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Wilnecote Rest Home

Inspection report

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Tel: 01827262582

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 29 June 2016 and was unannounced. At our last inspection in December 2015 we identified concerns with how medicines were managed and how safely the environment was maintained. On this inspection we saw the medicines management system had been reviewed and medicines were now stored safely. Systems were in place to ensure all areas of the home were checked and areas locked where necessary to prevent people from harm.

Wilnecote is registered to provide residential care for up to 23 older people. Following the concerns we identified during our inspection visit in July 2015, we issued a condition on the provider's registration to prevent further admissions into the home. We reviewed this on our next inspection in December 2015 to enable the provider to admit up to 20 people. This meant on the day of our inspection visit 17 people were using the service. As a result of the improvements demonstrated by the provider at this inspection, we will remove this condition.

There was a registered manager in post, although they now worked within another home managed by the same provider and was providing support to the new manager. 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 2008 and associated Regulations about how the service is run. The new manager plans to submit an application to us to become the new registered manager.

People had a choice of food and were able to have drinks throughout the day. However, the meal times were not always managed effectively to ensure people did not have to wait for their meal and their meals remained warm.

People's consent was sought prior to any support being provided and staff understood how to support people to make decisions where they no longer had the capacity to do so for themselves. Where people had restrictions placed on them, authorisations had been made to ensure this was lawful. The provider had not identified that other people may have restrictions placed on them as they needed support to remain safe in the community and the provider had not identified this.

Staff understood their responsibility to safeguard people from harm. Staff were available for people and had received training so that people's care and support needs were met. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks.

People were involved in decisions about their care and they received support in the ways they preferred. People were encouraged to remain as independent as possible and able to pursue their hobbies and interests. People maintained relationships with people important to them and visitors were welcomed at the home. People were treated with kindness, compassion and respect and people liked the staff who supported them and had developed good relationships with them.

People were referred to external healthcare professionals to ensure their health and wellbeing was maintained. Medicines were managed so that people received their medication as prescribed.

There were processes to monitor the quality and safety of the service provided and to understand the experiences of people who lived at the home. This was through regular communication with people and staff, surveys, checks on care workers to make sure they worked in line with policies and procedures and a programme of other checks and audits. People knew how to complain about their care and concerns were responded to.

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.

People were protected from abuse and avoidable harm. People were supported to understand how to be safe and to take responsible risks. There were sufficient staff to support people to do what they wanted to do and receive support.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Where people had restrictions placed on them, not all restrictions had been identified. People's consent was sought before care was given. People were able to eat and drink what they wanted although the arrangements at meal times meant that some people did not receive the support when they needed it. Staff were supported to gain the skills and knowledge they required to care for people effectively. Staff monitored people's health and involved other health care professionals to ensure their needs were met.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy and dignity was promoted. There was a calm, relaxed atmosphere and staff had developed positive relationships with people and had a good understanding of how they wanted to be supported.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to develop and maintain their independence. There were a variety of activities which people could take part in within the home which were organised around people's interests. People could raise concerns or make a complaint and these were responded to.

Is the service well-led?

Good ●

The service is well-led.

The provider had systems in place to monitor the quality of care and support in the home. People were able to comment on the quality of the service and where improvements could be made. There was a manager in post who was supportive to people and staff.

Wilnecote Rest Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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 visit took place on 29 July 2016 and was unannounced. The inspection visit was undertaken by one inspector and an expert by experience. An expert by experience is someone who has experience of caring for people.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with seven people who used the service, six relatives, six members of the care staff, the manager and the provider and spoke with commissioners of the service. We spent time observing care in the communal areas of the home to see how staff interacted and supported people who used the service. We did this to gain people's views about the care and to check that the required standards were being met.

We looked at the care records for three people to see if they accurately reflected the care people received. We also reviewed records relating to the management of the home including quality checks and recruitment records.

Is the service safe?

Our findings

On our previous inspection we identified concerns with how medicines were managed and stored. On this inspection we saw there were safe systems to store medicines and protocols were in place to ensure that if people needed additional medicines to manage any pain, there were clear guidelines in place. The provider had arranged for the dispensing pharmacist to review all the medicines systems and completed a full audit each month. We saw this meant that people received their medicines at the right time and staff understood how to do this safely. We saw when people were given medicines; the staff sat next to them and ensured these were taken before recording this. Where people needed medicines before food they were given priority to ensure these were given at a suitable time. Additional training had been provided for staff and one member of staff told us, "It's a lot simpler and clearer now and I am more confident with the medicines."

At our previous inspection we also identified concerns with the environment and the storage of potentially harmful products. On this inspection we saw improvements had been made. Arrangements were in place to check the premises and equipment to ensure that people were kept safe. This included ensuring certain areas and storage facilities were kept locked to ensure people's safety.

People felt safe at the home and one person told us, "I don't have any worries. The staff here are top rate." A relative told us, "It's been a really positive experience. We worried all the time when they were home. It's so much safer here but they still have the freedom to do as they want."

Potential risks to people had been identified and steps had been taken to minimise these. For example, where people needed support to move, the support plan included information to minimise the risks to people when they moved. We saw moving equipment being used safely and staff spoke with people throughout the procedure to ensure they felt safe. One person told us, "The staff know what they are doing. I would rather be able to walk but I can't, so this is the safest thing for me." One member of staff told us, "We work together and that is not just safer for people, but also gives them extra reassurance as we are on both sides and can help them and let them know what's happening." To ensure staff knew how to safely evacuate people who needed support, mock scenarios had been completed with staff and they were assessed supporting each other. The manager told us, "We wanted the evacuation procedures to be as real as possible so if there was an emergency situation staff would know how to act. It's important that staff are comfortable with this."

Staff understood the importance of safeguarding people and their responsibilities to report this. The staff told us they had received training about this, knew how to recognise the signs of potential abuse and knew what to do when safeguarding concerns were raised. One member of staff told us, "The safeguarding procedure is very clear here. We are expected to report things. A lot has happened here and we all want everything to be right and hiding things is not making things better and we know that."

The staff were available at the times people needed them, so they received care and support that met their needs and preferences. One person told us, "There's always someone around if you need them, they are never far away." A relative told us, "You can always benefit from having more staff, but the staff are always

around. Things have improved with the staffing." The provider had identified that staffing levels had needed to be increased and new staff had been recruited into the service. We saw recruitment procedures in place meant that police checks and references were sought before new staff started working in the service to ensure they were suitable to work with people. The provider understood that having the condition to restrict admissions into the service removed would have an impact on staffing and told us new staff would be employed to ensure people were supported.

Is the service effective?

Our findings

People could choose what to eat and drink and at lunch time people were invited to sit at a dining table or to remain in the lounge to eat. Where people were independent they were served their meal first but had to wait until other people were supported to eat their main meal before being offered their dessert. This meant we saw people sat at the table waiting for their dessert for long periods up to forty minutes. During this time some people socialised with others, but some people were sat without any interaction and just handled their cutlery. Where people needed support, staff sat next to people talking with them and discussing the meal or events. On one occasion, a member of staff left to provide support to another person. When they returned they carried on helping the person to eat but had not considered the meal was now cold. Other people received more positive support and we saw staff asked how they could support them and whether they wanted any food cut up so they could remain independent. One person was not enjoying their meal and an alternative was provided. A member of staff said, "Can I get you anything else instead. Whatever you want, I'll go and sort it out for you." Some people told us more choice could be provided for the evening meal. One person said, "It's generally just crisps and sandwiches." The manager had recruited a new member of staff and they would be responsible for the evening meal. They told us, "This will mean we have more time and people will get more choice. I hope people will see the improvement when they start next week."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The manager understood the relevant requirements of the Mental Capacity Act (MCA) 2005. We saw that mental capacity assessments had been undertaken as required and these were decision specific to determine whether people could make informed decisions about various aspects of their lives. We saw consent was sought before any care was provided and one member of staff told us, "We need to make sure we do what people want and keep asking. Some people don't respond straight away, so we need to give them time." People were encouraged to make decisions and choices about their daily lives. This included how and where they spent their time, where they preferred their meals to be served and the times they chose to get up in the morning and go to bed at night.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager identified that a number of people may be restricted of their liberty for their safety and DoLS applications had been completed. We identified there may be other people who lacked capacity to ensure their safety in the community and the manager agreed that further applications may need to be submitted. Risk assessments had been completed to demonstrate how people were supported in the least restrictive way until the applications had been authorised.

New staff completed an induction when they first started to work in the service that prepared them for their role before they worked unsupervised. One new member of staff told us, "When I first started working here I shadowed staff then I started doing a few things on my own. I had my moving and handling training quite soon and started supporting staff so I could learn what I needed to do." The registered manager told us that new staff undertook induction training in line with the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

People received care from staff who received on-going training to meet their care and support needs. For example, in relation to moving and handling training, we saw that staff supported people to move in a safe and encouraging way. There was a range of equipment available to help people to mobilise and transfer from their chair. One person told us, "It makes things a lot easier when they use the hoist. I don't have to worry about falling or hurting myself." The registered manager regularly checked that staff had the skills and knowledge to meet people's care and support needs. If further learning was identified, this was reviewed and discussed through staff supervision and appraisal, and further training was arranged. The staff told us the manager supported them and helped them understand their roles and responsibilities and checked their knowledge during supervision sessions and staff team meetings. One member of staff told us, "They have had a lot to do and are new here but they have always been available if I've needed them."

Some people needed support to help them to manage their complex behaviour and keep themselves safe. Staff knew people well and understood how to meet their needs. We saw a staff member reacted immediately to a situation where a person became anxious. They spoke in a calming reassuring manner and used distraction techniques, which meant people were not placed at risk of harm. One member of staff told us, "It's about knowing people sometimes. We know what they like and what bothers them so we use this to help manage the situation." The staff were able to tell us about the triggers which might upset some people such as loud noise, activity, and personal care. This meant people were supported to remain safe and received effective care.

People were supported with accessing health care services such as GPs, dentists and opticians. Appropriate and timely referrals had been made to health professionals, for example when people were unwell. We saw that staff followed instructions given to them from health professionals to make sure people received the necessary support to manage their health and well-being.

Is the service caring?

Our findings

People and their relatives were happy with the care and support they received from staff. Comments we received included, "The staff are friendly here and they know how to look after [person using the service] and know them really well." A relative told us, "I think they are caring, there seems to have been a changing of the staff. There are only one or two faces I don't recognise. I know there have been changes in the management but that has not affected the care that people receive." We observed staff treating people in a kind and compassionate way. Staff were patient with people when they provided support and engaged with people in a positive manner. We saw staff talking to people slowly and waiting for them to respond and providing touch and eye contact as a way of communicating with people. Where people became anxious, staff were understanding and spoke with them to understand their anxiety. One member of staff said, "Shall we sit down here and we can talk." We saw the person responded and became less tense.

People had developed good relationships with staff. The staff knew people well and were interested in each person. The staff were able to talk about family and friends that were important to them and each person's history, significant events and their previous jobs. One member of staff told us, "We have to see the person as a whole, not just what we see today. Their life matters and makes them who they are. We care about people and want to keep developing our relationships."

We observed staff giving people choices throughout the day. People we spoke with told us that staff listened to what they wanted including what time they wanted to get up and go to bed, or how they wanted to spend their time. One person told us, "It's up to me what I do. If I don't want to do something, then that's fine. I don't get pushed around."

People were treated with dignity and respect by staff and felt that their privacy was protected when they provided support. Staff greeted people by their preferred names and personal care was provided in private areas of the home. We saw that staff talked to people respectfully and bent down to people so that they were talking to them face to face whilst they were sitting in chairs. People were supported to dress in an individual style; one person told us, "I've always worn a tie each day and I still do."

Relatives told us that they could visit whenever they wanted to and were not restricted from seeing their relative. We saw relatives visited throughout the day and they were made to feel welcome. One relative told us, "You can come here any time. We come here as often as we can and it's nice that we can see them in their room. They like a bit of privacy." Another relative told us, "I was worried we would feel uncomfortable or left out, but that's never been the case. They are always welcoming and we get offered a meal if we want to stay during lunch or tea."

Is the service responsive?

Our findings

People made decisions about their care and had been involved in planning their support. They told us they were supported to maintain their independence and the support they received was flexible to their needs. One person said, "When I moved here, they asked me what I wanted and I told them. I can do as much or as little as I want. I now have the best of everything; my independence and being safe." One relative told us, "They are good at letting us know what's been going on here and we can be as involved as we want to be." People had individual and personal care records. These included information about significant events from people's history. One member of staff said, "I love learning about people and it helps when we look at activities and talk with people. People have led fascinating lives and we should celebrate them."

We saw that people were supported to follow their interests and they told us that they were encouraged to be involved in activities that were important to them. We saw people chose to be involved with puzzles, reading and knitting. Other people were listening to music and singing with staff. One person told us, "I used to love ballroom dancing and I'm teaching everyone here how to do it. I love it. I also help read the numbers out when we do bingo. One of the good things here is I can spend time alone when I want or I can be with people and be part of the community. I have the best of both worlds." People were supported to go to Church and continue to practice their faith. One relative told us, "It's nice for people if that's what they want to do." The staff recognised that people chose to practice their faith in an individual manner and supported people to access different services. One member of staff told us, "We've tried to make more improvements. We know we can still make more though. To help us we now have a paper trail. If we find something new about people, we write it down. This has been really useful as the more we know about people, the more we can plan activities."

We saw that the provider responded to changes in people's needs. For example, we saw that staff had informed the manager when there had been deterioration in a person's physical and emotional wellbeing. One relative told us, "If things change then they don't hesitate to call the doctor or for an ambulance. It's good that they care." Another relative told us, "[Person using the service] was referred to the falls team as they were worried about them. They now have a mat which alerts staff if they get out of bed. This means they can go and help them straight away so hopefully this reduces the likelihood of them falling." Where care was reviewed the care records were updated to reflect any changes. One member of staff told us, "We have a handover and discuss any changes and learn about anything new. This is good when we have been on leave as it helps us to catch up."

There was a complaints policy and procedure which was available to people who used the service and their relatives. People knew how to complain and raise concerns and when they had complained it had been acted upon and they were happy with the outcome. One person told us, "If you don't tell them what's wrong, then they can't put it right. You need to be clear about what you want." We saw that complaints had been logged, investigated and responded to.

Is the service well-led?

Our findings

People were happy living at the home and thought improvements had been made within the service. One relative told us, "I can definitely see all the improvements. It's much better now and they have more plans. I hope this improvement continues." The service had also been visited by the local authority who had identified improvements within the service.

The registered manager was working within another service managed by the same provider and supporting the new manager in the home. There were weekly management meetings to ensure continuity and to recognise where improvements could be made in the service. The new manager told us it was their intention to apply to become the registered manager of the service. People and their relatives told us that the manager was approachable and they felt they could raise any concerns with them. The manager gave clear direction to the staff team and they were complimentary about her management style. One member of staff told us, "There's been a lot of changes here and all for the better. The manager is really committed to getting it right. We all are." The staff told us they had a good understanding of their role and responsibilities and were happy and motivated to provide high quality care. Staff had opportunities to put forward their suggestions and be involved in the running of the home. For example, they had put forward suggestions for the activities provided and these had been acted on.

The manager had completed checks on the quality of care provided to people who used the service. The audits included medication, infection control and care plans. Where issues had been identified there was an action plan in place to show where improvements needed to be made and identified who was responsible to ensure they were completed.

Staff had a good understanding of the provider's whistle blowing policy. One member of staff told us, "We now know we need to report what we see. If things aren't right we want to put it right. I've not had to do say anything but I would and I'm sure I would be supported." Another staff member told us that they had previously raised concerns and that they felt confident to do this again as they knew that the manager would deal with it.

People were encouraged to put forward their suggestions and views about the service they received. Resident meetings were held and family members were invited. This gave people the opportunity to be involved in issues they wished to be discussed with the staff team. Service satisfaction surveys were distributed to people. The surveys provided them with an opportunity to share their feedback on the quality of service they received.

The manager understood their responsibilities and had submitted statutory notifications to us so that we were able to monitor the service people received. As required, a copy of our last inspection report and rating was displayed in the entrance for people to view.