

Wispington House Limited

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

Wispington House is a residential care home providing personal care for up to 26 people aged 65 years and over. At the time of the inspection, the service was supporting 21 people. The care home supports people in one adapted building. There are two floors with a stair lift installed.

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

Risks associated with falls and pressures sores were identified, assessed and measures were in place to reduce harm. Fire evacuation procedures had been updated and people had individualised emergency evacuation plans in place. People's 'as needed' medicines were managed safely by trained and competent staff. Soft furnishings in the service had been replaced which were in good condition and wipeable. There were enough staff to meet people's needs during the night.

Mental capacity assessments and best interests' decisions had been completed where required for specific decisions relating to people's care. Staff had received training in regard to safeguarding and manual handling.

The provider had a quality assurance framework in place to enable them to monitor the quality of people's care. Shortfalls identified during the last inspection relating to medicines, risks to people, staff training and fire evacuation had been addressed. There was a new manager at the service who had systems in place to ensure oversight of quality of care.

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

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation's 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

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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 Health and Social Care Act 2008.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 11 – Need for consent, Regulation 12 – Safe Care and Treatment, Regulation 17 – Good Governance and Regulation 18 – Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection team was made up of one inspector.

Service and service type

Wispington House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, the manager of the service was in the process of applying for their registration to become the registered manager.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to ensure all risks associated with COVID-19 could be reduced.

Inspection activity started on 24 March 2022 and ended on 29 March 2022. We visited the service on 24 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We did not ask the provider to complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we reviewed two people's care records and risk assessments in line with risks associated with their care, two people's medicine administration records (MAR), two people's records in relation to mental capacity and areas of the environment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staffing levels and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated inadequate. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

At the last inspection we found risks associated with people's falls and skin integrity had not been identified or mitigated, people did not have personal emergency evacuations plans in place in line with their needs, people's 'as needed' medicines were not managed safely, there were not enough staff at night to manage some of the risks to people and some areas of the environment increased the risk of infection to both people and staff. At this inspection, we found the provider had met the requirements of the warning notice and improvements had been made.

Assessing risk, safety monitoring and management

- Risks associated with people's falls risks were identified, assessed and measures were in place to reduce the risk of harm to people. For example, one person was at potential risk of falling downstairs. An electronic lock had been installed to reduce the risk of the person accessing the stairs without staff support.
- Where people were at risk of pressure damage to the skin, risk assessments and care plans were in place which detailed support staff could provide to reduce the risk of pressure damage developing.
- People had a personal emergency evacuation plan's (PEEP) in place which identified their individual needs on how they would be supported in the event of an emergency. In addition, photographs had been added to ensure people were identifiable to emergency services if required.
- The providers fire evacuation had been updated and areas of the service used as part of the evacuation process was safe to use.
- The service had embedded the providers 'locked door' policy as some people were not safe to go outside alone. Doors which led to areas which were not secure were either locked or had an alarm fitted to alert staff the door had been opened, reducing the risk of harm to people.

Using medicines safely

- Medicines which were prescribed on an 'as needed' basis were managed well.
- All staff administering medicine to people had received training on how to do this safely and their competency was assessed.
- Protocols were in place to provide information to staff on how and when to administer 'as needed' medicines and staff routinely recorded the reason for the administration. This meant people received their medicine consistently in line with their needs.

Staffing and recruitment

- The provider ensured there was a dependency tool in place which determined safe staffing levels in the service.
- Records showed there were generally three staff scheduled to work during a night shift to ensure people's needs were met and risks could be safely managed.
- Where shortfalls had been identified, the provider used agency staff to cover shifts to ensure people received safe care.

Preventing and controlling infection

- Chairs and soft furnishing identified at the last inspection as increasing the risk of infection to people had been replaced. New chairs were purchased, which were wipeable and in good condition.
- The provider had updated their infection control policy to reflect the national government guidance and the manager ensure all people admitted to the service, isolated and tested in line with this.

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 our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the effective key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

At the last inspection we found staff had not received training regarding medicines and safeguarding. In addition, we found mental capacity assessments completed did not demonstrate a robust process to ensure staff would support people in their best interests. At this inspection, we found the provider had met the requirements of the warning notice and improvements had been made.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role, which included manual handling of people, the administration of medicines and the safeguarding of people.
- The provider had made improvements regarding staff training and the manager was in the process of implementing a new oversight system at the time of the inspection. This included a new training matrix which would identify staff who were reaching a time where refresher courses were required.
- The manager had accessed additional training courses for staff, this included specialised training to enable staff to support people more effectively. For example; diabetes awareness and catheterisation care.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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).

- The service had a mental capacity assessment process in place, which was completed if there was reason to believe a person lacked capacity around a specific decision.
- Where people lived with a cognitive impairment, mental capacity assessments and best interests'

decisions were completed in regard to specific elements of people's care. For example; the administration of medicines, support with nutrition and hydration, and managing their own mail.

- The manager had a tracker which enabled them to have oversight DoLS in the service which had been applied for, granted and when a re-application was due to be submitted if still required.

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 our last inspection this key question was rated require improvement. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

At the last inspection we found the providers quality assurance process failed to identify shortfalls in relation to people's care plans, the identification of advanced medical decisions, medicines, the environment and fire evacuation. At this inspection, we found the provider had met the requirements of the warning notice and improvements had been made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had ensured concerns highlighted during the last inspection in regard to people's care plans, do not attempt cardiopulmonary resuscitation' (DNACPR) decisions, medicines, the environment and fire evacuation had been addressed.
- There was a quality assurance process in place. Medicine audits had been completed which identified shortfalls and actions plans were in place. Action plans showed once action had been taken to resolve a shortfall, this was signed off as completed.
- The manager had implemented a system to ensure people's care plans were reviewed each month called 'resident of the day' and continued to work with senior staff to embed this process. Where people were at risk of pressure sores, a care plan and risk assessment were in place providing guidance for staff on how to support the person safely to reduce the risk of sores developing.
- The provider ensured where people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in place, it was identifiable for staff. A code was used to ensure in an emergency it was easily identifiable for staff to recognise where a DNACPR decision was in place.
- Changes to governance processes meant people's 'as needed' medicines were being managed well and people's individual fire evacuation needs were recorded. Please see the safe domain of this report.