

Wellmun Care Limited

Two Gates House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Two Gates House is a residential care home that was providing personal care to 30 older people at the time of the inspection.

People's experience of using this service:

People were supported by staff who knew how to manage risks and report any concerns they may have. There were sufficient numbers of staff to support people and medicines were managed in a safe way. There were effective infection control practices in place.

People's rights were upheld in line with the Mental Capacity Act and were supported to access healthcare services where required. People's dietary needs had been met. People were supported by staff who had received training and support.

Staff had developed friendly and kind relationships with people. People were supported to be involved in their care and had been treated with dignity and respect.

Records held personalised information about people and staff knew people well. Activities were available that met people's individual interests. Complaints made were investigated and resolved.

The management team had a visible presence in the home and had friendly relationships with people. There were systems in place to monitor the quality of the service and people had opportunity to feedback on the quality of the service.

Rating at last inspection:

Requires Improvement. (Report Published 03 May 2018)

Why we inspected:

This was a planned comprehensive inspection which took place on 31 May 2019.

Follow up:

We will continue to monitor intelligence we receive about the service until we inspect again as part of our inspection programme. If any concerning information is received, we may inspect again sooner.

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

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 effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

Two Gates House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Two Gates House is a Residential Care Home. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.¹

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority to gather their feedback about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people living at the service and a visiting health professional. We also spoke with three members of care staff, the deputy manager, the registered manager and the provider. We looked at three people's care records as well as records relating to complaints, accidents and incidents and quality assurance.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. One person said, "Yes I am definitely safe".
- Staff we spoke with understood the different types of abuse and their responsibility to act on any concerns. All staff told us that they would report any concerns they had to their management team.
- Where concerns were raised, the registered manager had responded appropriately and made referrals to external authorities where needed.

Assessing risk, safety monitoring and management

- Staff managed risks to keep people safe. People's care records held individual risk assessments detailing risks posed to people and how these should be managed. For example, where people needed equipment to support them in moving around the home, guidance was in place informing staff of what equipment to use and how. Staff knowledge of risks reflected what was in the risk assessments.
- Staff knew the action they should take in an emergency such as fire. This meant that people would be kept safe in emergency situations as staff understood their role in this.
- The provider had systems in place to ensure that all equipment used was regularly serviced and safe to use.

Staffing and recruitment

- Staff had been recruited safely. Prior to commencing work, staff had been required to complete checks that included providing references from previous employers and applying for a Disclosure and Barring check.
- People told us there were sufficient amounts of staff to support them. One person told us, "There is always someone around and I have a buzzer in my room I can use to call someone if I need too. I have only had to use it once and they [staff] came quickly".
- Our observations showed that people had their needs met in a timely way. Staff were visible around the home and where people required support, staff responded quickly.

Using medicines safely

- People were satisfied with the support they got with their medication. We observed staff supporting one person to take their medication and this was completed in a safe way. The staff member explained to the person that they needed to take their medication and then stayed with them while they took this.
- Records we looked at showed that people had received their medications as required. Medication Administration records had been completed accurately and level of medication available matched what had been recorded.
- Where people had medication on an 'as and when required' basis, there were protocols in place informing

staff of when to administer this medication. This ensured that people received their medication in a consistent way.

Preventing and controlling infection

- There were safe infection prevention systems in place. The home was clean, tidy and odourless. Staff had received training in the prevention and control of infection and were seen to be wearing personal protective equipment such as gloves and aprons throughout the day.

Learning lessons when things go wrong

- The registered manager displayed a commitment to learning lessons from incidents. For example, action had been taken to address shortfalls in care delivery found in previous inspections. The provider and registered manager both understood why previous concerns had been raised and could demonstrate their ongoing development to ensure that lessons were learnt. The provider told us, "It has been a learning curve but we now have systems in place that give us more control. We have our finger on the pulse now".

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had undertaken assessments of people's needs prior to them moving into the home and then regularly throughout their care. The assessments looked at people's medical history as well as their current care needs.
- The assessments completed considered any protected characteristics under the Equality Act; such as people's religious or cultural needs.

Staff support: induction, training, skills and experience

- New staff at the home received an induction that included completing training and shadowing a more experienced member of staff. The induction also included the completion of the Care Certificate. The Care Certificate is an identified set of standards that care workers must adhere to.
- Staff told us that following their induction, they were supported to maintain their knowledge and skills through regular training updates. Staff were also able to request additional training if required. One member of staff told us, "The training is updated annually. If I wanted extra, I could ask for it. I recently got offered additional training in end of life care".

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

- People gave positive feedback when asked about the meals available and told us they were always given choice. One person told us, "The food is alright. The cook is great". Another person added, "The food is alright, we get a choice. I always finish mine. I like my food".
- There were systems in place to ensure people's dietary needs were met. Staff working within the kitchen had access to information about people's specific dietary requirements as well as additional information about how they like their food prepared.

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

- The design and decoration of the service met people's needs. Rooms were spacious and there was outside space for people who wished to spend time outdoors. The provider was undertaking some renovations to expand the service and this had impacted on the availability of the garden area. However, people had been made aware of this and the provider had taken steps to ensure the disruption to people was minimal.

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

- People told us that staff supported them to access healthcare services where required. We saw one person complain of feeling unwell during our visit. The registered manager responded to this immediately and we saw that the GP visited the person within a few hours of the concern being raised.

- A visiting healthcare professional told us that staff do call them where support is needed and that appropriate referrals are made where required.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. <In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People told us that staff sought their consent prior to supporting them and we saw this in action. One person told us, "Yes, the staff do ask my permission, I don't always give it but they do ask". Staff understood the importance of seeking consent and could confidently explain how they do this.
- Where required, applications to deprive people of their liberty had been made appropriately. Staff were aware of who had a DoLS authorisation in place and how this would impact on the support given.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about the staff providing their support and felt that they had developed friendly relationships with staff. Comments included, "Staff are very good, it is not trouble for them to do anything for you", and "I get on very well with staff".
- Staff were kind, friendly and caring in their approach. Staff were seen to be consistently laughing, joking and dancing with people. It was clear that staff had friendly relationships with the people they supported.
- Staff promoted a culture where people's equality and diversity was respected. One member of staff told us, "Its about equality and respecting everyone's beliefs".

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

- People felt involved in their care and were given choices daily. One person told us, "I do get choices". We saw that people were supported to choose what area of the home they wished to spend time in, what activities they would like to do and drinks they would like. Staff told us they promoted choice and gave examples of how they did this. One member of staff told us, "We will explain why we want to do something, but then give the person their choice".
- People felt listened too by staff and the provider. One person told us, "Once I told them [staff] that I missed baked beans and the next day, I got some so they must be listening to me".

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected. One person told us, "They [staff] give me privacy when I want it. They knock before coming into my room".
- Independence was promoted. Where people had the ability to complete tasks alone, this was encouraged. One person told us about how they were encouraged and supported to manage their own medications, whilst staff gave examples of how they support people to maintain their independence. One member of staff said, "We find out what the person wants to do for themselves, let them walk around when they want and wash themselves if they are able".

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who knew them well. One person told us, "The staff are alright, they are getting to know me". Staff displayed a good understanding of people's life history and what was important to them. This demonstrated that staff had taken time to get to know people above their immediate care needs.
- Records held personalised information about people's preferences with regards to their care. In addition to identifying people's care needs, the records held information individual to the person including, how they like to dress, what cutlery they like to use and any needs they have in relation to their sexuality.
- People had access to activities that met their individual interests. One person told us how they enjoy completing crosswords and that staff will deliver them a newspaper each day so that they can complete the quiz page. Another person told us they enjoyed singing and we saw staff encourage them to do this during the day. In addition, once the person began singing, staff encouraged others to get involved and were seen dancing and laughing with people throughout the sing-a-long.
- People were supported to continue their religious practices. The provider had arranged for church services to be held within the home and staff were aware of who wished to practice their religion.

Improving care quality in response to complaints or concerns

- People told us that they knew how to complain. One person told us, "If I wanted to complain, I would just see [registered manager]".
- Where complaints had been made, these had been investigated and resolved with the involvement of the person.

End of life care and support

- Although no-one currently living at the service required end of life care, the registered manager had been pro-active in planning for people's future care and had begun completing care plans that gave people opportunity to discuss their wishes should they be at the end of their 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

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 / Continuous learning and improving care

- At the last inspection, the provider was rated as Requires Improvement in the Key Question of 'Is the service Well-Led?' as they had not yet embedded robust systems to monitor the quality of the service. At this inspection we found that the provider had robust systems to monitor quality and that these systems had been embedded and sustained within the service.
- The provider and registered manager understood quality performance and had displayed a commitment to learning and improving the ways in which they monitor quality. The provider told us, "We invested in a quality assurance system that points us in the right direction of what we need to monitor. We just need to keep on top of it now". We saw that audits had been completed in areas such as care records, medication and infection control. The provider had also begun to include staff members in the auditing process to ensure that staff treat quality monitoring as a daily event. The provider said, "We get the staff involved in the audits, it brings staff engagement up and they get some ownership over where improvements can be made".
- Where areas for improvement had been identified within the audit, this had been acted upon. For example, where gaps were identified in some maintenance records, this was discussed with staff to ensure this error did not reoccur.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People understood the management structure at the home and spoke positively about the management team. One person told us, "They [management] know me well". As the registered manager spent time around the service, it was clear that people knew her well and appeared comfortable in her company.
- Staff spoke positively about the support they received from the provider and felt comfortable that any concerns raised would be acted upon. One staff member told us, "I am supported. If something needs bringing up, I will and it always gets acted on. We get supported to manage issues and it is handled fairly".
- The manager had met their legal responsibility to notify us of incidents that occurred at the service and had made referrals to external authorities where required to ensure people's safety.

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

- People were actively engaged with the service and were supported to provide feedback on their experiences. For example, we saw that regular questionnaires were completed to enable people to provide feedback. We looked at the last completed questionnaires and saw that the majority of comments were

positive. Where areas for improvement were fed back, the provider had acted on these suggestions.

Working in partnership with others

- The provider and registered manager had been proactive in engaging with others to improve the quality of the service. They had attended workshops with a local hospice to support them in improving the way they deliver end of life care. This had led to an improved care planning document being implemented to support people to speak about their end of life wishes more freely. The provider had also worked alongside a local school and facilitated visits for people by local schoolchildren.