

Londesborough Court Limited

William Wilberforce

Inspection report

West Green
Pocklington
York
North Yorkshire
YO42 2NH

Tel: 01759302294

Date of inspection visit:
13 September 2019
17 September 2019

Date of publication:
25 October 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

William Wilberforce is a residential care home providing personal care for up to 64 older people and younger adults, some of whom may be living with dementia or a physical disability.

People's experience of using this service and what we found

People living at William Wilberforce told us they were happy and well cared for. Staff were aware of the importance of keeping people safe and demonstrated a clear understanding of people's diverse needs and how to support their independence.

Staff followed best practice guidance to ensure medicines were managed and administered safely. People received support to take their medicines as prescribed.

A range of checks were carried out on staff prior to commencing their duties to ensure they were suitable to work in the service. All staff completed an induction to their role and were provided with ongoing training, supervision and appraisal to ensure they had the right skills and knowledge to support people safely in line with best practice guidance.

Staff understood their roles and knew what was expected of them. People were treated respectfully; their dignity was promoted. People had good access to other health professionals to maintain their wellbeing.

Care and support was tailored to each person's needs and preferences. Where people were able to, they were fully involved in their care plans. Where assessments confirmed people did not always have capacity to make decisions, staff understood the importance of offering choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had built positive, supportive relationships with people which enabled friendly conversations and offers of reassurance when required. The home employed a dedicated staff member to provide people with the opportunity to engage in a variety of activities, events and interests of their choosing.

The management team were passionate about the service and responsive to any concerns. Staff spoke positively about the way they were managed and the support they received. Everybody told us the management team were approachable and listened to them when they had any concerns. All feedback was used to make continuous improvements to the service.

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

Rating at last inspection

The last rating for this service was Requires Improvement (Published 13 March 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

William Wilberforce

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by two inspectors and an 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

William Wilberforce is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with eleven members of staff including the, registered manager, manager, deputy manager, senior care workers, care workers, the chef and housekeeper. We spoke with two professionals who regularly visit the service. We reviewed a range of records. This included four people's care and medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

- At our previous inspection records for identified risks were not always up to date. At this inspection we found people had received assessments of their care, and where risks were evident, support plans provided guidance to help provide safe care and support. Regular evaluations ensured this information remained up to date.
- Staff were aware of risks to people's wellbeing and how to manage them in the least restrictive way which promoted their independence. A relative said, "I feel [my relative] is safe and well looked after or they would not be here."
- The environment was safe both inside and outside the home because certified and routine risk assessments and checks were routinely carried out to keep everyone safe.
- Staff understood what to do in a Fire. Care plans included information for staff and emergency services to follow should there be an incident. For example, a Fire.

Using medicines safely

- At our previous inspection we found areas of practice concerning people's medicines required improvement. At this inspection we found people received their medicines safely as prescribed.
- Staff had received training in medicines management and administration. Competency checks ensured they followed best practice.
- Staff understood people's needs and knew when they were in pain. People confirmed they received pain relief medicines when required and records confirmed this was administered correctly.
- People were involved in regular reviews about their medicines and the support they required.

Staffing and recruitment

- People were supported by enough staff. The deputy manager showed us how staffing was managed and adjusted to meet people's changing needs. One staff member said, "There are usually enough staff. We could always do with more, but we manage; we are a good team."
- Staff responded to people in a timely way; attending to their personal needs and providing one to one reassurance where this was required.
- Staff received appropriate checks before commencing their duties to ensure they were suitable for the role.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from avoidable harm and abuse. Staff received regular training in safeguarding people and were able to discuss how they reported any concerns.
- Systems and processes were embedded to ensure any concerns about people's safety were reported and

fully investigated. A staff member said, "No matter what the concern was, if I thought someone was at risk [from harm] I would speak to a senior. Everything is recorded and acted on."

- The provider had oversight of incidents, accidents and reported concerns. Information was evaluated with actions and outcomes. One staff member said, "We discuss ways of improving the service to keep people safe at team meetings. Outcomes from investigations help us to improve."

Preventing and controlling infection

- The home was clean, well maintained and free from any unpleasant odours.
- Staff had a clear understanding of their role and responsibilities. A staff member said, "Keeping the home clean is everyone's responsibility. We have dedicated cleaning staff but we all help out where we can or where it is needed."
- Infection control was well managed. Staff had access to and wore protective gloves and aprons to help prevent the spread of infection.
- Clear guidance was available for staff to follow to ensure any known risks with hygiene and infection were well managed and reported to the appropriate agencies.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At our previous inspection staff training required improvement. At this inspection records confirmed staff had received the required induction, support and training to deliver care and support following the latest legislation and best practice.
- People were supported by staff with the right skills to meet their needs. Staff training was managed and recorded with oversight from the registered manager. Where training required completing or updating, this was scheduled.
- Staff told us supervisions and appraisals helped to focus on their strengths and identified any areas requiring further training or support. A staff member said, "We have good communication; supervisions help further with this and also help to support us with a good work-life balance which helps the people we support."

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our previous inspection records to determine any decisions made in peoples best interest required improvement. At this inspection, we found where people had received assessments which determined they did not have full capacity to consent to all their care and support, decisions were made in their best interest and records confirmed this.
- Care and support was always provided in the least restrictive way for people which helped to promote any

areas of independence. Where restrictive practices were in place staff had applied for these to be legally authorised.

- People were supported to make decisions by people who knew them best. Records, where required included input from people's relatives, other professionals, carers and advocates.
- Where people were able to, care plans included their consent to demonstrate their understanding, input and agreement to the care and support they received.
- People's needs were routinely assessed. Where people's needs changed, care and support plans were updated and referrals to other professionals made as required

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

- People were supported as assessed during meal times. For example, staff were available to assist help people to cut up their food where this was required and to provide meals to people in their rooms.
- People's dietary needs for their health and wellbeing or for religious purposes was recorded. The cook confirmed a good understanding of people's meal time requirements and catered to everybody's needs.
- People had a choice at meal times, and drinks and snacks were available throughout the day. One person said, "The food is very enjoyable; we have a choice and I like to eat in the cafeteria."

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

- The provider's systems and processes ensured referrals to health professionals' were made in a timely way. A visiting health professional said, "There has been a real improvement over the last twelve months. Seniors are quick to make referrals where they are required, and staff are getting much better at following our advice to the benefit of people's health and wellbeing."
- Staff ensured key information for example, about people's medicines was available and communicated to other professionals to ensure consistency of care and to promote collaborative working.
- Records confirmed people had appointments with a range of health professionals to support their needs. One person told us, "I need to be looked after all the time. If I needed a doctor they [staff] would call one for me."

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

- The provider was responsive to feedback to help improve the premises and environment. A visiting health professional had raised concerns that chairs were at risk of sliding on wooden floors. The provider fitted rubber stoppers to the bases which ensured this did not happen.
- People's bedrooms were personalised to their tastes. People were encouraged to hang photographs and paintings and to bring furniture with them to help them feel more comfortable and at home.
- People had safe, user friendly access to a large self-contained garden area with seating. One person said, "It's so peaceful sitting out here. I bring a book to read and pass the time of day."
- The deputy manager told us how they were always looking for ways to update the decor to ensure it was friendly to people living with dementia.
- The home was accessible to all. Where required equipment (for example wheelchairs and a lift) was provided to help people mobilise.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who understood how to support people equally according to their assessed needs. One staff member said, "We have people from different backgrounds. They might follow different religions and we support them with anything they need. We don't make a fuss; it's interesting to understand and support different customs and faiths."
- Where people required emotional support and showed signs of distress staff made the time to offer reassurance and to lend a listening ear.
- Staff were attentive and cared about people as individuals. Records included a summary of information for staff to use to form the basis of meaningful conversations. A relative said, "The staff go above and beyond. There is a nice atmosphere here."

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

- Where people were able and choose to, they had signed to their care planning and associated reviews. Where people required support, people who knew them well were invited to contribute to decisions about their care to ensure their preferences and choices were respected.
- People had access to advocacy support. Advocacy is independent support to help people to understand information about decisions they need to make.
- People told us their wishes were recorded and respected. One care plan recorded, 'I like the small light above sink on and I like to decide when to go to bed.'

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of taking measures to protect people's privacy and promote their dignity when supporting them with their personal care.
- Staff treated people respectfully and provided them with dignified care and support.
- Records included information about outcome-based support for people and how staff should support them and encourage their independence.
- People told us staff were helpful and supportive but did not take over. One person said, "The staff are caring. They treat us with respect and are mindful of our dignity. They support me to do what I can, and they do the rest."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure staff had access to up to date care records to provide people with personalised care and support. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Everyone had a care plan in place and information had been reviewed to ensure the care and support remained responsive to the persons assessed needs.
- The deputy manager discussed actions in place to implement an electronic system to record people's care and support and further improve personalisation of people's care.
- People received an assessment of their initial needs. This information formed the basis of personalised care and the support people required. Relatives or representatives were included in discussions about their care. One care plan recorded the type of toothbrush a person preferred and that they enjoyed a wet shave. Staff confirmed their awareness of this information.
- Regular shift handover meetings were used to share any changes in peoples' needs. Staff told us communication was good to ensure people's needs could be met throughout the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was assessed and recorded. Staff knew to ensure people who required glasses and hearing aids had them accessible and operable.
- Where people had difficulty explaining their needs, staff told us they responded to their facial expressions and used picture cards and signs to help them to express themselves.
- Staff ensured documented information was available in large print and coloured print with pictures if this helped people to communicate their preferences and be understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A dedicated activities co-ordinator was employed to support people to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them.

- Activities were driven by people's desires on the day and included letter games, live music and table tennis. One person told us, "There is a speaker who comes in and talks about theology. And poetry and the National Trust come and talk about stately homes."
- People were supported to remain active. During the inspection staff were giving hand massages, keeping a watchful eye over people enjoying the outside gardens and participating in games of table tennis. A relative said, "It can get quite energetic; but there is always the cinema room to go and relax in."
- People were encouraged to have visitors and links with the community included church services and school visits.
- Staff respected people's choice to remain in their rooms and spent time chatting with them about anything they liked to ensure they avoided social isolation. One staff member said, "We chat about anything and everything; there are some very interesting people living here."

Improving care quality in response to complaints or concerns.

- Staff ensured people had access to guidance in a format they could understand to raise any concerns or complaints. The deputy manager said, "We encourage and use feedback of any kind to help improve the service we provide."
- The provider had recorded zero complaints since our last inspection which prompted them to question people if they understood how to complain. The survey response was positive.
- People and their relatives told us they rarely had anything to complain about but confirmed they would not hesitate in reporting any concerns. The provider had received a number of thank you cards and compliments.
- The provider had oversight of all complaints and completed an annual complaints and concerns report. The concerns log recorded the details of the concern and actions taken.

End of life care and support

- Where people had agreed, care plans included information which recorded their preferences and choices for their end of life care and support. One care plan recorded the persons wishes to be kept comfortable, pain free and in contact with the family and their wishes regarding resuscitation.
- The provider had a policy and procedure for staff to follow if people required care and support at the end of their lives. A staff member said, "We try and discuss this with people. It is a sensitive topic and not everybody wants to write down their wishes."

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection quality assurance systems had failed to ensure there were accurate, complete and contemporaneous records for all people who used the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Governance systems including audits and checks helped to maintain and improve the quality of the service people received. For example, audits were in place to check care plan records remained up to date.
- Staff were clear about their roles and responsibilities. They understood when to escalate any concerns for higher level investigation and decision making.
- Daily handovers and regular communication helped the management team and staff plan and coordinate how people's needs would be met.
- Regular checks ensured people were safe and happy with the service they received.
- The registered manager understood the regulatory requirements and reported information appropriately.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service benefited from having a registered manager who was committed to providing good quality care to people who used the service. A relative said, "It is particularly well run now [registered manager's name] has improved it."
- The registered manager had submitted notifications as required by duty of candour legislation.
- The provider had good systems and procedures to manage incidents including complaints. The registered manager addressed concerns and responded with actions. Outcomes were used to help improve the service when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was clear about their vision for the home and used the home improvement plan to plan and drive forward improvements to support good outcomes for people.
- Staff were happy in their work, they understood the provider's vision and worked as a team to deliver good standards. They told us they were listened to and felt supported by the registered manager. Regular

supervisions and meetings were completed to promote staff development.

- The registered manager worked collectively with all staff to demonstrate a positive culture and promote a high standard of person- centred care and support for people. A professional told us, "The service has improved with the new manager. Staff are more responsive which helps to achieve positive outcomes for people"

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us they were happy living at the home and were supported with any personal preferences. Care records included information to raise awareness and enable support for any diverse needs.
- People, their relatives and staff told us the registered manager held regular meetings. Along with surveys, feedback was routinely collated and evaluated.
- A purpose statement was completed to ensure quality of service was maintained by listening to the views of people who use the service. Feedback was actioned with oversight from the manager and directors.
- The registered manager was visible around the home and engaged openly with people, their families and staff.

Working in partnership with others

- The service worked effectively with all partner agencies such as the NHS and local authority to coordinate the care and support people needed.
- There were good links with the local community. People were supported to go out on visits and were supported to maintain relations with family, friends and other visitors.