

Wrottesley House Limited

# Wrottesley House

## Inspection report

46 Wrottesley Road  
Tettenhall  
Wolverhampton  
West Midlands  
WV6 8SF

Tel: 01902744609

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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

This inspection was unannounced and took place on 7 June 2016. At the last inspection in July 2014, we found the provider was meeting all of the requirements of the regulations we reviewed.

Wrottesley House is registered to provide accommodation for up to 18 older people who require personal care and support. On the day of the inspection there were 17 people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us they felt safe. People were supported by staff that knew how to keep them safe from harm. Staff were confident in reporting any concerns or suspected abuse. Risks to people were recorded and understood by staff. There were enough staff to meet people's needs and provide them with care and support when they needed it. People received their medicines as prescribed.

Staff received regular training and had the skills, knowledge and experience to meet people's care and support needs. People's consent was sought before care was provided and appropriate assessments had been carried out around people's capacity to make certain decisions. People enjoyed the food provided and told us they received the food and drink they required. Staff were aware of people's preferences and people with specific dietary requirements received appropriate food. People had access to appropriate healthcare according to their needs and staff responded without delay to changes in people's health.

Staff knew people well and treated people with kindness and respect. Staff had a good knowledge of people's needs and preferences and where possible people were involved in making decisions about their care and support. Staff acted in a way that upheld people's dignity. People's relatives were welcomed when they visited the home.

People's care was tailored to their individual needs and choices. Staff had a good understanding of people's preferences and life histories and provided them with support that was responsive to their needs. People felt able to express their views to the registered manager. The registered manager had responded to concerns that had been raised and there was a system in place to manage complaints.

People, relatives and staff felt the home was well managed. Staff felt able to contribute ideas and told us they enjoyed working at the home. The registered manager carried out quality audits to ensure people received good quality care and was responsive to feedback from other agencies.

## 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 harm by staff who understood how to keep people safe. There were enough staff available to meet people's needs. People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training relevant to their role. People were asked for their consent before care and support was provided. People were supported to maintain a healthy diet according to their needs and had access to healthcare professionals when needed.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and approachable. People were encouraged by staff to maintain their independence. People were involved in choices about their care and were supported by staff in a way that respected their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's changing needs were recognised and staff were kept updated so people received care relevant to their needs. People were supported by staff who understood their interests and activities were available. People knew how to raise concerns if they were unhappy with their care and support.

### Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt the home was well managed and

were invited to share their views about the care they received.  
Systems were in place to monitor the quality of care provided.

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# Wrottesley 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 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 took place on 7 June 2016 and was unannounced.

The inspection team consisted of 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 use this type of service. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We spoke with five people who lived at the home, two relatives, four staff members and the registered manager. We looked at three records about people's care and support, three staff files, medicine records and systems used for monitoring quality.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "It's the way it's run, the atmosphere, the staff make you feel safe." Another person told us, "It's my home, that's why I feel safe. I am secure in my home." Relatives were also confident their family members were safe. One relative told us, "She is definitely safe, 100%. I am quite happy and I have no concerns." People were protected from harm by staff who understood their responsibilities in relation to keeping people safe. Staff knew how they would identify signs of possible abuse and were knowledgeable about the process they would follow if they had any concerns. One staff member told us, "I would report any concerns to the manager. If they did not act I would contact the local authority or CQC."

Risks to people were assessed and managed by staff who supported people in a way that kept them safe. One member of staff told us how they monitored risks in relation to people's diet, for example, risks to people living with diabetes. They told us they shared any concerns with the senior carers or the registered manager.

Where accidents or incidents had taken place they were recorded and then investigated by the registered manager. Where necessary these had been reported to the local authority and to CQC as required by law. We found that the provider learned from incidents that had taken place and took appropriate action to ensure that people's health and safety were protected. For example, changes to the flooring to reduce the risk of trips or falls. Any changes were recorded and people's care plan and risk assessments were updated.

People told us there were enough staff to support them. One person said; "There are enough staff, sometimes you have to wait a short time, but I don't think it's a problem." A relative told us, "I would say there are enough staff." Staff we spoke with felt there were enough staff to meet people's needs. Staff and the registered manager told us that staffing levels were dependant on people's needs and that people were reassessed if their needs changed and they needed additional staffing support. We saw that staff were available when people needed them and were able to respond to people quickly. This meant there were sufficient numbers of staff to meet people's care and support needs in a timely way.

We looked at pre-employment checks carried out by the provider and found that necessary checks had been carried out prior to staff starting work. These included background and identity checks as well as checks carried out by the Disclosure and Barring Service (DBS). DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision. This ensured the risk of unsuitable staff being employed was reduced.

People told us they were happy with the way they received their medicines. One person told us, "Staff are good. I am on a number of medicines. I get them on time." We saw staff supporting people to take their medicines and explaining to people what they were for. Staff also offered people their 'as required' medicines, including pain relief, if they observed that people may need them. One person told us, "I can always have paracetamol if I need it." Staff received training before they were able to support people with their medicines. Senior staff then carried out competency assessments where staff were observed while they

administered medicines to ensure they were safe to do so. We looked at the medicines records for five people and discussed them with a senior member of staff. Systems were in place to ensure people received their medicines at the right time as prescribed by their doctor. We found that some changes were needed to ensure the stock balance of some people's 'as required' medicines were recorded correctly; however this had not put people at risk and as a result systems used to manage and store people's medicines were safe.

# Is the service effective?

## Our findings

People were asked for their consent before staff provided care and support. We saw staff asked people if they needed support and waited for their agreement before providing it. People and their relatives told us staff offered them choice and we observed staff asking people to make choices and giving them time to consider the options and respond. This included how people would like to spend their time, what time they would like to go to bed and what they would like to eat and drink.

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. Not all staff we spoke with understood the requirements of the MCA although they did understand the importance of acting in people's best interests. Staff shared with us examples of how they involved people in making choices, for example asking people what time they wanted to get up and asking people about their personal care preferences. We saw that although the provider had carried out assessments of people's capacity this was not always recorded clearly, meaning staff may not receive accurate guidance about people's capacity to make certain decisions. We spoke with the registered manager about this who told us they would review people's care records and make improvements where necessary.

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). We checked whether the service was working within the principles of the MCA. Although there were no current DoLS authorisations in place. The registered manager shared with us how consideration had been given to individuals living at the home and whether or not they were being deprived of their liberty.

People told us they felt staff had the skills and knowledge required to support them. One person told us, "The staff are very good, I am quite independent but they know when to help me if I need it." A relative told us, "The staff are excellent; they interact with people very well." Staff told us they felt supported in their role and had the training they needed to meet people's care and support needs. One staff member shared with us their recent learning in caring for people living with diabetes and felt this had helped them to better understand people's needs. We observed staff providing care and saw they knew how to use equipment correctly and had good skills in talking to and supporting people with dementia. Staff members told us they received supervision from the registered manager who gave them feedback on their performance in their role. The registered manager told us they regularly attended information sharing events which enabled them to keep up to date with current best practice.

People told us they enjoyed the food and were given choices at meal times. One person told us, "We have excellent food; you get a choice of three things." Another person said, "I enjoyed lunch very much, I had eggs and chips. I am happy with the food." A relative also expressed positive views about the food offered. One relative said, "I have been here when they have the teas, sandwiches, freshly baked scones and cakes."



[Family member's name] has always said the food here is very good. They are very good at knowing what people like." We talked to staff who demonstrated a good knowledge of people's likes and dislikes in relation to food and they told us how they encouraged people to eat a healthy balanced diet. Staff shared with us examples of people who required specialist diets, such as a soft diet for people with swallowing difficulties. Staff responsible for food preparation were aware of people's individual needs and so people were supported to eat and drink sufficient amounts to maintain their health.

People were supported to access to healthcare when required. People told us staff arranged appointments for them when they needed them. One person told us, "The chiropodist comes regularly and the dentist comes, as well as the doctor." Relatives told us their family member's health had improved since moving to the home. One relative said, "She was quite poorly when she came in. Since coming in it's been marvellous. She has put weight on." We saw staff had taken appropriate action when people needed additional support from healthcare professionals and had requested referrals when people needed dietary and continence support. Relatives told us they were kept updated about their family member's healthcare needs. One relative said, "I have been informed of the results of any tests. The manager is very good at letting me know. I think if it is a genuine concern they let me know or if the doctor has been in."

# Is the service caring?

## Our findings

People told us that staff were friendly and caring. One person told us, "It's the people who make the home. Yesterday I was laughing all day with staff." A relative said, "They [staff] are all supportive, they are all caring. They look after [person's name] very well." We saw that staff treated people with kindness and had established a good rapport with people and their family members. We observed staff encouraging people to eat in a supportive manner and interactions were warm and friendly. One staff member told us, "It's about showing people and talking to them, let them feel valued." We saw that people were comfortable and relaxed in the company of staff who supported them.

Staff knew people's life histories, interests and care needs. One member of staff said, "It's about getting to know their likes and dislikes and giving people choice." We observed care being provided and saw that staff knew people's preferences. A relative told us, "You can see they know [person's name] well. Staff know how they like their coffee. [Person's name] has always liked their coffee like that and here they give that to them." Staff were aware of people's life experiences and treated people sensitively. This knowledge helped staff to identify people's reactions and emotions and the reasons for them. For example, understanding how a person's previous career in health, would influence their response to taking medicines.

People were supported to make decisions for themselves. A relative told us, "[Person's name] has got choices. They go to bed after 10pm and are up at 8am like when they were at home." We saw staff offering people choices about drinks, activities, and where they would like to spend their day. Where people had specific communication needs we observed staff communicating with them for example in an appropriate way, for example using picture cards to discuss menu options. Staff told us how they encouraged people to do as much as possible for themselves and asked people how they wanted to be supported. Our observations through the inspection confirmed this, for example one person asked to help serve drinks and staff involved them in this and the person responded positively.

People told us and we observed that staff supported them in a way that maintained their dignity. One relative told us, "Before lunch they will say it quietly, do you need personal care? Staff do things discreetly, especially if they need to change clothes." Staff shared examples with us of how they supported people in a way that upheld their dignity and privacy, including knocking on people's bedroom doors before entering and giving people time and space when they needed it. People's privacy and dignity was respected by the staff who supported them.

People's relatives were able to visit at any time. We saw family members visiting during the day and staff were friendly and welcomed them. Relatives told us staff updated them with any relevant information about their family members when they visited the home.

## Is the service responsive?

### Our findings

People told us they had contributed to their care and support. One person said, "I do get asked about my care plan – it's alright. I suppose some people need a change, but I don't." Relatives also told us they were involved in planning their family members care. One relative said, "When [person's name] came in we had the first care plan review, a month after I think we reviewed it once and then again since."

All of the staff we spoke with had a good understanding of people's needs and shared with us examples of how they had responded to changes in people's health, preferences or interests. For example, where people had expressed they liked or disliked a certain food. One staff member said, "Initially I would sit and chat with the person and their family to discuss any changes. Any changes made are passed on to the registered manager and care plans are updated." We reviewed people's care records and saw they had been regularly reviewed and updated where there was changes in a person's needs. This ensured staff had access to relevant information so people received up to date care and support.

Relatives we spoke with told us they were kept up to date with details of their family member's health or involvement in activities. One relative told us, "I receive calls from the manager giving me updates. The staff monitor [person's name] so I have no concerns." During the inspection we saw the registered manager and staff updating visitors and sharing information about any changes to people's needs. This showed people's families were involved in their relative's care.

People were encouraged to take part in activities that interested them. We saw activities were offered, and people were given a choice as to whether they participated or not. The garden was accessible and throughout the inspection we observed people leaving the communal areas of the home to spend time in the garden. People were involved in watering the plants and growing vegetables. We saw that people were involved in choosing activities that interested them. One person told us, "I like gardening and I have my nails painted." A relative told us they felt the activities were enjoyed by their family member, "[Person's name] enjoys bingo, painting and singing. I am quite happy with what they do." We saw some of the activities that had recently taken place included dominos, bingo and indoor exercises.

People knew how to raise concerns if they were unhappy about any aspect of their care and support. The provider had a complaints policy which was displayed at the entrance of the home, for people and their relatives to view. One person told us, "I'd speak with the manageress if I was concerned, but I have never needed to speak to her." One relative we spoke with said, "I would speak to the manager if I had any concerns." We found there had not been any recent formal complaints and the registered manager told us they tried to communicate with people and their families as much as possible and try to address concerns at the earliest stage. For example, the registered manager had received verbal feedback about the temperature in the conservatory being too low, so a new radiator had been purchased and installed. Staff were aware of the provider's complaints procedure and knew how to escalate any concerns raised directly with them.

## Is the service well-led?

### Our findings

All of the people and relatives we spoke with told us they felt the home was well managed. One person told us, "It's good, the manager is very fair, it's a happy place." A relative told us, "I am happy with the home. The manager is accessible; I can call anytime, day or night. The atmosphere is relaxed; it feels like a home away from home." People told us they liked living at the home and we saw that people, their relatives and staff were able to give feedback about the home and make suggestions about things that could be changed or improved. For example, changes to improve the range of options on the breakfast menu. We saw the registered manager sought people's feedback through regular contact with people living at the home and their relatives. Relatives told us they had also been invited to meetings to discuss any concerns or to offer ideas about where improvements could be made.

Staff told us there was an open culture in the home and told us the registered manager was available to them when needed. One staff member said, "I think it's well-managed, it's positive. I've been given responsibility and that gives me confidence. I get feedback too, and that's a good thing." Staff told us they were comfortable to approach the registered manager with any concerns and were confident they would be listened to. One member of staff told us, "I can ask the manager they definitely would support me." Another staff member said, "I can chat to the manager and give my ideas, I am listened to." Staff told us they were able to contribute their ideas in staff meetings, and that they received feedback from the management team on their performance in their role. Staff were aware of the provider's policies and procedures and of the whistle-blowing policy, which included raising concerns with external agencies if required. Whistle-blowing means raising a concern about a wrong doing within an organisation.

We saw that regular auditing was carried out by the registered manager to ensure the quality of care provided. The registered manager shared with us examples of how they had taken on board feedback from other organisations, and made changes to improve the home. For example, changes made following a recent infection control audit which included the purchasing of new equipment, includes a commode and soap dispensers. We saw the registered manager and senior staff carried out audits covering areas such as health and safety, kitchen management, maintenance, and accidents and incidents; as well as reviews of people's care and support.

There was a registered manager in post who managed the home on a day to day basis. We spoke with the registered manager who demonstrated a good knowledge of all aspects of the home including the needs of people living at the home and their responsibilities as registered manager. They were aware of their legal responsibilities and had notified us of events that they were required to do so by law. The registered manager told us the provider was supportive and was available to be contacted when needed. The registered manager told us they kept their knowledge up to date by attending monthly events provided by local care organisations which enabled them to support the staff team to deliver care that met people's needs.