Wispington House Limited

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Inspection report

41 Mill Lane
Saxilby
Lincoln
Lincolnshire
LN1 2QD

Tel: 01522703012
Website: wispingtonhouse.co.uk

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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
Wispington House is a residential care home providing care and support for up to 26 older people, some of whom live with dementia. At the time of this inspection 22 people were living at the home.

People's experience of using this service and what we found
People continued to receive safe care. There were enough staff to support people and people received their prescribed medicines safely. The registered provider completed checks on staff as they were recruited to ensure they were suitable to work at the service. Lessons were learned when mistakes happened.

People's needs were assessed before they went to live at the service. Assessments covered key aspects of people's health, care and well-being and reflected the requirements of the Equalities Act. Staff had been trained in areas relevant to people's needs and their competence was checked.

People received food and drink to meet their nutrition and hydration choices and needs. Staff worked with other healthcare professionals to ensure people's care needs were met effectively, including support for when people were required to attend hospital appointments.

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

People received caring support from staff who respected their dignity and privacy. People were encouraged to be independent and the environment was kept under review and adapted to meet people's changing needs.

Staff understood people's needs well and how to care for them in a personalised way. People were supported to choose and engage in a range of meaningful activities.

The registered manager was approachable and there were opportunities in place which encouraged people and staff to give their feedback and to contribute to the on-going development of the home. People and relatives knew how to raise any concerns they had and how to make a formal complaint.

The registered manager worked well with other professionals and looked to identify learning to contribute towards improving care for people. Regular monitoring of the home ensured that quality of care was regularly reviewed, and measures were put in place quickly when improvements were identified as needed.

Rating at last inspection
The last rating for this service was Good (published 17 January 2017)

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.

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

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.

Wispington House Limited

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
The inspection was completed by two inspectors.

Service and service type
Wispington House 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 home had a manager in place who was 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
In planning our inspection, we reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is required to tell us about).

The registered provider had completed a Provider Information Return. 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 when we inspected the service and made the judgements in this report.

In addition, we considered our last CQC inspection report and information that had been sent to us by other agencies such as commissioners who had a contract with the service.

We also contacted Healthwatch. 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 all of this information to plan our inspection.

During our inspection we spoke with five people and five relatives to ask about their experience of the care provided. We also spoke with the registered manager, the deputy manager, a senior staff member, six of the care staff team, the cook, one of the housekeeping staff, the homes gardener, a visiting external health care professional and an external training provider who worked closely with the service.

We also spent time observing how people and staff interacted with each other to help us understand the experience of people who could not talk directly with us.

We reviewed specific parts of four people's care records and information relating to the registered providers recruitment processes and the arrangements in place for the administration of medicines. A variety of records related to the management of the service, including policies and procedures were also reviewed.

After the inspection
We continued to seek clarification from the registered provider and registered manager to support and validate the evidence we found during our inspection. The registered provider and registered manager provided us with a range of additional audit and quality assurance information as part of this process.

Good

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• Relatives and people who lived at the home told us they trusted all the staff and would be happy to raise any concerns they had with any of them.
• Staff were knowledgeable about the action required to help ensure people were safe from harm and could explain the processes to follow if they had concerns.
• When safeguarding concerns were raised and investigated, action was taken to protect people from further harm.

Assessing risk, safety monitoring and management
• Risks to people's health and wellbeing were assessed, managed and regularly reviewed.
• People were included in assessing and managing their own risks. For example, some people went out independently and made arrangements with staff for this.
• We saw people being supported in line with their risk assessments; for example, being moved with the assistance of equipment or using cushions to protect their skin. When staff supported people, they explained what they were doing and were reassuring.
• Staff we spoke with knew about people's individual risks in detail. For example, staff told us how they used equipment to help people to mobilise safely and when they needed additional support to bathe.
• We noted the risks related to one person's choice about how their oral care and dietary needs were being met and that the associated choking risks had not considered all of the risks staff had identified. We raised this with the registered manager who completed an immediate review of the arrangements in place to ensure the potential risks were minimised.
• The environment was checked regularly to ensure that it was safe and appropriately maintained.

Staffing and recruitment
• There were enough staff to ensure that people's needs were met safely.
• We saw that staff had time to spend with people throughout the day and to respond promptly when assistance was requested.
• There were systems in place to plan staffing levels according to individual's needs.
• The provider had a range of recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.
• However, when we looked at the records related to the background checks completed when recruiting four new staff members, we found they had not received all the reference information required for two of the staff members.
• The registered manager undertook immediate action to follow up and update the information required. They and the registered provider also assured us the recruitment policy information and processes would be

further strengthened to make sure that in the future all the necessary checks would be completed in the right way.

Using medicines safely

• Medicines systems were organised, and people were receiving their medicines when they should.
• We observed medicines being administered and saw that the staff took time with people and explained what the medicines were.
• Some people were prescribed medicines to take as required; for example, for pain management. There was guidance in place to support staff to know when this was needed.

Preventing and controlling infection

• The home was cleaned regularly by domestic staff which helped reduce the risk of infection.
• Staff told us they understood the importance of protective equipment and we saw staff wore gloves and aprons which were readily available for them to access and replace after use.
• The registered manager kept their processes for maintaining good hygiene in the home under review and we saw they took action when issues were identified to make sure people were protected from the risk of cross infection.

Learning lessons when things go wrong

• Lessons were learned from when things went wrong, and actions taken to reduce the risk. For example, records were quickly updated when additional risk was identified, and any accidents or incidents were recorded and reviewed to help reduce the risk of repeated incidents.

Good

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 Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance
• People had their needs assessed before they moved into the home.
• Staff told us assessments helped to identify the skills they needed to care for the person. They said further training was provided where required such as caring for people who had a specific healthcare need.

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.
• DoLS authorisations were in place for people who did not have the capacity to make a decision to live in the home. This ensured that their rights were protected. There were no conditions on those authorisations in place.
• Capacity assessments had been completed. Where people were unable to make a decision for themselves, decisions had been made in their best interests. Where appropriate, the decision making process involved those who were important in the person's life.
• Records showed that staff had received training about the MCA and DoLS and they applied MCA principles when supporting people. We saw examples of people being supported to make decisions about what to eat or where to spend their time. Staff used ways of communicating that people understood so wherever possible they could make an informed decision. When people could not make a decision, staff used their knowledge of the person to act in their best interests.

Staff support: induction, training, skills and experience
• Staff told us, and records confirmed, they had received an induction when they started to work at the home.
• The registered manager and staff we spoke with told us induction training included the Care Certificate. This is a national set of common induction standards for social care staff.

• The registered provider had set out a programme of on-going training for staff to complete following their induction.
• All of the staff we spoke with said they had regular opportunities to discuss their work and development needs with the registered manager and senior staff members.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us they liked the food that was served to them and they could choose alternative foods if they did not want what was on the main menu.
• Catering staff were aware of people's dietary needs and preferences. The cook was also aware of the different consistency of foods some people required to minimise the risk of choking. The cook told us care staff regularly updated them about people's changing needs and they also spoke with people about the quality of meals on offer.
• Hot and cold drinks were readily available for people and we saw staff encouraged people to drink regularly.
• Staff recorded what people ate and drank so they could ensure they had enough food and fluids to maintain their health.

Adapting service, design, decoration to meet people's needs
• The home was comfortably decorated and furnished, and people had personalised their bedrooms to their own tastes.
• There was a well-maintained garden area for people to access and the homes gardener described how they had a schedule in place to ensure consistency.
• Equipment people needed to move around safely, such as hoists, were available. Bathrooms, a walk-in shower room and toilets had adaptations, such as hand rails and raised seats, to ensure people could use them safely and comfortably.
• Call bells were available for people in communal and private areas to summon assistance when it was needed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People had access to the healthcare services they needed in order to maintain their health. Records showed, for example, where people were supported by local community nurses and hospital services. One person told us how staff, "Took me to hospital recently for some x-rays which helped reassure me."

Good

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

- People and relatives we spoke with told us they were treated well by staff. One person told us, "Its welcoming here staff are lovely and caring." When we asked a relative to sum up their experience of care provided at the home they told us, "In three words, Comfort, lucky and [name of registered manager]."
- Staff demonstrated a good knowledge of people's preferences and the different ways they liked to live their lives.
- We saw staff encouraged people to make decisions about, for example, where they wanted to spend their time, what time they wanted to get up in the morning and what activities they wanted to be involved in.
- We saw staff took time to chat with people on a social level and their conversations demonstrated staff knew about people's lives before they moved into the home.
- When one person became agitated a staff member noticed quickly. They responded gently by singing a song together with the person that they knew well. The person quickly became calm and sang heartily with the staff member. Afterwards the staff member told us, "I read the persons care plan and got to know about their background and that they liked singing. That knowledge was really important."
- Staff made sure people were not rushed. For example, staff supported people to communicate and mobilise at their own pace. We also saw several examples where staff responded respectfully to people when they told staff they were not ready to receive the support offered.
- People were supported to maintain their privacy we saw staff knocked on people's doors before they entered rooms and waited before a response before doing so.
- We saw doors were kept closed where necessary to maintain privacy when personal care was being given. Signage was also used on people's doors to inform staff, other people and any visitors that personal care was in progress. This meant that people's privacy was protected.
- We noted a number of the rooms people lived in did not have locks fitted to their doors to enable them to choose if they wanted to lock their door. We discussed this with the registered manager who confirmed they were in the process of updating the arrangements in place for those rooms which needed locks. They also confirmed they were updating their assessment process to include asking people if they wanted to have a key to their room.
- When needed, people were helped to maintain their dignity through access to protective aprons and plate guards and we saw staff wore plastic protective aprons when they served the meals.
- At lunchtime we saw some people were supported to eat their meals in dining rooms and others chose to remain in their own rooms. People told us they chose where they wanted to eat their meals and staff respected their choices.

• However, during lunch we observed some of the staff responses toward people were inconsistent and not always caring. For example, just before lunch some people had chosen to watch a film. Rather than pause the film so people could continue watching it later staff left the file running. We also saw one person wasn't eating their meal. The person told a staff member they didn't like garlic. However, rather than explore alternative options the staff member encouraged the person to eat what they said they didn't like. We fed our observations back to the registered provider and registered manager who undertook immediate actions to review and respond to the issues we raised.
• Information was available for people about lay advocacy services. These services can support people in their decision making and help to make sure their wishes and views are heard on matters that are important to them.

Respecting and promoting people's privacy, dignity and independence
• People told us when they wanted to be on their own staff respected their privacy. People gave us examples and described how staff always closed the door to their room when they supported them with personal care.
• We saw staff encouraged people to maintain as much independence as they were able to.
• Staff understood the importance of maintaining confidentiality regarding people's personal information. Care records were securely stored, and computers were password protected.

Good

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 Good. At this inspection this key question remained the same. 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; 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
• People and those who were important to them were involved in planning their care and people said the care they received met their needs.
• The care plans we saw reflected people's care needs and were reviewed regularly.
• We saw that care records were supported by a 'this is me' document which set out people's likes and dislikes and their life history.
• One person described how their care was personalised and focussed on maintaining their individual identity. They told us, "It's very good here. I get my nails done every fortnight."
• The registered provider employed staff to support people to engage in meaningful activities each week day, including for those who lived with dementia. An activity co-ordinator told us how they planned activities with people and said that plans often changed when people decided they wanted to do other things.
• Activity plans were displayed around the home, in words and pictures, so that everyone could see what would be taking place.
• Some people preferred not to join in group activities or were cared for in their bedroom, so activity co-ordinators made time to support them individually. Group activities included indoor games and events and outdoor community activities.

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 in the form of photographs, pictures and clear signage was displayed around the home. This helped people to understand where they were and enabled them to find their way around. We also saw staff using objects of reference and verbal and non-verbal communications to convey information to people who may, for example, have hearing difficulties or were not able to access written or pictorial information.
• We also saw there was a range of information leaflets about, for example, health issues and support agencies which the registered manager confirmed could be provided in alternative languages if required.

Improving care quality in response to complaints or concerns
• The registered provider's complaints policy was displayed within the home.
• People, and their relatives told us they knew how to make a complaint or raise a concern.

• The registered manager told us no formal complaints had been received about the home since the last inspection.

End of life care and support
• People's wishes for care at the end of their life had been recorded in care plans.
• Staff worked with local health care professionals and followed best practice guidance to ensure that when it was needed, people had a comfortable, dignified and pain free end to their life.
• During our inspection an external health professional gave us positive examples of staff providing end of life care and joint approaches to working together in delivering end of life care.

Good

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 Good. At this inspection this key question remained the same. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

• All the people we spoke with were complimentary about how the home was managed. They all knew the registered manager by name. Relatives told us they were happy with the way they were kept in touch with what was happening at the home and with their relatives.

•Staff members we spoke with were unanimously positive about the day to day leadership of the registered manager.

• We observed the culture in the home was open and people were able to raise any concerns with the registered manager on an on-going basis and when they did this they were resolved. The registered manager was knowledgeable about all the people using the service and their care and support needs.

• Staff had designated lead roles in areas such as nutrition, dignity and respect, mental capacity and dementia. The roles helped staff to share learning through team discussions and meetings and support the registered manager in developing good practice.

• Regular meetings were held with people, relatives and staff to ensure they were fully involved in contributing to the further development of the home.

• There was a programme of audits in place which were carried out regularly. The audits were used to identify any shortfalls and when it was needed, action plans had been put in place to improve the services provided.

• During the inspection we saw senior staff were aware of what was happening in the home and assisted the registered manager and deputy manager in monitoring and supporting the staff to undertake their roles effectively.

• Handover meetings were held between shifts to ensure staff knew what was required of them. Where necessary, senior staff delegated work tasks in a structured way, ensuring people's needs were being consistently met.

• Staff were aware of the registered provider's whistleblowing policy and told us they would not hesitate to use it if they had concerns which were not being addressed.

• The registered provider had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

• People, relatives and staff we spoke with told us they had opportunities to share their views about the way the home was run. They told us they were regularly consulted by way of surveys and we saw the results of surveys were displayed for people to see. In addition, people and visitors to the home could also leave their comments and express their views whenever they wished to by using the suggestion box the registered provider had placed in the reception area of the home.

• The home had developed partnership working with external agencies such as local GP's, specialist healthcare services and local authority commissioners. This meant that people had access the right support when they needed it.

• The registered manager had kept up to date with changes in best practice and legislation and passed their knowledge on to the staff team.

• The registered provider held regular meetings together with the registered managers of the homes they owned to ensure managers updated their knowledge and shared good practice.

• We noted there were no formal records relating to the meetings to show the issues discussed or timescales for any actions they had identified as needed as part of their audit work or meeting outcomes. When we raised this with them, the registered provider and manager told us all future meetings would be recorded and records maintained so that they could evidence the topics discussed, review the actions from each meeting and what had been achieved or needed further work.