Care Quality Commission

Wilson Care Resources Limited

Wilson Lodge

Inspection report

16 Augusta Road East,
Moseley,
Birmingham
B13 8AJ
Tel: 0121 449 1841
Website: www.wilson-care.com

Date of inspection visit: 18 November 2014
Date of publication: 11/03/2015

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?	Requires Improvement

Overall summary

The inspection took place on 18 November 2014 and was unannounced. At our inspection in June 2014 we found that there had been improvements since a previous inspection but these had not been enough and further breaches of the Regulations were identified. We received a reply from the provider to indicate that action would be taken to address the issues raised. At this inspection we found that improvement has been slow. Plans were in place but further action will still be needed to meet all Regulations and to ensure that people receive a consistently good service.

The home provides accommodation and nursing care for up to 36 people who experience enduring mental health conditions. At the time of the inspection 27 people were living in the home. The home had two floors with the communal areas being on the ground floor. The building was accessible for people who have physical disabilities.

There was no registered manager at the time of our inspection. 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

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left prior to the inspection and the new manager had submitted a valid application to be registered with us.

Before the inspection concerns were raised about the cleanliness of the home and lack of staff to carry out cleaning. We decided to look at the management of infection control in the home. We found that the maintenance of cleanliness of areas of the home and equipment used by people was not sustained throughout the day. There were not sufficient systems to manage the control of infection in the home and this put people at risk of acquiring an infection.

The new manager had identified that the system used for the administration of medicines was not time effective and had led to errors. They had planned that a new system of dispensing medicines would be implemented within three weeks of our inspection. However, the audits of medicine at the time of the inspection were not robust enough to identify errors. The information about when as required' medicine was not clear and this could lead to inconsistencies about when medicines should be administered.

At previous inspections we found that the quality of training for staff was poor. At this inspection new staff told us that they had not had a recognised induction programme at the start of their employment. Although they had shadowed more experienced and qualified staff and they were knowledgeable about people who lived in the home, this did not mean they had the knowledge needed to deal with the complex situations that arose in the home. Although more detailed training was planned not all of this had been delivered. In addition due to the changes of manager and the nursing staff, staff had not received regular supervision and appraisals of their performance. This put people at risk of receiving inappropriate care and support.

People we talked with had some concerns about some incidents involving them and other people that lived in the home. We looked at this and found that the service had contacted health professionals who were involved with the relevant people and reviewed incidents to try and prevent these incidents from happening so as to keep people safe.

People told us and staff confirmed that people's access to their money had improved. We saw that people were being helped to claim the benefits they were entitled to. We found the provider's accounting for people's money had improved and this helped to keep people financially safe.

People told us that there were enough staff to support them when they needed support. Staff told us that staff numbers had increased in line with people's increasing needs. The manager told us they had recruited new staff and expected to be fully staffed with permanent staff by the end of November and this would help people receive a consistent service.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. We found that appropriate applications had been made and that the results of the applications were awaited. We did not see anyone being restricted from going out of the home and we found that people were offered opportunities to go out. Some people went out unsupervised.

People we spoke with told us they liked the meals. We saw that efforts were made to supply and prepare meals that people preferred and met their cultural, religious and health needs. The timings of food and drink tended to be set and this did not promote people's independence.

People told us and records confirmed that people had access to appropriate health professionals such as GP, dentists and chiropodists. Health specialists in mental health care visited routinely and where a person's health needs changed other specialists were consulted. This helped to keep people as well as possible.

People told us staff were caring and we saw some good interactions between staff and people. However, within the home, people spent significant amounts of time in the lounge without a staff presence and conversations tended to be had when people were being supported with a task.

Summary of findings

Some people told us that they were unsure what freedom they had to control areas of their life such as getting up and when they could have drinks. Others told us that they could do what they wanted. Some staff were not clear about whether they should be giving people choices so some people remained confused about what they could and could not do or ask for.

People told us that they felt able to raise concerns with staff and the manager and raised no concerns with us.

Staff told us that they could raise concerns with the management and that they would be listened to and action taken. Details of any dissatisfactions and the action taken were recorded. The capturing of dissatisfactions helps to ensure the home improves. People and staff told us that they had meetings with the management, where their views were taken into account and this was an improvement on findings at previous inspections.

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?

Requires Improvement

Some aspects of the service were not safe.

Arrangements to ensure good infection control were not in place and monitoring checks were not sufficient to maintain a high standard of cleanliness.

The systems in place to audit medicine administration had failed to identify and deal with discrepancies

Incidents where people had been put at risk of harm were investigated to lessen the risk of recurrence.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

Arrangements for staff training were improving and plans were in place to ensure all staff had the appropriate levels of training.

People's rights were protected because applications under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were made.

Staff acted upon the advice of health professionals to maintain people's health.

People received appropriate food and drinks to meet their needs but at set times.

Is the service caring?

Requires Improvement

Some aspects of the service were not caring

People received care from staff who were caring when they were providing support, but staff rarely engaged in conversations with people at other times.

People were involved in discussing some their care plans and to consider different ways in which they could be supported.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

Some people were unclear on the choices they could make about their lives and staff practices and understanding differed.

People's options to be involved in interests and hobbies were improving but further work was needed to make these individualised rather than group activities.

People told us and records showed that concerns that were raised were listened to and action was taken.

Summary of findings

Is the service well-led?

Some aspects of the service were not well-led

At previous inspections there had been an institutional culture where there had been a reticence on the part of people and staff to express their opinions. At this inspection we found that opinions were being listened to an acted upon but a few institutional practices remained.

Improvements had been made to records however further improvements were needed to ensure that the quality of all aspects of the service was monitored.

Requires Improvement

Wilson Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 November 2014 and was unannounced. There were three inspectors and an expert-by-experience who inspected this service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service and in this case they had experience of mental health services.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. The manager left the service at the point that this was to be completed and the submitted document was not completed fully. Before our inspection we checked the notifications we had received about the home. Providers have to notify us about some incidents and accidents that happen in the home such as safeguarding concerns and serious accidents. We checked to see if we had received any comments about the service since our last inspection and spoke with the local authority commissioning service about their involvement with the home. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with 8 people who lived in the home and spent time observing the interaction between staff and some other people who lived in the home. We spoke with an Independent Mental Capacity Advocate who was visiting the home. We spoke to three care staff, the cook, three nurses, the administrator, the manager and a representative of the provider. We checked parts of the care plans for four people and looked at three staff recruitment records. We looked at the way people's personal money was managed, complaint records, menus and four weeks of planned rotas.

Requires Improvement

Is the service safe?

Our findings

The majority of people we spoke with told us they felt safe living in the home. Two people told us that they felt less safe when other people who lived in the home shouted, fought or, "were cheeky." We looked at some recent records of incidents and found that action had been taken by involving health professionals to lessen the risks of these incidents recurring. However, these incidents were not always referred as safeguarding concerns to the local safeguarding authority.

We saw that the service had investigated when people had unexpected bruising and documented their findings. This indicated that when safety issues arose they were investigated and action was taken.

Prior to our inspection a concern was raised with us about the management of a person's personal money; concerns were raised at previous inspections. People spoken with were happy to have their personal monies managed by the home and were able to explain the amount of money that they expected to receive and when. One person told us that they had saved so much money that staff were encouraging them to spend some so their savings would not affect their welfare benefits. A staff member told us that people had better access to their personal money than previously. The provider told us that some people had refused to be supported with accessing benefits and this had meant some of their savings had to be used meet their day to day needs We looked at the computerised records of accounts and found that people always had access to all of their money. Appropriate arrangements were in place for the management of people's money.

Care files looked at had risk assessments in place to identify any risks to people's physical and mental health. We observed the handover information from the nurse in charge of the night shift to the day staff. Any increase of risks to individual people was discussed and this helped to ensure that nurses and care staff knew the current support needed to maintain people's health and welfare. When the health risks to people changed, the care records were not always updated in a timely way but we had no evidence that this had caused any harm to people individually.

People told us there were enough staff to assist them when they needed support. All of the staff we spoke with thought that there had been improvements to the number of staff available to support people but that some people's health had deteriorated. Rotas showed over a four week period that a consistent number of staff were planned for and that agency staff were used where there was a shortfall and this help to ensure that people had the care and support when needed. We saw that staff were managed and directed to support specific people to access the community and to consider in house activities so most people were having some time with staff but not individually.

There had been an improvement in how staff were recruited. There were records of the employment checks being made; this minimised the risk of staff being unsuitable to support people who lived in the home. Where staff did not have the results of Disclosure and Barring Service (formerly the Criminal Records Bureau) checks other measures had been put in place to minimise staff's contact with people so as to ensure people's safety. The provider had not put in suitable arrangements to ensure that staff were of good character when references from the former employer were not received or if these references did give not give enough information to make a judgement. More staff were due to start at the home to ensure that was a large enough staff team to cover the needs of people without the need for agency staff and this should help to provide consistent care to people.

Before the inspection concerns were raised about the cleanliness of the home and lack of staff to carry out cleaning. We decided to look at the management of infection in the home.

A person told us that they had been unwell during the night and that they had vomited. Although staff told us that this had happened after breakfast we found that this had not been cleaned by 1pm. The maintenance of bedroom areas was made more difficult as although required recruitments checks had been requested for the house keeper there had been a delay in their return. This meant that the house keeper could not go into people's bedrooms unsupervised. We found a lack of maintenance of cleanliness for a toilet area, a shower area and some equipment. Although there were schedules of cleaning there were not systems in place to ensure that all areas were checked regularly so as to maintain their cleanliness throughout the day. This indicated that there were not enough dedicated housekeeping hours and this could make bedrooms and communal facilities become unpleasant to use.

Requires Improvement

Is the service safe?

Records of infection control audits were not available. Due to changes in nursing staff there had been no recent audit. The policies and procedures about infection control had not been reviewed since 2003 to make sure that these were still effective. The nurse who had taken on the oversight of infection control told us they had too many duties to do this effectively but they had asked the NHS infection prevention team to undertake an audit of the home so that they could ensure that any further deficiencies found could be rectified.

People we spoke with told us that they were given their medicines on time. We saw that people were given medicines at times that fitted their lifestyles and when they would have the most effect.

One person told us they had been offered homely medicines when they needed them and staff confirmed this. Systems were in place so that people could be given medicines on time and to relieve temporary symptoms of ill health.

People's medicines were stored securely ensuring that medicines were available when needed. They were stored at an appropriate temperature to remain effective when they were administered.

The administration of people's medicines was being improved. The new manager told us that they had identified that the system was time consuming and had led to errors. The manager had arranged that the supply and packaging of medicines would be changed after the current stock of medicines in the home ended, to lessen the risk of people not receiving their medicines. We looked at the records and the medicines for four people and found the stock of some of each person's medicines did not match the administration records. People had not been given some of their medicines that had been prescribed. People's safety and comfort was compromised as they had not received prescribed medicines consistently. The new manager had arranged for a new system to be that should improve the administration of medicines but this was not in place at the time of the inspection and checks were not robust enough to find any errors quickly.

Some people had prescribed medicines that were given 'as or when required' for example for pain relief or, when they became anxious. Information was not written in a clear way about when the medicines should be given and this could mean that these medicines are administered inconsistently particularly when temporary staff, who did not know the person, were providing care.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us that staff had skills to help them. One person said: "When I'm upset they talk things through with me."

Although new staff did not have an induction plan, such as outlined by the common induction standards the two new staff we spoke with told us they had good experiences of shadowing more experienced staff when they started work and this helped them to ensure that the care provided was consistent. All of the staff we spoke with demonstrated a good knowledge about the people they were caring for. This was an improvement since our last inspection indicating that informal training was becoming more person-focused.

Some of the training of staff had not been to a high enough standard at previous inspections. Senior staff told us of their access to training was improving and that they were being given the opportunity to develop more skills. Since the new manager arrived training and retraining of staff had been planned for December 2014 and January 2015. There was evidence that the management were building capacity to be able to train staff in house when needed as some staff had qualified to train other staff in some areas of care such as moving and handling. At this inspection not all staff had the relevant training required.

The changes in manager and some senior staff had meant that staff had not received supervision as regularly as it should but staff we spoke with told us that they were having staff meetings and could talk with the nurses and manager when they needed to.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. The provider had made appropriate applications to deprive people of their liberty and was awaiting responses to these applications from the local supervisory body to check that appropriate safeguards were in place. Other applications were being progressed. Only one of the nurses had received detailed training in the Mental Capacity Act. We were told that the plan was for the nurse to train other staff; this delay could mean that there could be an inconsistency in how people were treated.

We saw that a person was receiving support from an Independent Mental Capacity Advocate (IMCA) to make a difficult decision. There was evidence that best interest assessments had been undertaken about people managing their finances. Staff had discussions with people about relationships that may not be helpful and negotiated with the person how these relationships would be best managed. People, who wanted to, were able to leave the home but some people chose not to. People were not having their liberty restricted.

People we spoke with told us that they liked the meals. People agreed that they discussed options of menus at the resident meetings which gave them some control about the meals provided. During the main lunch time meal a person told us: "I love it [the food provided]." The chef spoke to people in the morning to find which meal option they wanted and we saw that there were two choices of meal at the lunch time on the day of the inspection; in addition meals were prepared to meet people's cultural and health needs. Food was also prepared to accommodate people's preferences.

People told us that food and drinks were offered at set times and we observed this to the case. Records showed that some people did not want to be offered food and drink whilst the smoke room was in use as the ventilation of the room was not sufficiently effective. This meant that serving of food was kept to set times. The provider told us that they were looking at options to move the smoke room so as to be more flexible about meal and drink times and to meet people's wishes of when they needed to smoke.

Where people had difficulty eating the chef adjusted the preparation of food to accommodate the person's needs in discussion with the person. However staff did not always update the chef about changes in people's needs that may affect their diet and this could affect the health of people.

People told us they had regular visits to or from health professionals such as dentists, chiropodists, opticians and their GP to maintain their physical health as well as receiving specialist support for their mental health needs.

Requires Improvement

Is the service effective?

Where needed we found that other specialist support was obtained for people and this ensured people received appropriate help to manage with their developing health conditions.

Requires Improvement

Is the service caring?

Our findings

People we spoke with told us that staff cared for them. Their comments included: “Oh yeah they [the staff] do! When I’m upset they talk things through with me,” “I hope so [laugh] yes they do,” “People [staff] are nice” and “They [staff] are good souls here.”

We saw that when staff were involved with people their interactions were kind and caring and that staff listened to the individual person. However we observed that, within the home, staff remained task focused. This meant that people had little individual conversation and time with staff unless they needed physical support. For example at different times during the day people had significant periods of time without staff presence in the lounges and there was potential for some disagreements between people to escalate. Some people were escorted to attend day services out of the home and that may mean they had more opportunity to have individual conversations.

Each person, as much as they were able, had their care plans discussed with them and records showed that where people refused care or involvement in any activity this was recorded. All levels of staff interacted with people. For example, we saw the representative of the provider supporting individual people who lived in the home to complete reassessment forms for entitlement to benefits and discussing how the person wished to spend their personal money. This showed that people were being involved in how some of their support was managed.

People told us their privacy was respected by staff knocking on their bedrooms, staff waiting for an answer before coming in. We saw that this happened throughout the day.

The majority of people were dressed in well laundered clothes appropriate for their age, culture and gender. Where people were not as well-presented staff were clear on the steps that had been taken to promote a well-dressed appearance as this helped people’s self-image and how people in the wider community reacted to the individual. Appropriate cleansing wipes were not available for people to use between courses of the lunch time meal. This left a person with food on their face. This did not respect the person’s dignity. At the end of the meal a dry paper towel rather than any moist wipe was used by staff to try and clean the person’s face.

Requires Improvement

Is the service responsive?

Our findings

Some of the people we spoke with were not sure about their control over some aspects of their care. Some told us that they were not allowed to get up and go to bed when they wanted. Others told us they were. The staff we spoke with were also unclear about the day-to-day practice between respecting people's wishes and regimen of the home. Comments from staff included: "People sometimes get a 'lie in' and some people are expected to get up; there is no clear guidance," "We get everyone down for breakfast, sometimes people get up have breakfast and then go back to bed" and "We have to encourage some people to have showers and get up as it would be easy for some people never to come out their room and that does not help if they have depression." People living in the home did not have clear expectations about the amount of control they had over day to day preferences.

People told us that they were now trying some more leisure activities and this was an improvement. There were some group activities offered within the home and the success and participation of individuals in these activities were recorded in people's individual care plans. The manager told us that eight people had started going to a day service one day a week and this was having some success with most people opting to go regularly. Another person who went to a day service most days per week told us they still felt that they were not able to pursue their specific interests. Some people did not want to be involved in the arranged activities and were either spending time on their own pastimes in their rooms or were out in the community most of the day. A staff member told us that there had been some difficulties in accessing main stream community interest groups for individuals. The staff and management we spoke with were aware of the importance of interests to help keep people mentally well and were trying different ways of interesting people in pastimes. Staff felt able to make suggestions, plan and organise events even if sometimes they were not successful.

People we spoke with did not raise any complaints with us and they told us that they could speak with the staff and the manager of the service.

The complaints record for the home showed that there had been no formal complaints since our last visit in June 2014. The new manager had set up records where details of people's dissatisfactions could be recorded and what action was taken. We saw entries for example about a broken light in a room and a lost pair of trousers and these issues were resolved in timely way. Managing small concerns and dissatisfactions can make people happier about the service they receive. There were appropriate policies and procedures in place to ensure that responses to complaints were dealt with appropriately.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with were happy with the service they received and thought that they could speak with staff and the management of the home. However there were still improvements needed to ensure that people who had lived in a very structured routine felt comfortable to determine their care. For example where people still thought they had to get up at certain times or have drinks at set times. Our observations were that the home was calm throughout the day and that people were able to approach staff if they needed to.

Staff we spoke with felt there had been improvements in the atmosphere in the home and the culture of the home was changing for the better. One staff said: ""Some staff had moved to working night shifts, they want to come back on days now as the atmosphere is better," "There is a more homely atmosphere" and another told us that the home was moving in the right direction and that they hoped that the new ability to question practice with the managers would continue. The ability of staff to question practice enables the service to consider suggestions to improve.

At the time of our visit there was a new manager working at the home who had applied to be registered with the Care Quality Commission. People we spoke with were complimentary about the manager. One person said: "[The manager's name] is good at his job, I like him and he is very fair" and another person said "The manager is a nice man and he's very understanding." People who lived in the home knew who the manager was and felt confident to talk with him. Staff we spoke with told us they could speak to the manager and the directors of the company. Their comments included: "The manager is approachable ….he checks where everyone [staff and people who live in the home] is and what is happening" and "Issues I have brought to the manager have been sorted out." Staff told us and we saw that the directors of the company were more involved with how the home was moving forward than they had been in the past. Staff we spoke with were motivated and confident about the new manager and the company directors' involvement with the home.

Before the inspection we asked the provider to send us a provider information return, this is a report that gives us information about the service. This was returned to us within the timescale requested but not all the information requested was supplied. The new manager had to complete this task as the previously registered manager had not finished completing it before they left. The lack of completion of some sections showed that some information about the home was not as easily retrievable as needed and that some management systems needed to improve. In addition we were not notified about some incidents between people who use the service.

Staff had received training on electronic recording systems of people's care notes. All care and nursing staff were involved inputting information and we found that the records we looked at were up to date and gave appropriate information about people's health and well-being for appropriate care to be given.

Following concerns at previous inspections the local authority had worked with the service to devise an action plan. At the time of the inspection the service had demonstrated enough improvement to the local authority and other commissioners to prevent further action being taken. Like us the commissioners have found that not all necessary improvements had been introduced and progress, which was the responsibility of the overall management regime, had been slow. This had resulted in delays to people not receiving as personalised and individual service as possible.