

Wishmoor Limited

Wishmoor Rest Home

Inspection report

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Date of inspection visit: 11 January 2016
Date of publication: 28/04/2016

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 

Overall summary

At our previous comprehensive inspection of this service on 13 March 2015 there was a breach of legal requirements. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to how people were able to consent to care and treatment, Regulation 11 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014

This inspection took place on 11 January 2016 and was unannounced.

The home provides accommodation for a maximum of 28 people requiring personal care. There were 24 people

living at the home when we visited. A registered manager was in post when we inspected the service. 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.

During our last inspection on 13 March 2015, we found areas of people's care needed to be improved. At that inspection, we found the registered manager did not always ensure that people's consent was correctly

Summary of findings

obtained. At this inspection, we noted that that management team had considered our feedback and taken action on areas where improvements had been required.

People responded warmly to care staff looking after them and engaged with them in a friendly and positive manner. Relatives told us they had no concerns and that care staff knew what to do to keep them safe.

Care staff understood people's health concerns and how to support people to ensure that their health was monitored and anything to be aware of was considered. Risks to peoples health were reviewed and updated.

Care staff recruited undertook checks of their background so that the registered provider could be made aware of all of the necessary information before employing the person.

Peoples medications and how they received them were reviewed regularly to ensure they received them as prescribed. People were positive about the support they received to take their medicines.

Care staff told us they benefitted from regular supervision meetings from their manager so that they could discuss issues that affected them. They were also able to get clarification about people's care, if there were unsure of anything.

People were supported by care staff they liked and found approachable. People's care needs were understood by care staff supporting them. Care staff also understood how to care for people in a respectful manner whilst ensuring their dignity was maintained.

People were involved in activities that reflected their individual interests. People's interests were understood by care staff.

People knew the registered manager and felt able to approach and discuss issues that were important to them. The registered manager knew people living at the home and understood their individual care needs.

The management team had listened to people and the ideas and suggestions people were making to improve care at the home. Changes had also been made to how people were involved in making decisions so that peoples suggestions were gathered using a variety of methods, from meetings to questionnaires.

People understood they could complain if they needed to and understood the process to do so. Where people had approached the registered manager to raise issues they may have, these were resolved so that a workable solution could be identified.

The management team were clear in their understanding of each other's expectations. Improvements had been made to how the monitoring of care was being reviewed by the registered provider so that any issues or areas of concerns could be identified and responded to.

Summary of findings

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.

People were comfortable with care staff who knew what was needed to keep people safe. People received support from care staff when they required it. People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

Staff understood people's health and the support each person required. People were supported to make choices and these were respected by care staff. People were encouraged to maintain a healthy diet.

Good



Is the service caring?

The service was caring.

People liked the care staff helping them. Care staff understood what it meant to care for people and to maintain their dignity and respect.

Good



Is the service responsive?

The service was responsive.

People were involved in making choices about how care was delivered at the home through a variety of ways. People understood they could complain if needed and understood the process.

Good



Is the service well-led?

The service was well led.

People's care and the quality of care was regularly reviewed. The management team had a system to assure themselves of the quality of care being delivered and that it could be continually improved.

Good



Wishmoor Rest 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.

At our previous comprehensive inspection of this service on 13 March 2015 there was a breach of legal requirements. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to how people were able to consent to their care and treatment, Regulation 11 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

This inspection took place on 11 January 2016 and was unannounced. There were two inspectors on the inspection team.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke to seven people living at the service. We also spoke with five relatives, four staff, one visiting health professional, the registered manager and the registered provider.

We reviewed three care records, the complaints folder, recruitments processes as well as monthly checks the registered manager completed and submitted to the registered provider.

Is the service safe?

Our findings

All the people we spoke with told us they were safe and did not have any concerns about living at the home. One person told us, “I feel very safe, even at night time.” Relatives we spoke with also said they had no concerns with their family member living there.

Staff were able to clearly describe their understanding of safeguarding and keeping people safe. Staff described to us training they had received on the subject and how that was reflected in how they supported people who used the service. For example, one staff member told us about what it meant to protect people from abuse and what actions they would take. Notifications we reviewed as part of the inspection also confirmed that the registered manager understood their role with respect to keeping people safe and notifying the relevant authorities.

We spoke to both the registered manager and the registered provider to understand how staffing levels were determined. The registered provider told us that staffing levels were adjusted based on people’s assessed needs. When people’s needs and occupancy levels changed, staffing levels were adjusted accordingly. Staff we spoke with acknowledged there had been recent changes in the staffing structure and felt staffing had improved. We saw that people had access to a care staff member when they required it. One person told us, “There is enough staff. If I need help, I get it.” If people required support, a care staff member was within close proximity and was able to respond to them.

Risks to people’s health and well-being were understood by staff. For example, care staff understood how to care for people who may be at risk of damage to their skin. We saw

staff ensure people accessed equipment they needed to reduce the risk of harm to them. We saw staff ensuring people had pressure relieving cushions to prevent their skin from becoming damaged. Staff we spoke with also understood the importance of monitoring the condition of people’s skin, keeping accurate records and notifying the registered manager of any changes to people’s skin. Care staff told us they used body maps to record and monitor changes to people’s skin.

Accidents and incidents at the home were recorded by staff for the registered manager to monitor and manage. We saw that care staff completed these so the registered manager could understand if adjustments to the way in which people were supported were needed.

We reviewed how staff were recruited to ensure it was safe for them to work at the home. We spoke to three staff that confirmed they completed Disclosure and Barring Service (DBS) checks before commencing work. The registered manager did this to ensure all the relevant checks were completed. Two staff files we reviewed contained confirmation of the necessary pre-employment checks.

People told us staff supported them to take their medication and that they were happy to receive the support. One person told us, “They help me with my medicines. It stops me having to worry.” A medication round was observed during the inspection and people received their medicines as prescribed. People’s medicines were explained to them as they received them.

The registered manager checked the medicines when they were delivered to the home to check they were correct. Once received, medicines were kept locked away and safely stored. Staff understood the guidance to follow if a person required a medicine ‘when required’.

Is the service effective?

Our findings

During our previous inspection on 13 March 2015 we found that improvements were required. At this inspection we saw that improvements had been made in a number of areas and that the registered manager had taken steps to improve how people's consent was obtained and how this was recorded so that staff understood if people were not able to make decisions for themselves.

Staff we spoke with were able to speak to their manager regularly through supervision meetings that were held. Staff told us these were held frequently and feedback was given on the staff member's performance. Staff we spoke with told us they felt able to ask questions about things they were unsure about. One staff member who recently joined the home told us they found this helpful because it helped them to understand the people living at the home better.

Staff described to us training they were receiving to better support people. For example, one staff member had recently attended a Diabetes course and was keen to share what they had learnt with us. Some staff at the home lived with Diabetes and so staff felt this was relevant to how they cared and supported people.

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

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

We checked whether 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. We reviewed how the registered manager had ensured people's freedom was not restricted. We found that a number of DoLS applications had been submitted to the local authority in a timely manner and where applications needed to be re-applied for, these had been submitted. When we spoke to staff about their knowledge of the applications and who these related to, staff could confirm the person that the DoLS related to. Staff confirmed they had received training on the principles of the MCA and understood what it meant to make a decision in a person's best interest.

People told us they liked the food they were offered at the home. One person told us, "I love the gravy here." People were supported to access meals and drinks of their choice by staff that understood people's individual requirements. Staff understood which people required special diets and which did not. We also saw people were offered a choice of drinks and where appropriate. People were shown plates to select from. People who did not like any of the options on offer were also given a further alternative option. People whose intake of fluids and food needed to be monitored also received this support so that they were able to maintain a healthy life. Staff understood which people needed support or observation at mealtimes and stayed within close proximity to offer the support.

People's wider health needs were understood by staff that knew when further help should be sought. People told us they were able to see the doctor and dentist when they needed. One person told us, "I wasn't well the other day and they called the Doctor out for me." One relative told us that their family member had had received visits from the Doctor on a number of occasions and that staff had always kept them informed. The three care plans we reviewed confirmed people accessed a number of other health care professionals such as opticians, dentists and chiropodists.

Is the service caring?

Our findings

People liked the care staff that supported them. One person told us, “The staff are quite good.” Another person told us they thought staff were “very nice.” We saw staff engage people with light hearted chatter. We saw that staff always acknowledged people as they walked past them with either a smile or by chatting with them and people responded warmly to care staff.

Staff told us they understood the people they cared for by sitting with them, chatting with them and getting to know them. Where people were not able to express themselves as clearly, staff told us they spoke to people’s relatives and tried to understand as much as they could about the person’s background. Staff told us they also read people’s care plans to supplement their knowledge about a person and their preferences.

We saw lots of examples throughout the inspection of care staff demonstrating how they cared for people in a compassionate way. Some living at the home experienced difficulties with either their sight or hearing. We saw staff bend down and speak to people so that they were at their eye level or that they could hear them much more clearly. One person we saw became very visibly upset. We saw care staff instinctively reach and comfort the person with either a hug or by sitting with them and chatting with them.

People were involved in planning and making everyday decisions about their care. People told us they were asked about when they would like to eat and drink. One person liked to collect the tea cups and saucers when people had finished their drinks and the registered manager had ensured the person had access to a trolley to make this possible for the person. People we spoke with described

the care staff that supported them in an affectionate way. People told us staff listened to them. One person joked with us, “I pretend to be in charge.” Another person told us about staff, “You can and tell them anything and they listen.”

People received care and support from staff who they felt were respectful towards them. One person told us that she preferred to have a shower by herself and didn’t like any help and that staff respected this. We also observed the way in which staff interacted with people. We saw that care staff consistently remained patient throughout the inspection. One relative told us that when their family member’s behaviour could be described as challenging, care staff remained patient. Staff described to us what they understood by dignity and respect. One staff member told this meant “treating your elders with respect.” Staff supported people in a number of ways that helped people retain their dignity. We saw that at meal times staff encourage people to manage their meals by themselves and only intervened if they thought the person might want help. We saw people felt reassured by this because they knew the help was there if they required it. We saw staff ask if people if they were alright or if they needed help before supporting people that needed it.

Relatives visited their family members whenever they chose to. We saw relatives drop in throughout the day to visit their family member. Two relatives we spoke with told us they visited whenever they chose and they had never been restricted in any way. Relatives told us there were plenty of spaces within the home they could sit and chat with their relative. We saw that one lounge was used as a quiet area, we saw a relatives use this area to sit with their family member in private.

Is the service responsive?

Our findings

Four people we spoke with told us care staff understood how they wanted to be supported. One person told us about how they had lived at the service for some time and had been unwell when they first arrived. They were now more independent and requiring less support. We also saw people that since joining the home, had required more support than when they first arrived. One relative told us that their family member now needed more help with everyday tasks and they were supported to achieve these.

We reviewed three care plans and saw that people's care was regularly reviewed and updated. When risks assessments indicated a change in care needs, amendments were made to people's care to ensure they received this help. Care staff we spoke with also explained how people's care had been adjusted to reflect any changes in their support levels.

Two relatives we spoke with told us before their family member joined the home they were asked together with their family member about how best to care for the person. They were asked to list the persons likes and dislikes as well as about other information that would help care staff care for the person. One relative told us, told us "They asked me about her background, hobbies etc."

Relatives told us they were happy with the way care staff understood their family members. One relative told us that care staff knew how to respond to their family member in manner that was appropriate to them. The relative told us, "They calm (family member) down and reassure them."

People were involved giving their ideas, suggestions and feedback about the care they received at the home in a number of ways. People told us they attended meetings with all the other people living at the home, the registered manager and registered provider. One person told us, "We all sat down and had a chat and talked about things". We saw from the minutes of the "Residents Meetings" for October 2015 that suggestions for the menu had been considered. One person told us they liked gravy and steak pie and we saw that this item had now been placed on the menu and had since been served. Cooking sessions were amongst other ideas people told us they had discussed and were looking forward to. One person told us about how they had "listened to a lady with a violin" and how they had enjoyed the visit. People told us about some of the other ideas they had had for things they were interested in. One person told us they had suggested having a pet and had helped select a Guinea Pig for people to look after.

People we spoke with understood that they could complain if they needed to and understood how they could complain. People we spoke with felt comfortable speaking to the registered manager and telling her about anything they were unhappy with. One person told us, "I would speak to [Registered Manager] and get it sorted." One relative told us they had had an issue regarding their family member's care but had spoken to the registered manager and a solution was identified. Since then, they told us there had been no reoccurrence of the issue.

Is the service well-led?

Our findings

During our previous inspection we found that improvements were required. At this inspection we saw that improvements had been made in a number of areas and that the registered manager and registered provider had taken steps to improve the care people received.

The registered manager knew all of the people living at the home. We saw them chat and engage with people in friendly manner. The registered manager knew and understood each person's care requirements and was able to chat to people and about things that mattered to them.

Care staff we spoke with commented that there had been changes in how the care staff team were organised. Staff we spoke with felt changes to how the teams were structured had been positive. Each care team now had a senior carer. One staff member told us about the management team, "They do explain things to us." Care staff we spoke with told us this had made working as a team easier because there was always a senior carer on shift they could approach for help if they required it. Staff told us they felt able to speak to the registered manager about anything they were unsure about or if they required further clarification about a person's specific care requirements.

The registered manager together with the registered provider were working to implement improvements to the service. A recent audit of the home by an external provider, had identified areas of improvement. We saw some of these improvements had already been responded to and incorporated. The way that monthly checks of the home were being completed had been integrated into the registered manager's schedule so they were more

systematic and as a consequence more thorough. The registered manager showed us how care plans were all being monitored to ensure the registered manager had a better understanding of what was required for each person. We were shown the system in which monthly checks were completed and sent through to the registered provider to oversee and monitor. From the returns sent to the registered provider it was clear how the registered manager was progressing that month against all the checks scheduled for that month.

The registered manager told us that they kept their skills and knowledge up to date by attending training provided by the local authority. The registered manager told us they benefitted from meeting with the manager of the one of the registered provider's other homes and reviewing what learning had been gathered. The registered manager told us that this enabled them to keep their knowledge up to date.

The registered provider had also used feedback received from questionnaires and meetings with people living at the home to influence how care was delivered at the home. People were involved in making decisions to the menus, activities people participated in and the equipment people needed. Changes were made following discussions with people living at the home.

The registered manager described to us changes they had discussed with people living at the home in order to improve the layout of the building. The lounge area was being expanded so that people would have an area where they were able to access and make their own hot drinks. People we spoke to understood the changes and were happy to share and contribute their ideas.