

Wishmoor Limited

Wishmoor Rest Home

Inspection report

21 Avenue Road, Malvern
Worcestershire, WR14 3AY
Tel: 01684 569162
Website: www.wishmoorresthome.com

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 13 March 2015 and was unannounced.

The service is a care home without nursing which is registered to care for 28 people. Accommodation and personal care are provided to older people requiring support with Dementia, physical disabilities and sensory impairments. There were 23 people living at the home when we visited and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were very positive about the care they received and about the staff who looked after them.

People told us that they felt that felt safe and staff were able to tell us about how they kept people safe. During our inspection we observed that staff were available to meet people's care and social needs. People received their medicines as prescribed and at the correct time and medications were safely administered and stored.

Summary of findings

People and families told us and we saw that privacy and dignity were respected. We saw people supported to maintain their independence and dress in a way they chose to.

The provider did not act in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. Staff and the Manager had some understanding of the law and had received training but acknowledged they did not always feel confident applying it.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs and families told us that they felt that further help was sought when needed.

People were supported to eat and drink enough to keep them healthy. People had access to a range of snack, drinks and fresh fruit throughout the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with training that was continually updated that helped them understand how to care for people in most areas. The registered manager told us that all staff received training and regular checks were made to ensure that everyone received the right training.

People and staff told us that they would raise concerns with senior staff, deputy manager or the registered manager and were confident that any concerns would be dealt with. The registered manager made regular checks to monitor the quality of the care that people received and continually reviewed care to ensure improvements were made where they were required.

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 told us they felt safe and staff could explain to us what is meant to keep a person safe. Staff were available to assist people and people's medications were administered and stored appropriately.

Good



Is the service effective?

The service was not always effective

People told us that staff knew how to care for them and were good at doing that. Staff were not always sure about acting in people's best interests where people could not make decisions for themselves. People were able to make choices and were offered a healthy balanced meal.

Requires Improvement



Is the service caring?

The service was caring.

People felt cared for and staff were seen providing positive examples of care. People were able to make decisions and were involved in important decisions about the care and support they received. People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People were able to demonstrate what they required to help care staff look after them. People's needs were met and the Provider was improving the way that people were consulted about how their care needs should be met so that they had an even clearer understanding of each person's care requirements.

Good



Is the service well-led?

The service was not always well led.

Whilst the manager promoted an open and accessible culture the arrangements to monitor the quality of care were not always effective in identifying improvements for the benefit of people who lived at the home.

Requires Improvement



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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.

The inspection took place on 13 March 2015 and the inspection team consisted of three inspectors.

Before our inspection we looked at and reviewed the provider's information return. This questionnaire asks the provider to give some key information about its service,

how it is meeting the five key questions, and what improvements they plan to make. We also looked at the notifications that the provider had sent us. Notifications are reports that the provider is required to send to us by law.

As part of the inspection, we spoke with five people who lived at the home and three relatives. We also spoke with three care staff, the registered manager and the provider.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at two records about people's care, staff duty rosters, complaint files and audits about how the home was monitored.

Is the service safe?

Our findings

People we spoke with told us they felt safe and the staff treated them well. One person said, “I’m not frightened. I’m well looked after here.” Relatives also told us they thought their family member was safe. They told us that they felt the family members received the right care and that that care staff treated them well.

Staff we spoke with told us how they would respond to allegations or incidents of abuse and who to report these to. One staff member said, “I would go to [registered manager]”. Staff told us that they were confident to report any suspicions they might have about possible abuse of people who lived at the home. They were also aware of external bodies that concerns could be reported to.

During our observations, we noted that staff had a good understanding of people’s individual risks. For example, we observed a person join others in the lounge. The person required a pressure cushion and a staff member was seen getting this for the person before they sat down. Another person told us about how they had gone into the city centre on the bus and how staff had supported them to avoid them getting lost or forgetting their way home. We saw that one person’s risk of falling had increased. Steps had been put in place to minimise future risks of falling without restricting their freedom. The person had a walking aid to support them and had an alarmed mat in their room to alert care staff should they have another fall. Staff spoke confidently about people’s different needs such as Diabetes and how they ensured they put additional checks to make sure the person was safe.

The registered manager reviewed the number of staff needed to meet the needs of people who lived at the

home. The care staff were supported by the registered manager, catering, cleaner and cook. We saw that staff were available to support people when they needed assistance. For example, staff sat and chatted with people. People told us that they didn’t have any difficulty summoning someone to help if needed and they thought there were enough staff to help them. Some staff expressed some desire to see additional staff added to the team. When we raised this with the registered manager, they told us that they had been actively recruiting new staff.

Staff were able to describe to us their induction process and how this had prepared them for the role. They undertook a mixture of shadowing other people as well as undertook training. Staff told us they felt the induction had prepared them well.

People told us that staff looked after their medicines for them and that they were happy for them to do so. One person told us, “[Staff] Make sure I am safe with my medications as I am a little forgetful.” People’s medicines were up to date and had been accurately recorded on the Medication Administration Record (MAR) sheet. We saw how staff provided medication to people reminding them what it was and providing prompting where needed to make sure they took it safely. We spoke with staff on duty that administered the medicines and they were knowledgeable about the safe handling of medicines. For example, they gave us specific examples about people who lived there, the medicines they needed and the specific support each person required. Medication was appropriately stored and disposed of. The registered manager and staff told us about competency checks to ensure that staff knew how to handle medication safely.

Is the service effective?

Our findings

We looked at how the Mental Capacity Act (2005) had been implemented. This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent. We also looked at Deprivation of Liberty Safeguards (DoLS) which aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

Although staff and the manager had recently received training in relation to MCA and DoLS, the manager told us that she found the changes in the law 'Confusing'. We could not be certain from the records we looked at that, where appropriate, relatives had been consulted and involved in 'Best Interests' decisions. It was not clear whether assessments had been undertaken where people lacked capacity. When we spoke with staff they told us this information was not available in people's care plans and therefore they were not aware of what decisions could be made on people's behalf and what decisions were affected. The registered manager accepted that in order for staff to ensure they worked in line with current practice, the policy and procedures needed to be updated, and that staff had the relevant knowledge regarding consent to treatment. She also acknowledged that this information, where appropriate, needed to be clearly recorded on the person's file to ensure staff had up to date information which enabled them to provide effective care and support.

All of above evidence supported a breach in Regulation 11 of the Health and Care Act 2008 (Regulated Activities) Regulation 2014 because staff were unclear about how to determine action to take when people lacked capacity to consent to their care and treatment.

People told us that they felt staff knew what they were doing when caring for them and that they supported them correctly. Relatives also told us they had confidence in the care staff and that care staff supported people as they should.

We saw people receive care that enabled them to live with dementia and when we checked, staff had received training on Dementia Awareness. For example staff told us how important communication was and how gentle touch had a positive impact on some of the people they supported. They went on to explain how they had learnt from the training that it was important to try to communicate with the person in their reality and not try to orientate them as it could cause distress. We spoke with staff and they told us that they felt supported in their role and had regular one to one meetings with their supervisor, whether that was the team leader or the registered manager. All staff said that they received training to help them do their job. One staff member told us, "You can talk to [Registered Manager] and get training." Training was audited and the registered manager was working with the local authority to ensure all possible courses could be accessed. For example, care staff received manual handling training and we saw that people were supported to move appropriately and safely.

People we spoke with told us they enjoyed the food and were always offered a choice at meal times. One person described the food as, "Very nice." Tables were laid with condiments which staff told us helped to give people a pleasant dining experience. Where people needed support, they were offered choices by staff presenting them with plates of food just before mealtimes. People told us they enjoyed their meals. If people required help staff were quick to respond. We also saw that people had access to fresh fruit throughout the day.

Staff told us about the food people liked, disliked and any specialised diets. This matched the information in the care files we looked at and what people told us. Where concerns were identified the staff put additional systems in place to monitor that people got a healthy diet. For example, some people required thickeners or high calorie diets. Staff recorded and monitored information to ensure that people's nutritional needs were met.

Is the service caring?

Our findings

People were very keen to tell us that they felt cared for. One person told us, "The staff are very nice." Another person described the staff as "Very good." People told us they liked the staff and received the care they needed. One person said, they were "Very happy"

Some people asked to show us their bedrooms. We saw that the bedrooms had been personalised to reflect their choices. People had chosen their bedding and had other personal items in their rooms to make their individual space homely as possible. People told us they were happy with the care that they received from staff. We saw that people were relaxed and at ease with care staff and quite often staff were pro-active in initiating conversations with people and maintaining conversations with them.

Care staff regularly chatted with people and checked to make sure they did not need anything. One person who chose to stay in their room, told us that staff would regularly pop in to check that they were alright. One person also told us that they could ring the bell anytime and staff would respond.

Relatives told us that they were involved in expressing preferences for how the care should be delivered and a relative gave us a specific concern they had raised and how

the staff had incorporated those preferences into the care routine for the person. We saw that the requests raised had been responded to and the person's care plan had also been updated to reflect that.

People were supported to maintain relationships with people who were important to them. We saw relatives drop in throughout the day to visit their family members. Relatives told us that they were able to visit whenever they chose but were also kept informed of their relative's conditions via telephone if there were any changes.

People told us about the ways in which they were supported to maintain dignity and respect. We observed staff knocking on people's doors and waiting for the person to respond before entering. Staff told us that it was important to understand whether people were happy to have a choice of male or female care worker. Staff provided reassurance and comfort to people when they noticed they became unsettled. We saw how one member of staff bent down so they were at the same level as the person and spoke gently and reassuringly. The person responded positively to this. People smiled and there was friendly chatter and laughter between the staff and people who lived there. Staff supported people if they became distressed and this had a positive effect. People's distinct personalities were reflected in the way that they chose to dress. Staff explained how it was important to ensure that people wore clothes that reflected their character and style.

Is the service responsive?

Our findings

People told us that staff responded to their needs. One person told us how they had had a history of falling over but felt very reassured because the staff checked on them in the night. People's needs were regularly reviewed and updated which was also demonstrated in their care plans. People told us about how their needs had changed over the years and how staff had helped them to get better or offer more support. People told us about the registered manager had worked with them to give them the help they needed.

People told us how they like to keep busy and enjoyed helping with some of the 'chores'. They enjoyed dusting, peeling and chopping vegetables. We saw that person completing some of these activities throughout the day and they were happy in their work. Another person told us they liked helping with the drinks and collecting cups. One person explained how helping with these jobs enabled them to keep active and busy and stopped them from getting bored. Other people described how they were "Nice activities" for them to do.

We observed some activities during our inspection. We saw staff using 'Reminiscence' prompts to engage people to

talk about memories important to them, such as 'Wash days' and the War. People responded positively about sharing their own memories and experiences. Other activities people told us about going into town, bingo and gentle exercise. The registered manager told us that they were looking to recruit more staff so that they could do more to promote individual people's hobbies and interests.

People and family members told us that they were aware of how to complain and had been given copies of the complaints process. Some complaints had been made and we looked at how the provider had responded to these. Each complaint had been acknowledged and where possible an explanation offered as well as a possible solution. The registered manager told us that they tried to resolve issues early by making themselves available to people and families and encouraging people to let her know when things needed to be improved.

We saw examples that the provider had begun consulting people about their experiences of living at the service. One person told us about a particular type of spicy food they liked and how the provider had put on themed evenings for people who liked spicy food as a result of expressing that preference. The provider told us they were in the process of ensuring all people and their relatives were consulted.

Is the service well-led?

Our findings

The Provider was not yet in a position to demonstrate to us how they understood what people wanted from the service or how they had measured what had improved. When we asked the provider to show us how they understood what people thought of the care, the provider told us how they had started to ask people what they thought of the service through questionnaires. Three people had been consulted. The Provider was not able to explain to us how they ensured that everyone was consulted or describe a timeframe they were working to or how they would analyse and respond to the results of their survey. The Provider acknowledged that more effort was needed to understand how all people felt about the service in order to understand where improvements could be made. The provider said that they needed to “Tighten up systems.”

The registered manager told us that they reviewed staff files, supervisions, daily records and care plans on a monthly basis. We also asked the provider to tell us about audits and checks made to ensure that the registered manager was doing their job effectively. The provider told us that previously, audits of the registered manager's works had been completed but more recently, spot checks were completed on a weekly basis and a task list completed and handed to the registered manager to remedy. We asked the Provider to describe to us the system they were working to in completing their audit. Other than a 'To do' list, the Provider did not have a method of assuring themselves the

service delivered was acceptable to them or not. The Provider told us about changes they would like to introduce to the service, but how some of the changes had been hampered by a delay in recruiting staff. The Provider recognised that they needed to be more assured of the quality of the service delivered in order to decide how improvements if any could be made.

The registered manager was supported by team leaders who line managed the care staff. Staff we spoke to told us that there were regular supervisions and team meetings. There had been a number of recent changes within the teams and staffing rotas had been amended and some new staff had joined the service. The rotas had also been changed to reflect a skills mix that the registered manager told us this was required to improve the service. The registered manager told us that the changes were necessary in order to make the service more responsive to people's needs. All changes had been communicated to staff and staff we spoke to were aware and understood the changes.

People were pleased to see the provider and their family and many of the people were seen taking an interest in the provider's family when they visited. People engaged the provider in conversation and were relaxed and comfortable around the registered manager. We saw the registered manager regularly go out 'Onto the floor' and check that people were happy. Staff told us that they could approach the manager and discuss any concerns they might have had.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>People's consent to care and treatment was not always suitably obtained. Regulation 11.</p>