they observed an increase in people sustaining skin tears during night time hours. They took actions which included ensuring all night staff received refresher training in moving and assisting as well as reviewed peoples care plans to ensure they were being safely supported.

The home was safely maintained. There were maintenance staff on site daily during the week and on call at weekends. There was a schedule which showed us that the appropriate checks were carried out. For example electrical equipment and water quality.

Good

Is the service effective?

Our findings

People told us the food was very good. One person told us "The food is absolutely delicious, it always is." Another person told us "The food is excellent." People were provided with a choice of where to sit and what to eat. One member of staff told us "Its people's home, if they want something we get it." At lunch time we saw one person eating sandwiches as they did not want either of the hot meals which were on the menu. People had their nutritional needs assessed and if necessary they were referred for a specialist assessment with the Speech and Language Team (SALT). Staff were able to describe to us people's individual dietary needs including any SALT guidance which we saw was reflected in people's care plans. This demonstrated that staff understood people's dietary needs and that people were supported to have enough to eat in the correct format. People who were identified as at risk of not having sufficient to drink had their fluid intake and output monitored. Staff told us they checked throughout the day and we saw staff had recorded how much individual people needed to drink and charts showed us the amounts were recorded. One member of staff told us "It's all our responsibility to make sure people have enough to drink." A registered nurse told us "I check during the day but also give drinks whenever I give medicines-that way I can encourage and monitor." We saw charts demonstrated people were receiving enough to drink.

People received care and support from staff who had the appropriate skills and training. There was an electronic system to record when training had been completed and when it was next due. Training which the provider had identified as essential was up to date. For example fire safety, infection control and moving and assisting. The provider informed us that as part of their improvement planning they had trained staff to be trainers within the home. For example one member of staff told us they had trained to train staff in moving and assisting. This meant staff could receive training when required and in the working environment. As well as this the provider had identified as part of their improvement plan to provide clinical staff with refresher training in clinical skills such as catheterisation, verification of death and falls. The registered manager also told us that they responded to what staff told them they needed for example several staff who were providing supervision had not received training and had requested it. During our inspection we saw that staff were attending supervision training. Staff told us they felt supported in regular supervision and that they were encouraged to undertake further training. One member of staff told us "Each supervision more learning is identified." All staff received an annual appraisal. This showed us that staff were supported in their continual professional development and people were supported by staff who were up-to-date with current knowledge and skills. New staff undertook the Care Certificate which is a national induction for people working in health and social care who have not already had relevant training.

Registered nurses are required to revalidate their registration with the Nursing and Midwifery Council (NMC). The registered manager told us they had completed their own revalidation and were supporting nurses to prepare for the process. They had delivered training to nurses and kept records to alert them when nurses were due to complete revalidation. This meant registered nurses working in the home had up to date registration with the NMC.

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 by 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 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.

Staff understood the principles of the MCA and how it applied to their work. One registered nurse described the processes they would follow to ensure people who lacked capacity received care and support in their best interests. Some people did not have capacity to consent to being in the home and to receive care and support. The registered manager had made the appropriate DoLS applications to the local authority. Two people had a DoLs authorised by the local authority, with conditions attached which staff were knowledgeable about. Staff understood how they sought consent and one member of staff told us "We always ask…it's always asking… people can change their minds." Another member of staff described how they supported people to make everyday decisions such as what to wear. They told us about one person who was unable to verbalise their choices. They explained they supported them to make decisions by using gestures and non-verbal communication. For example they told us they held up items of clothing to help them select, the person would point to what they had chosen.

The registered manager told us they had good relationships with the multi-disciplinary team which included GP's, SALT, and the mental health team There was a weekly ward round with a GP. This meant people's healthcare needs were discussed regularly and attended to promptly. A relative told us they were kept informed whenever their relation had health concerns. Feedback had been received from a healthcare professional who thanked staff for providing extra information about a person during their hospital stay which allowed them to plan treatment appropriately. They also thanked staff for being so keen to have the person return to the home. The healthcare professional concluded that this meant the person was able to be discharged from hospital quickly.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. One person told us "Staff are very kind." Another person told us "They are very good." A relative told us "Staff have caring hearts."
Staff told us they enjoyed working in the home and spoke positively about people. One member of staff told us "I love all the residents, they are great." Another member of staff told us "I love this home it's close to my heart." Staff told us they were a close staff team and they supported each other. This showed us the team had positive relationships with people and each other and worked well together to provide people with the right care and support.

We observed staff interacting with people in a relaxed and friendly way. Staff were aware of people's life histories and their interests. This meant that staff could have meaningful conversations with people about things that were important and of interest to them.

People were supported to maintain contact with people who were important to them. Relatives told us they could visit any time and that they felt welcomed. There was an ipad available so that people could maintain contact with relatives who lived far away by skype. One person had weekly contact with their family in this way.

Staff were respectful of people's privacy and dignity. One relative was confident their relation was cared for respectfully and their privacy and dignity was maintained. Personal care was carried out discreetly and we observed staff knocking before entering people's rooms. One member of staff told us if people did not want them in their room they were respectful and came back later.

People and their families had involvement in decisions about their care. The care records indicated that people had been involved in their care plans and one relative told us they felt more than involved they described being instrumental in making decisions about the care their relation received. During our inspection we observed staff consulting with people about everyday decisions such as if they wanted to get out of bed, what they wanted to eat or if they wanted to be involved in an activity.

Good

Is the service responsive?

Our findings

People had access to activities which were organised by the home. For example games, reminiscence and trips out. There were dedicated activity staff although one new member of staff was waiting for the pre-employment checks to be completed. This meant that activities were being allocated to care staff some of the time. The provider had reviewed the provision of activities and considered feedback from questionnaires, meetings and talking with people and staff. They identified improvements and we saw there were actions to meet these. For example increasing the amount of community involvement in the home. Through development of a memory cafe, a brain injury support group and coffee mornings to take place in the home so that they were accessible to people .As well as this the operational manager told us they had plans to improve how activities were planned and evaluated to ensure they were planned according to peoples interests and that there were positive outcomes for people. During our inspection we saw some people preferred to organise their own social time such as watching films or reading the paper. One person told me "I have quite enough to do." One relative told us they thought their relation may enjoy crosswords and word games. We talked with the registered manager about this. They agreed that more variety in the activity programme was needed which had been identified in their improvement plan. They told us the activity programme would also include crosswords and word games would be included in the activity plan . One to one time was organised for some people who were unable to participate in communal events. For example we saw one person was supported to go to the shops and on another occasion they were supported in activities in their room. There were two volunteers involved in the Friends of Weymouth Care Home who spent time with people and the registered manager told us they planned to expand this service.

Staff were knowledgeable about people's preferred routines and their likes and dislikes. For example one member of staff talked to us about one person who preferred to have breakfast in bed and get up before lunch. This information was captured in the person's care plan and the persons daily records reflected staff followed the persons care plan.

People had a pre-assessment prior to moving in the home and the registered manager explained they would ensure they were able to meet the person's needs in the correct environment as well as ensure the person was happy to move in to the home. Some people had lived at the service for several years and relatives told us they were encouraged to remain involved in their relations care. There were regular reviews and one relative told us they had recently talked with staff and their relation had a new care plan following a review of their needs.

One relative told us they were able to contribute suggestions in the meeting which was held for people and relatives. The registered manager told us these meetings were bi-monthly and that suggestions and ideas were encouraged and listened to. For example there was building work taking place and relatives asked for the entrance to be moved so they did not enter the home directly into the building work, the entrance had been moved following this suggestion. There was also a suggestion box which had been used. One relative had made suggestions regarding trips out which had been considered during planning.

Compliments and complaints were logged and responded to according to the homes'; policies and

procedures. Complaints were managed appropriately and were responded to within the correct timescales. In the last 12 months two complaints had been received with a satisfactory resolution.

Feedback was also obtained as part of twice a year quality survey. The last one had been completed in March 2016 and there were overall positive responses received from people and relatives. The registered manager told us feedback was used to plan improvements.

Good

Is the service well-led?

Our findings

People and relatives told us the home was well run. One relative considered there was an open and transparent culture and felt confident they could talk with the registered manager and be listened to. The registered manager was visible and accessible, their office was centrally based in the home and they told us they had an open door policy. We observed people and staff were relaxed in the registered managers company. The registered manager told us they welcomed feedback and told us "If you don't know you can't improve."

The registered manager was supported by the operations manager who had been working for the company since 2015. They had identified improvements which would enhance the quality of care people received. They had produced an action plan which we saw was an ongoing commitment. For example improvements relating to activities and also to training.

The registered manager told us they considered it important to communicate with people, relatives and staff effectively. They held meetings for staff which one member of staff told us were useful for updates as well as to make suggestions. We saw minutes of meetings were recorded and actions carried forward. As well as planned meetings the registered manager told us they chatted with people, relatives and staff on a daily basis informally. People and relatives talked to us about the registered manager by name and one relative confirmed they saw the registered manager regularly and chatted with them. They also told us they wrote to relatives when there were significant changes such as recent staff changes.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

There was a system for quality monitoring within the home which included a number of quality audits. For example a monthly audit of care records, staff files and medicines. Where areas for improvement were identified we saw that actions had been taken. This was demonstrated in a monthly care records audit, part of the documentation had not been completed, once this was identified it was rectified. The operations manager told us they carried out unannounced quality monitoring visits every three months. The registered manager explained that this was another opportunity to ensure actions from audits had been completed The operations manager also told us they usually carried out weekly walk arounds where they checked on the quality of care including which included care records. They told us they identified improvements were needed to care planning and had organised training to support staff with this.

There was a commitment within the service to foster community links. The registered manager updated us on the progress of the memory café which they were planning. As well as a brain injury support group. They had also developed links with a support agency so they could signpost relatives for help and advice. They had also been involved in an end of loneliness campaign and welcomed members of the community in for special occasions and events such as Christmas.