

Wythall Residential Home Limited

Wythall Residential Home

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Wythall Residential Home accommodates a maximum of 22 older people in one adapted building. At the time of our visit 18 people lived at the home. Some of those people lived with dementia and one person was in hospital. The home is located in Wythall, Worcestershire.

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

People's experience of using this service:

- People felt safe but the provider's procedures to protect people from harm had not always been followed.
- People's care was not consistently provided in line with the Mental Capacity Act 2005 (MCA). Action was taken to address this.
- The provider and registered manager had not met their regulatory responsibility to inform us about significant events that happened at the home.
- Risks to people's health and wellbeing had been assessed. Action was being taken to ensure staff followed risk management plans.
- The provider's quality audits and checks were not always effective.
- People spoke positively about how staff administered their medicines. However, the administration of prescribed creams required improvement.
- Staff knew people well and were available when people needed them.
- Staff were recruited safely and completed the training they needed to be effective in their roles.
- The home was clean, and the environment met people's needs.
- Feedback from people and staff was encouraged. People were happy with the service they received.
- Prior to moving into the home people's needs were assessed to ensure they could be met by the service.
- Most people had been involved in making decisions about their care.
- Care plans contained information to help staff understand how to support people according to their needs and preference.
- People's end of life wishes were recorded.
- Staff communicated effectively with people and people received information in a way they could understand.
- Staff respected people's right to privacy and supported people to be independent.
- People had mixed views about the social activities provided.
- People had access to healthcare professionals and their nutritional needs were met.
- Complaints were managed in line with the provider's procedure.
- The staff culture in the home required improvement. Action was being taken to address this.
- The management team welcomed our feedback and assured they were committed to driving forward improvement to benefit people.
- At this inspection we found the evidence supported a rating of 'Requires Improvement' overall.

We reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were:

Regulation 13 Regulated Activities Regulations 2014 –Safeguarding service users from abuse and improper treatment.

Regulation 17 Regulated Activities Regulations 2014 Good governance.

Regulation 18 of the Care Quality Commission Registration Regulations 2009. Notifications of other incidents.

Rating at last inspection: Good (report published December 2017.)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always Well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Wythall Residential Home

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 took place on 2 May 2019 and was carried out by one inspector and one assistant inspector.

Service and service type: Wythall Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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: This comprehensive inspection was unannounced.

What we did: Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. The registered manager was completing a Provider Information Return at the time of our visit. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account and gave the registered manager and the provider the opportunity to discuss information they planned to include within the PIR during our visit. We looked at notifications we had received about events that had happened at the service, which the provider is required to send to us by law, for example serious injuries. We also contacted commissioners to gather their views about the service.

During our inspection, we spoke with five people who lived at the home and one person's relative. We spoke with the registered manager, the provider, the provider's general manager, the cook, a domestic assistant, three care assistants and two senior care assistants.

We reviewed a range of records. This included six people's care records to ensure they were reflective of their needs, and other documents such as medicines records. We reviewed the provider's quality assurance systems and records relating to the management of the service such as quality audits, staff training records and complaints. We also reviewed three staff files to check staff had been recruited safely.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe. At our last focussed inspection in August 2017 this key question was rated as 'Good'. At this inspection the rating has not been sustained and we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach related to safeguarding people from harm.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse. In August 2018 one person had sustained unexplained bruising to their skin. The registered manager confirmed they had failed to identify this as a potential safeguarding concern. They had not followed the provider's or local authority safeguarding procedure or notified The Care Quality Commission in line with their responsibilities to safeguard people from harm.

This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

- People felt safe. One person said, "I feel safe with the staff," Another told us, "I trust them (staff) completely."
- Staff had completed training on how to recognise abuse and understood their responsibility to report any concerns to their managers.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and wellbeing had been assessed and risk management plans were written to instruct staff how to manage and reduce risk.
- However, risk was not always managed safely because staff did not always follow the plans. For example, one person's plan informed staff their level of mobility fluctuated which determined the specialist piece of equipment staff needed to use to move the person safely. One staff member did not know this. The registered manager gave assurance this would be addressed.
- In contrast we saw staff followed instruction from a senior care worker to support and reassure a person when they fell during our visit.
- Accidents and incidents were monitored and analysed to identify any patterns or trends. However, action taken to prevent reoccurrence was not always effective. For example, one person had fallen at the same time of day on three occasions. The registered manager explained they had instructed staff to observe the person closely at specific times of the day to prevent further falls. Staff told us they did not know this. Furthermore, the person's risk management plan had not been updated to inform staff. This meant opportunities to mitigate risk could have been missed.
- People had personal emergency evacuation plans detailing the support they required if the building needed to be evacuated. Staff had received training in fire safety and knew what action to take in the event of an emergency.

- Environmental risks were well managed. Gas and electrical appliances were checked and serviced. Health and safety systems were checked regularly, and equipment was serviced in accordance with specified timescales.

Staffing and recruitment

- Overall, people felt staff were available when they needed them. Our observations confirmed this.
- Staff had different views about the levels of staff on duty at the home. We shared this with the management team who explained high levels of staff sickness had created challenges. Some action had been taken and further action was planned to address this.
- The provider's recruitment procedures minimised the risks to people's safety. Staff had not started work until the required checks had been completed to ensure they were suitable to work with people who lived at the home.

Using medicines safely

- At our last inspection, medicines were managed and administered safely. However, at this inspection we found previously demonstrated standards relating to the management and administration of prescribed creams had not been maintained.
- In the 10 days prior to our visit four people's medicine records (MAR) had not been completed to confirm creams had been applied as prescribed. We gained assurance from the registered manager this was a recording error and the creams had been applied. They assured us they would take action to address this.
- The date some prescribed creams had been opened had not been recorded. Therefore, it was unclear if the creams were being used within the recommended timescales. We advised the registered manager and provider of this concern, so they could address it.
- Medicine audits and checks took place but did not include the administration of prescribed creams. This meant the issues we found had not been identified. Action was planned to improve medicine audits.
- People spoke positively about how staff administered their medicines. People were supported where possible, to gain the skills and knowledge to administer their own medicines which promoted their independence.
- Staff were trained and deemed competent before they administered medicines and followed good medicines practice when administering people's oral medicines and eye drops.

Preventing and controlling infection

- The home was clean and tidy.
- Staff had received training and understood the principles of infection control. However, we saw some linen was not appropriately stored within the laundry which increased the risk of cross infection. The registered manager acknowledged the risk and took immediate action to address it.

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. At our last comprehensive inspection in November 2016 this key question was rated as 'Good'. The rating has not been sustained. Regulations were met.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA applications 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 registered manager did not fully understand their responsibilities in relation to MCA to protect people's rights. This meant people's care was not consistently provided in line with the Act.
- One person's DoLS had expired on 25 April 2019. Further authorisation was required but this had not been identified at the time of our visit. The registered manager took immediate action to address this.
- The management team had asked people's relatives to make decisions about people's care when they did not have legal authority to do so.
- Prior to our visit we had not been informed when the supervisory body had authorised DoLS.
- We shared our findings with the provider who immediately sourced further training for the registered manager to support them to increase their knowledge and understand their responsibilities.
- Staff had completing MCA training. Overall, they worked within the principles of the Act. For example, they gained people's consent before they provided assistance.

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

- People's needs were assessed before they moved into the home. Assessments included people's physical and mental health needs, life history, lifestyle choices and preferences.
- People's needs were reviewed to make sure their needs continued to be met.

Staff support: induction, training, skills and experience

- Staff completed an induction when they started work at the home which included working alongside experienced members of staff. The induction was based on the 'Skills for Care' standards providing staff with

a recognised 'Care Certificate'. Skills for Care are an organisation that sets standards for the training of care workers.

- Staff received relevant training for their roles and a record of staff training was maintained which meant the management team could identify when staff needed to refresh their skills.
- Staff had one to one meetings with the registered manager to help guide them with their work.

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

- People's nutrition and hydration needs were met, and people enjoyed the food. One person described it as 'very good.'
- Staff were supportive and observant at lunchtime. For example, they helped people to cut up their meals, so they could eat independently.
- Staff knew what people liked to eat and drink and specific dietary requirements were catered for such as, vegetarian options.

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

- People had access to healthcare professionals. For example, when one person had recently been unwell, staff had liaised with the person's GP to ensure they received the medical treatment they needed.

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

- The environment met people's needs. For example, a stair lift enabled people with mobility difficulties to access bedrooms on the first floor of the home.
- People were encouraged to decorate their bedrooms with personal items.
- The décor was continually reviewed and updated to ensure the home was a nice place for people to live.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care. This rating has been sustained since our last comprehensive inspection in November 2016. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity

- People were complimentary about the level of care shown by staff. One person said, "Staff are endlessly kind and helpful... I trust them all completely."
- A relative described the environment as 'homely'. This assured us the provider's aim of creating a relaxed and homely environment was achieved.
- Caring interactions were observed between people and staff. One staff member said, "I love our residents."
- Staff knew people well. For example, they knew one person liked to go to bed late and then have a lie in the morning.
- Staff and managers respected people's equality and diversity, and protected people against discrimination. People and staff were treated equally according to the guidance on protected characteristics.

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

- Most people had been involved in making decisions about their care. However, care records did not always clearly reflect their involvement.
- Staff supported people to make every day decisions about their care such as, offering people a selection of drinks.
- Staff knew how to communicate effectively with people. For example, speaking loudly to one person who had impaired hearing.
- People received information in a way they could understand. This was in line with the 'Accessible Information Standard' which is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy. One person explained they had a key to their bedroom door and they locked their door when they wanted private time.
- People were supported to be independent. One person explained how staff offered them discreet support when they walked around the home. They commented, "They're managing it without making it too obvious."
- People felt respected by staff. However, some daily care notes had not been written in a respectful way. We brought this to the attention of the registered manager, so they could address this.
- People were supported to maintain relationships with those that mattered to them and visitors were

welcomed at any time.

- People's personal information was managed securely in line with data protection law.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery. This rating has been sustained since our last comprehensive inspection in November 2016. Legal requirements were met.

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

- People felt staff were responsive to their needs. One person said, "If I need anything staff are quick to help me." Our observations confirmed this.
- One person laid the dining tables for others at mealtimes. The person told us they enjoyed doing this because 'it kept them busy.'
- Care plans contained information to help staff understand how to support people according to their needs and preferences and provide personalised care. For example, one person liked to eat toast and porridge for their breakfast. Records confirmed those foods had been provided.
- Care plans were audited to ensure people's needs continued to be met. Action was being taken to ensure care plans were updated in a timely way when people's needs changed.
- Staff received a handover of information when they arrived for their shift to help them provide the care people needed.
- People had mixed views about the social activities provided. One said, "The singer is very good. We have summer fetes and barbecues." Another felt activities could be improved.
- People were engaged in activities and hobbies on the day of our visit which included ball games, watching television and reading newspapers.
- People were supported to practice their chosen faith. This included opportunities to attend home visits from local faith groups.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt comfortable to do so.
- Records showed complaints had been managed in line with the provider's procedure.
- A copy of the complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.

End of life care and support

- People's end of life wishes were recorded, which assured us people's wishes were known.
- Staff worked in partnership with other healthcare professionals such as, district nurses to ensure people had a comfortable and pain free death.

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

Requires improvement: Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. The rating remains unchanged from our last focussed inspection in August 2017. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility: Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager did not demonstrate a good understanding of their regulatory requirements. They had not always followed the provider's safeguarding procedure and had limited understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). The provider took action to address this.
- The provider's quality and safety monitoring systems were not always effective. For example, audits had not identified the issues we found, and the audit tool used to check the administration of medicines did not include prescribed creams.
- The oversight of accidents had improved since our last inspection, but the actions taken to prevent reoccurrence were not always effective. This meant opportunities to improve care could have been missed.
- At our last inspection the management team were in the process of reviewing and developing the staff culture in the home to make improvements. During this visit we found further improvement was required.
- This was because some staff did not feel supported and expressed lack of confidence in their managers to support the home and demonstrate good leadership. One said, "I don't feel appreciated... don't even get a hello or thank you [from management]."

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance .

- The provider and registered manager had not met their regulatory responsibility to inform us about significant events that happened at the service. For example, we had not been informed when the supervisory body had authorised Deprivation of Liberty Safeguard (DoLS) in respect of six people who lived at the home.
- CQC had not been notified of a safeguarding incident that had occurred in August 2018.

This was a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009. Notifications of other incidents.

- During our visit the provider and their management team welcomed our feedback and told us they were committed to driving forward improvement to benefit people.
- The provider's management team consisted of the registered manager and a deputy manager. They were supported by the organisation's general manager. The registered manager felt supported in their role.
- The provider was open and honest about the challenges the home had faced since our last inspection. The

home was going through a period of instability which had been caused by high levels of staff sickness and some staff not working in line with the provider's expectations. The provider acknowledged that this had impacted negatively on staff morale. Some action had already been taken to address these issues and further action was planned.

- People and relatives felt the home was well run. A relative explained this was because communication at the home was good.
- The service had recently been rated on a care comparison website as 9.5 out of 10. This rating awarded comprised of 10 reviews made up from people and relatives who used the service.

At our previous inspection the latest CQC inspection rating was not displayed within the home. This was a breach of Regulation 20 A (3) Requirement as to display performance assessments of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The display of the rating is a legal requirement, to inform people seeking information about the service of our judgments. During this visit the rating was on display. Therefore, the provider is no longer in breach of the regulation.

Working in partnership with others

- The management team and staff were committed to working in partnership with other organisations to improve outcomes for people.
- People had some opportunities to maintain positive links with their community and people's families and friends had been invited to events such as, fetes.

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

- Feedback from people, relatives and staff was encouraged through meetings and quality questionnaires. Feedback received assured us people were happy with the service they received.
- Staff had opportunities to attend regular team meetings which gave them the opportunity to discuss any issues of concern and ideas for improvement with their managers.
- The home had a website which was used to communicate with people, their relatives, staff and the local community.
- An updated brochure containing information about the home was being developed at the time of our visit.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not operated effectively to prevent abuse of service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not established and operated effectively to ensure compliance.