

Wilbraham Limited

Wilbraham House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service:

Wilbraham House is a residential care home that was providing personal care to 31 people at the time of the inspection.

People's experience of using this service:

- The provider's governance systems were not effective at identifying and acting upon all necessary improvements.
- This is the fifth consecutive inspection where the provider has failed to ensure a rating of good at the home.
- The provider had failed to properly maintain the home's bathrooms and toilets. As a result these areas were not able to be kept clean and hygienic. The provider had no cleaning schedules in place and this increased infection control risks.
- Although improved, people's risk assessments were not always up to date.
- People's care records did not always show the actions staff had taken to provide effective and responsive care.
- Staff understanding of when to report incidents as abuse had improved, but we found two incidents which had not been reported as such.
- Although redecoration of the home had started, further work was needed to ensure it met people's needs.
- There were safe systems for the management and administration of people's prescribed medicines.
- People were supported by adequate numbers of staff who gave support in a timely manner.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood the importance of ensuring people's rights were understood and protected.
- People were supported by staff who knew them well, had good relationships with them and involved them in the planning of their care.
- People were happy with the care and support they received and gave positive comments about the staff at the home.

Rating at last inspection:

At the previous inspection the service was rated requires improvement (report published 27 March 2018).

Why we inspected:

This was a planned inspection to check the provider had made the require improvements since our previous inspection.

At our previous inspection in December 2017 we found four breaches in regulation. These breaches were because the provider did not have effective quality systems in place, did not always safeguard people from abuse and did not always assess or monitor risks to people. They also had not notified us of important

events they are required to tell us about by law. After the inspection we issued the provider with a warning notice. At this inspection we found the provider had failed to achieve compliance in accordance with the warning notice.

Enforcement:

Action we told provider to take is at the end of the full report.

Follow up:

We will continue to monitor the provider and report on our findings.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

Wilbraham 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 carried out by two inspectors and one Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Wilbraham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Wilbraham House accommodates up to 33 older people and younger adults in one adapted building.

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.

Notice of inspection:

The inspection site visit was unannounced.

What we did:

The provider submitted a provider information return (PIR) prior to this inspection. This 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 information we held about the service such as previous inspection reports and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised by the professionals we contacted.

During the inspection we spoke with seven people who lived at the home, five relatives, one visitor and one visiting health professional to ask about their experiences of the care provided. We observed care and support in communal areas to assess how people were supported by staff.

We spoke with eight members of staff which included care staff, quality assurance co-ordinator, domestic staff, team leader, maintenance lead, the registered manager and one director. We looked at four people's care and medication records, staff training records and records relating to the management of the home.

Is the service safe?

Our findings

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

At our previous inspection, we found the service was not consistently safe and the provider had not met the requirements for two regulations. At this inspection we found the provider was no longer in breach of these regulations, but improvements were still needed within the key question of safe. We also found a new breach of regulation.

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Preventing and controlling infection

- The provider had not ensured all equipment, bathrooms and toilets were kept clean and properly maintained.
- Bathrooms and toilets were not clean and standards of hygiene were not able to be maintained because these areas needed refurbishment. We found accumulated dirt in bathrooms, toilets and equipment within these areas. Paint was flaking in many areas and rust was seen on bath hoists. Sealant around baths and sinks was missing and grout and one shower head were dirty.
- The provider had no cleaning schedules in place to give cleaning staff direction of the expected frequency of cleaning. Cleaning records showed people's rooms, toilets and communal bathrooms were not cleaned regularly. Records showed some people's rooms were not cleaned for up to five days, toilets for 12 days and one bathroom for 15 days in February 2019.
- There were grab rails along most of the corridors to support people to mobilise. However, there were sections where the grab rail was missing. We saw one person who struggled to maintain their balance because there was no grab rail where they walked, only a thin dado rail for them to hold onto.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

Systems and processes to safeguard people from the risk of abuse

- At our previous inspection staff had not understood when certain incidents constituted abuse, so had not reported these incidents. At this inspection we found staff knowledge was improved and the safeguarding procedures were understood by the staff we spoke with.
- However, despite staff receiving updated training since our previous inspection, we found two incidents had not been reported to the registered manager, only recorded in daily notes. Although no harm had come to the persons involved, it meant people's behaviours were not being sufficiently monitored and not all staff were putting their training into practice. Once we alerted the registered manager to this they took action to ensure the appropriate safeguarding processes were followed. Following our inspection, the registered manager confirmed all staff were to complete further training on how to deal with incidents.
- People told us they felt safe at the home and with the staff that supported them. One person said, "I feel very safe. There is no bullying or anything like that, they're (staff) all fine."

Assessing risk, safety monitoring and management

- At our previous inspection, the risks associated with people's care were not always assessed to keep people safe. At this inspection, improvement had been made and staff were aware of risks to people. People had assessments in place to identify what risks were present, such as with their mobility, skin or falls.
- However, while staff understood the changing risks to people, risk assessments were not always recorded and kept up to date. Staff had not sufficiently reviewed the potential risks when one person's care needs had changed. Risk assessments had not been completed to take into account how these changes would impact on this person and other people in the home. This was discussed with the registered manager who took action to address this.
- Staff checked on people regularly throughout the day and at night to ensure they were safe.
- There was a programme of safety checks in place which covered areas such as fire safety, equipment and utilities.

Staffing and recruitment

- People were supported by sufficient numbers of staff and staff responded to people's requests for assistance in a timely manner.
- Staff were safely recruited, with employment and background checks being completed before they started working at the home. Although the provider had requested employment histories from potential staff, we saw there were gaps in one staff member's. This was discussed with the registered manager and provider who told us they would review this part of the recruitment process. By law, providers must obtain full employment histories from all staff.

Using medicines safely

- People were supported by staff to take their medicines when they needed and wanted them. Where they were able to, staff supported people to be involved in the administration of their own medicines.
- Staff encouraged people to take their medicines as they needed them. When one person was in pain, one staff member reminded them they could have their pain medicine and did not have to wait until later on in the day. This helped to calm and reassure the person.
- People's medicines were managed safely. The management system in place was able to identify errors or omissions and alert senior staff. Only staff who were trained and competent managed people's medicines.

Learning lessons when things go wrong

- The registered manager maintained a record of any accidents or incidents to identify any trends and look into why incidents may have happened.
- Action was taken in response to identified concerns and trends. For example, liaising with other professionals and exploring equipment which could aid people. This helped to reduce the risk of the incident happening again and to reduce the risk of injury.

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At our previous inspection we found the service was not consistently effective and had rated this key question as requires improvement. At this inspection we found improvement was still required.

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

- Although there was signage, which would help people living with dementia orientate themselves around the home, the use of these varied around the home.
- Some people's bedroom doors had numbers, some had numbers and names and some had memory boxes. There was little consistency which could make it difficult for people to orientate themselves around the home. After our inspection, the provider told us, "Some rooms are varied due to the fact they are bespoke to the person, as they have been known to pull memory boxes off and names have been pulled off."
- The use of street names for corridors such as Beswick Way and Wade Avenue was an example of good practice and some people's doors were painted to look like real front doors.
- The registered manager had made efforts to enhance the decoration of the building. However, there were areas which still needed redecoration. They told us the redecoration of the home was a work in progress and they had prioritised specific areas of the home.
- People had been consulted and involved in making the decisions about new décor within the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's preferences were documented and some consideration had been given to people's diverse needs under the Equalities Act 2010. The registered manager confirmed they had already started making improvements to the way they captured and used people's information and this work was on-going. This could help staff to better understand people's social background, behaviours and culture to ensure the person was supported holistically.
- People's care needs were assessed to identify the support they required. These assessments were used to produce the person's individual plan of care. Where appropriate, people's families were involved in assessing and agreeing the care people needed.
- We spoke with one district nurse who told us there was a good working relationship between them and staff at the home. They felt communication was good, any instructions in relation to care were followed and referrals for healthcare were timely and appropriate.
- Where needed, staff worked with other agencies to ensure people's needs could be met. People had access to the health care services that they needed, including the community psychiatric nursing team. The service had a good working relationship with their local GP surgery, the community matron, district nurse

team

- One relative said about the care their family member received, "I feel it's safe here, it's warm, it's pleasant and [person's name] seems much calmer than they were at home. There seems to be a great improvement in their general health since they've been here."

Staff support: induction, training, skills and experience

- At our previous inspection improvements were needed to ensure that staff understood the training they had received. At this inspection we found improvement had been made and staff competency in their roles was monitored.
- Staff training was monitored and they were given opportunities to review their individual work and development. The quality assurance coordinator, told us in response to staff requests, there were approximately 12 staff members currently undergoing a distance learning course in relation to supporting people who may have behaviours which could be challenging.

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

- People were supported to eat and drink enough to maintain their well-being. One relative told us staff checked on their family member regularly to check if they wanted anything to drink and this was monitored and recorded.
- People's needs were assessed and understood by staff. Staff were aware who required special diets and dietary supplements and the support they needed. Where needed, staff monitored and recorded how much people ate and drink to ensure this was sufficient for their needs.

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

- People were involved, where possible, in making decisions and giving consent to their care.
- 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. The registered manager had ensured best interest discussions had taken place where a person was unable to consent to a particular aspect of their care and treatment.
- 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. The provider had made appropriate DoLS applications. Where one person was subject to a DoLS, the registered manager had actively encouraged and worked with the person to ensure they could retain freedom and independence around their DoLS.

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.

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

At our previous inspection we found the service was not consistently caring and had rated this key question as requires improvement. At this inspection we found improvement was still required.

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

- The provider has failed to demonstrate full respect to people. They have failed to ensure the facilities people have to use are kept clean and maintained and by failing to achieve a rating of good in their last five inspections.
- During mealtimes staff were busy and had little time to engage with people. People mostly sat in silence and left the dining tables quickly after eating. After our inspection the provider told us, "We have residents who like to leave the table as soon as they have eaten, this is their choice."
- People told us staff were kind and caring. One person said, "Yes, they're kind and caring, all of them. They say, "are you all right, how are you doing", when they see me too."
- During our inspection we witnessed many examples of staff demonstrating kindness and compassion towards the people who lived at Wilbraham House. Staff told us they had time during their shifts to sit and chat with people.
- Staff listened to what people had to say and spoke to them respectfully and in a way they could understand.

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

- People were involved in their own care and in decisions about their care. Staff made sure people had the time they needed to make their own choices where they could. One relative told us their family member was hard of hearing. They said, "Staff will take time to explain what choices [person's name] has got and will take time to do that."
- People told us they were provided with information in a way they could understand. One person said, "The staff will explain things to you in a way you can understand it."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected by staff and we saw staff protected people's privacy and dignity whilst they supported them. Staff knocked before entering people's bedrooms and requested permission before undertaking any tasks.
- People were encouraged to maintain their independence where they were able to. One person had been supported to access the local community alone, which was something they enjoyed doing.
- People's care records were kept secure and confidential when not in use.
- Relatives told us there were no restrictions on when they could visit. They told us staff were friendly,

welcoming and would make them a drink, if they were not busy.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

At our previous inspection we found the service was not consistently responsive and had rated this key question as requires improvement. At this inspection we found improvement was still required.

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

- People's care was reviewed regularly. However, information regarding people's care was not always joined up effectively to ensure a clear record of changes. When one person had gained a significant amount of weight, this was recorded, although it was not clear what action had been taken in relation to this. The registered manager confirmed the community matron had been involved in monitoring this, but this information was not reflected in the person's care plan. After our inspection the registered manager provided evidence to confirm this monitoring had happened.
- People gave us mixed opinions on whether they had enough to do at the home. Some were happy to sit quietly and felt they had enough to do, whereas others thought more could be done. Although we saw people engaged in activities during our inspection, these did not involve or engage everyone and we saw some people lose interest or fall asleep. We spoke with registered manager who confirmed they were recruiting for another activities staff member. They also confirmed they had volunteers who came to the home regularly to engage with people individually.
- People and relatives gave praise about the staff being responsive and understanding people's preferences. One relative told us, "Staff have been really good in adapting and looking at things. The material in the hoist wasn't right, so they looked at that. We're very pleased and staff are very good in terms of communicating with us."
- The service identified people's information and communication needs by assessing them. The registered manager understood and followed the Accessible Information Standard to ensure people had information in a format they could understand. The registered manager told us in their PIR, some staff had taken a sign language course to help limit communication barriers.

Improving care quality in response to complaints or concerns

- Since our previous inspection, the registered manager had updated the complaints procedure and made this more accessible. They confirmed in their PIR, no complaints had been received since the previous inspection.
- A new "grumbles" book had been introduced. People and relatives were encouraged to use this for minor issues with a view to addressing these concerns before they are escalated into a complaint. We saw the registered manger had addressed and responded to "grumbles" which had been made.

End of life care and support

- Procedures were in place for people to identify their wishes for their end-of-life care. This included wishes they had for receiving future treatment or for being resuscitated.

- The team leader confirmed they liaised with their local GP surgery to ensure appropriate medicines were available to people nearing the end of their life. These were to help manage their pain and promote their dignity.

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.

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

At our previous inspection we found the service was not consistently well-led and had rated this key question as requires improvement. At this inspection we found improvement was still required.

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; Continuous learning and improving care

- Following our last inspection in December 2017 we issued a warning notice to the provider. This required the provider to be compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 31 January 2018. The provider has failed to improve on all areas identified in the warning notice and remains in breach of this regulation.
- The provider has a history of non-compliance and failure to respond adequately to serious concerns raised by CQC. This is the fifth continuous inspection where the provider has failed to achieve a rating of good.
- The lack of improvement from the provider in achieving a rating of at least good, continues to put people at risk of receiving poor quality care.
- At our last inspection we found the provider had not sustained improvement made at previous inspections, poor practice had not been identified and care records were not up to date. At this inspection, despite some improvement being made, the registered persons had failed to drive improvement across the whole service.
- Governance systems had not been effectively monitored by the provider to ensure a continuous and sustainable improvement in the quality of care for service users. The registered manager completed a range of quality audits on a monthly basis. Although actions were identified, these were not always addressed by the provider to bring about improvements. As a result, people had been allowed to use bathrooms and toilets which could pose a risk to them due to poor cleanliness.
- The provider's quality systems had failed to identify staff had not reported two safeguarding incidents or that risks to people were not kept under review. This places people at risk of harm.

Due to the issues we found at this inspection and the provider's history of non-compliance, this is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was registered with us after the last inspection. Since our last inspection they had made improvement to a number of areas within the service. These improvements included implementing new care records to enable staff to capture and record more person-centred information about people. They also had been working with people to improve menus and meal choices following feedback from

them.

- Feedback about the registered manager was positive. One relative said, "They went through a period where there were problems, but I think with the new manager here now they (staff) have got a different perspective." Staff told us the registered manager was approachable, listened and had an open-door policy.

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

- There was a registered manager in post who was visible in the home and had a good understanding and knowledge of people's needs.
- Staff understood their roles within the home. One staff member told us, "We are improving. There's been a lot of changes but we are going in the right direction."
- In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred in the home within required timescales. These included deaths, serious injury and Deprivation of Liberty Authorisations. However, due to staff failing to report incidents we had not been informed about two safeguarding incidents. Following our inspection, the registered manager sent these notifications to us.

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

- The registered manager took steps to involve people and their relatives in the service. Along with speaking with people and relatives daily, the registered manager encouraged people to complete surveys and comment on the care they received. Resident's meetings had been started and people had been involved in choosing how the home was to be redecorated and in planning menus. This was confirmed by people we spoke with.
- Staff attended team meetings and told us they had the opportunity to contribute. We saw at the last meeting the manager had reminded staff of their responsibilities, especially with regards to record keeping.
- One staff member told us, "It's their house, we are in their home, they come first. We try our best to make sure that each and every person feel comfortable and can speak to us if they want or need anything. We fit in with them."

Working in partnership with others

- People benefitted from links with the local school who performed for them and volunteers who played one to one board games, crafts, helped in the garden or chatted with people. The local library also visited the home.
- The registered manager had taken on board findings following quality visits from the local authority.
- The registered manager and staff worked with local services such as GPs and district nurses to ensure people's health and wellbeing was promoted.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured standards of hygiene and cleanliness were maintained within the premises.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to improve on areas identified in previous inspections and remains in breach of this regulation. The provider has a history of non-compliance and we found a lack of improvement in the governance of the home.

The enforcement action we took:

We have imposed a condition on the provider's registration to address this breach. The provider must update us monthly with their progress.