

Stafford Eventide Home Limited

Wilford House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16 November 2016 and was unannounced. At our last inspection in June 2015 we found that the service was not always as safe, responsive, caring, effective or as well led as it should be. We asked the provider to take action to make improvements so that people were safeguarded from abuse, medicines were managed safely and people consented to their care and treatment. We received an action plan from the provider and saw at this inspection that the improvements had been made. However, at this inspection we found a further breach of the Regulations in relation to the governance arrangements.

Wilford House provides support and care for up to 30 older people. At the time of this inspection 20 people used the service.

The service had a registered 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 provider did not have effective systems in place to assess, monitor and improve the quality of care.

Staffing levels were sufficient to provide safe care and support to people but staff were not always offered the opportunity for up to date training or supervision with their line manager to further their learning or to discuss work related issues. Recruitment procedures ensured people of good character were employed.

People were not offered opportunities to participate in leisure and recreational activities of their choice.

The provider followed the principles of the Mental Capacity Act 2005 by ensuring that people consented to their care or were supported by representatives to make decisions.

People's nutritional needs were met and they were supported to eat and drink sufficiently to maintain their health.

Medicines were managed safely by senior staff and people were supported to access a range of health care services. When people became unwell staff responded and sought the appropriate support.

People were supported to maintain their own level of independence and were treated with dignity. People's privacy was respected.

The provider had a complaints procedure, and people were aware of to whom they could raise any concerns or complaints.

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 the risk of abuse. There were sufficient numbers of suitable staff available to meet people needs. Identified risks to people were minimised through the effective use of risk assessments. People received their medicines as prescribed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective. Staff did not receive regular support and training. The provider worked within the guidelines of the MCA to ensure that people were involved and consented to their care, treatment and support. People were supported to have a healthy diet dependent on their assessed individual needs and when necessary had access to a range of health professionals.

Is the service caring?

Good ●

The service was caring. People were treated with kindness and compassion. People's dignity and privacy was respected and their independence promoted.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive. Social and leisure activities were not available for people to enjoy. People whenever possible were involved in the planning and review of their care. The provider had a complaints policy available and people knew how to complain and who they needed to complain to.

Is the service well-led?

Requires Improvement ●

The service was not well led. Systems the provider had in place to monitor the service were insufficient to ensure people were consistently provided with a safe and quality service. There was a registered manager and most people found them approachable and supportive.

Wilford House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 16 November 2016 and was unannounced.

The inspection team consisted of one inspector 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.

We looked at the information we held about the service. We looked at the notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

We spoke with seven people who used the service; they were able to tell us about their experiences of the service. We spoke with other people but due to their communication needs they were unable to provide us with detailed information about their care. We spoke with two relatives of people who used the service to gain feedback about the quality of care. We spoke with the registered manager, one team leader and four care staff. We looked at four people's care records, staff rosters, two staff recruitment files and the quality monitoring audits. We did this to gain people's views about the care and to check that standards of care were being met.

Is the service safe?

Our findings

At our previous inspection we found that the provider was in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not managed or administered in a safe way. At this inspection we saw some improvements had been made.

Medicines were kept in a locked medicine trolley, with stock and surplus medicines stored in a locked room. The registered manager confirmed that all senior staff who administered medicines had received the necessary training and so were able to do this safely. Some people were prescribed medicines that had to be taken at regular intervals to ensure they were of the utmost benefit for the person. One person told us that staff made sure they received their medicines on time. We saw there were clear instructions on the medication administration record to ensure staff were aware of these specific instructions.

Improvements had been made since the last inspection to the way external medicines were managed. Topical medication administration records (TMAR) were completed with the instructions for the prescribed treatments. Body maps were also completed to specify the site of the treatment. We saw there were some gaps in the records. Staff offered a reasonable explanation for the gaps and why the topical creams had not been administered. We spoke with the team leader and the registered manager; they provided us with explanations and took immediate action to inform staff of the importance of accurate record keeping.

At our previous inspection we found the provider was in breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as some staff were unaware of how and to whom they should raise concerns regarding the safety of people. At this inspection we saw improvements had been made.

Staff explained how they would recognise and report abuse. One staff member explained the procedures they would follow if they witnessed any abusive situations. They told us, "I have never had any concerns with the safety of people here at the home, but I would have no hesitation to report any concerns to either the manager or directly to the safeguarding team. Contact details are in the office so we are all aware of the actions we may need to take." We saw procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team. The registered manager gave us examples of safeguarding issues they had raised when they had concerns with people's safety. We had received notifications from the provider informing us of safeguarding issues they had raised.

We saw that people's level of risks had been assessed, where there were concerns with people's personal safety, action was taken to reduce the risk. For example, one person was at risk of falling and injury because of their reduced mobility. Risk assessments had been updated and equipment had been obtained to support them with their mobility and to ensure their safety.

Some people had reduced appetites and were at risk of weight loss and dehydration. Action had been taken to regularly monitor people's weight and provide them with a high calorie diet. We saw that food diaries and fluid charts were implemented when additional monitoring was required. Staff were aware of the daily

nutritional requirements of people and told us they always reported any concerns to the team leaders or the registered manager.

The registered manager told us the staffing numbers were maintained at a constant level and that currently the levels of staff were sufficient to fully meet people's care and support needs. One person who used the service told us, "I have no particular concerns but if they [the staff] are busy you do have to wait sometimes, but they are usually quick." The registered manager told us they had identified there were certain periods during the day when some people had to wait for short periods until staff were available to support them. They told us they were completing a review of the shift patterns so that at these peak periods of activity sufficient staff were available to provide people with the support they required when they needed it.

Staff were employed using safe recruitment procedures. Pre-employment checks were carried out to ensure that prospective staff were of good character and fit to work. This included the references from previous employers and disclose and barring checks (DBS). DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant.

Is the service effective?

Our findings

At our previous inspection we found that the provider was in breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always consulted to consent to their care and support. At this inspection we saw improvements had been made.

We saw some people had made decisions about their end of life care. They had discussed their wishes and preferences with their family and doctor and arrangements were now clearly in place to ensure their wishes would be upheld.

The 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. Where people did not have the capacity or ability to make specific decisions we saw that best interest decisions were made in corroboration with other professionals to ensure the action needed was in the person's best interest. The registered manager and staff knew who required support to make decisions and who their representatives were. We observed and records showed that the principles of the MCA were being followed.

The Deprivation of Liberty Safeguards is part of the Mental Capacity Act 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us they had made referrals for some people to be legally deprived of their liberty and they were waiting for the authorisations to be granted. We saw when people's freedom of movement was restricted they were supported in such a way as was the least restrictive which ensured their safety and rights and was in their best interests.

Two members of staff told us they had limited opportunities for training and had received no face to face training sessions. They told us most training was delivered via DVD's with a questionnaire to complete after they had watched the DVD. One staff member told us they would like more face to face training as the DVD training wasn't their preferred way of learning. The registered manager explained they had training DVD's which covered a wide range of training that were available for staff to use. We saw some training questionnaires had been completed by staff but we could not ascertain that staff had received all the training they needed. The registered manager confirmed they did not have a record of the training completed for 2016.

Staff told us they had not received supervision or an appraisal of their work performance. One member of staff said, "I have not had a one to one session with the manager but I can speak with her whenever I need to." The registered manager confirmed the training, supervision and appraisal for staff was outstanding and overdue. This meant the registered manager could not be sure that staff had any training and development requirements to improve their work performance or any work related issues

People's nutritional needs were met. People told us they enjoyed the food and had sufficient to eat and

drink each day. A person who used the service told us, "The food is nice and the cook listens to your requests and acts accordingly. There is a good variety too." Another person said, "The food is excellent and we always have a choice. If you want more you just ask I am very fussy with things, especially food and they always take it into account. It is enjoyable going for meals in the dining room." Most people used the dining facilities, which were well prepared in advance of the meals. Care staff were in attendance and offered and provided people with their food and support as required.

We saw the dining room was a clean, well-lit and calming environment. All tables were laid with linen napkins and napkin rings, salt and pepper and drinks. This attention to detail ensured people were provided with a pleasurable dining experience. The cook interacted frequently with people and displayed a good knowledge of people's individual preferences. Some people chose to have their meals in their own rooms, and we saw these people were served first which enabled more staff to be available in the dining room.

People were supported with their healthcare needs. One visitor spoke with us about the healthcare needs of their relative and said, "If mum is unwell and needs a doctor they [the staff] are very much on the ball and will arrange it, they also let me know." We saw records that confirmed people had access to a wide range of health facilities these included doctors, chiropodists and community nurses.

Is the service caring?

Our findings

We saw numerous spontaneous interactions between care staff and people which were warm, sincere and caring. Staff told us they enjoyed their work and the rapport within the care team was good. We saw staff were cheerful and were pleasant and courteous when interacting with people. A person who used the service told us, "I am happy and registered manager is excellent. You can always talk to someone here. My privacy and desire to stay in my room is fully respected and they always knock my door before they come in."

People were encouraged to be as independent as they were able to be. One person said, "I need two staff to help me wash and dress but I like to wash myself as far as possible, they always ask me but I like to do as much for myself as possible. It was discussed when I arrived here and they [staff] do encourage me to stay independent where I can." A visitor told us, "The staff are kind and caring and all in all they do their best and I have to say mum's mobility and mental state have improved no end since she has been here."

People who needed staff support with their meal were offered the level of support they required. We saw staff assisted one person, staff told us the person was at risk of choking. The person was provided with a pureed meal, they indicated they wished to use the cutlery independently. We saw the care staff patiently and quietly sat with the person until they had finished their meal, which upheld the person's desire to eat independently but ensured they were safe.

People looked well cared for. Most people required support and help with maintaining their personal hygiene. We saw staff supported people to the bathrooms or their own bedrooms when this level of support was needed. We saw staff were caring, compassionate and responsive when a person's situation may have caused them embarrassment. They supported this person in a quiet and skilful way. We saw attention was given to the privacy and dignity of people when using equipment such as the mechanical hoist; we did not see anyone's privacy and dignity was compromised.

Is the service responsive?

Our findings

People were not supported to maintain their hobbies and interests, there was no structured activity arranged for people to enjoy. One person who used the service told us, "We sit about too much and it's boring. I liked games and reading and I would like to learn about and keep up with new technologies. Things have changed here and there are financial constraints and rules which prevent many activities. We aren't asked our opinions or for any feedback and there are no meetings for residents." Another person commented, "With regards to hobbies I am very limited due to my eyesight, the one disappointment is that staff don't really spend time with me or help me with any activities. It might be nice to go out sometimes on a trip, or to a café. I do get bored here, but they can't afford to do activities." A visitor told us, "I haven't seen the residents doing any activities and I do know that she [the visitor's relative] does get bored." The registered manager told us outside entertainers do visit the home on occasions, the local clergy visited at least once a month and people go out with friends and relatives. They went on to tell us the plans they had to recruit staff to ensure recreational activities were provided and facilitated for people to enjoy. This was an area the registered manager had identified as requiring improvement.

We saw some people preferred to stay in their bedrooms. One person commented, "I tend to stay in my room as I like my own company and although they [the staff] did try to encourage me to come out at first, they know now that it is what I prefer." Other people used the lounges and sitting areas; some people watched the television, read newspapers and magazines or quietly sat watching other people or dozing. Contact between people and staff was predominantly task led and occurred when interventions for care and support were needed.

People whenever possible were included in the planning of their care. Staff spoken with were aware of people's preferences and how people liked their care and support to be delivered. We saw records which were signed by the person indicating their care and support needs had been discussed and agreed. Care and support plans were reviewed at regular intervals by the registered manager and senior staff. Senior staff told us they always tried to include the person and/or their representative with the care review.

The provider had a complaints procedure. People we spoke with and their relatives told us they would speak with the registered manager or the staff if they had any concerns. One person who used the service told us they had tried to speak with the registered manager about their experiences but felt they were not listened to, so they told us they 'hadn't bothered again'. The registered manager told us they had received one formal complaint which they were currently investigating. They relayed the actions they were taking to gather all the information in order to come to a conclusion and course of action. Thank you cards were on display acknowledging the good care and support that had been provided when people used the service.

Is the service well-led?

Our findings

People did not have the opportunity to put forward their views and express their opinions of the service through any formal arrangements. Resident's meetings were not routinely arranged, a person told us, "I can't remember ever being asked for any feedback and there are no meetings. I have tried to raise things but I am just told that there are other people to think of, so I have given up." This meant people's views were not always valued.

Staff and the registered manager told us they spoke with people on a regular basis to obtain their view and would take action that was required to respond to people's comments. A person who used the service commented, "I have not been asked for my opinions." The registered manager informed us that family meetings had been arranged at intervals throughout the year but were very poorly attended. Satisfaction surveys had not been distributed this year so people were unable to offer their views and opinions of the service. The registered manager told us they were in the process of sending questionnaires to the families of people who used the service, however people's views were not routinely formally sought.

Audits and checks on the quality and safety of the service were completed at intervals. We saw incident and accidents had been audited throughout the year, where any trends and themes were quickly identified. We saw that remedial action had been taken when people were at risk of falls. However not all audits and checks were so effective or robust. For example, a recent medication audit had been completed but did not identify the omissions and gaps in the recording of prescribed topical medicines. The record for the safe temperature of the medicine fridge had many gaps and was not identified during the audit.

Governance systems were not in place to ensure staff were fully trained or supported through individual supervision. There was no record to show when staff had received training and when it was due to be updated. Staff were not always given the opportunity to discuss their training and development requirements or work related issues. The registered manager told us that staff had received training in medicines management, with competency checks completed, however no records had been completed. This meant robust systems were not in place to ensure the safety and quality of the service.

We saw some areas within the service were in need of replacement and refurbishment, for example some carpets and some items of furniture were worn and dated. In the communal areas people did not have easy access to call bells so they had difficulty obtaining staff when they needed help. One person who used the service said, "In the lounge there is only a wall buzzer and none of us can get up to use it, so we just have to wait." Call bells were provided in bedrooms but one person said, "Sorting out the buzzer system would improve things for me as mine, in my room, always falls on the floor then I have to wait for help." The registered manager told us no environmental audit had been completed, so there were no plans to improve the environment.

The above evidence shows effective systems were not in place to assess, monitor and improve quality and safety of the service. This constitutes a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had been at the service for many years and knew people who used the service well. They demonstrated a good knowledge of people's care and support needs. We saw that relationships had been developed and maintained between all people involved with the service. Everyone we spoke with knew who the manager was and spoke highly of her. One person said, "[name of manager] is always around and pops in and out all the time." Another person commented, "[name of manager] is excellent and really helpful. The care, attention and peace and tranquillity here is lovely." The registered manager's objective and commitment was to provide people with a safe and caring environment but acknowledged there was not always sufficient time given to maintaining the governance systems of the service.

The registered manager was aware of their regulatory obligations, we saw the rating of the service was on display in the home and they sent us all of the statutory notifications they needed to.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service was failing to make sure that providers have systems and processes that ensure that they are able to meet other requirements in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulations 4 to 20A).</p>