

Abbeyfield Society (The) Wilford House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

The inspection took place on 12 January 2019 and 15 January 2019 and was unannounced.

Wilford House is a 'care home' located in Stafford. 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.

Wilford House accommodates up to 30 people in one building. At the time of this inspection there were 27 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the 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.

At our last inspection of the service on 8 January 2018 we found the care of people did not always meet their needs and reflect their preferences, because the provider did not work collaboratively with the relevant person, or carry out an assessment of people's needs. People were not always receiving safe care that met their preferences.

At the time of this inspection we found that the provider and registered manager had made significant improvement to make the home a safer place, to involve people in the planning and delivery of their care and to ensure systems were in place to monitor and check the quality of the service.

Medicine management had required improvement previously and our findings at the time of this inspection identified an ongoing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

People felt that activities could be improved, however the registered manager could demonstrate they were looking to address this.

There were sufficient numbers of staff on duty at any one time to meet people's needs in a safe way. However, the increased needs of one person was impacting upon staffing levels and the registered manager was actively looking to address this issue before it impacted upon the quality of care for others living at the home.

Staff had been safely recruited to their roles. They received regular support and supervision. Staff felt well trained to carry out their role effectively and meet people's individual needs.

There were systems in place to reduce the risk of the spread of infection and environmental issues were being addressed to ensure risks were reduced further.

The provider followed the principles of the Mental Capacity Act 2005 (MCA). People were supported to have choice and control of their care and support. People's decisions and choices were listened to and respected.

People's health and well-being was monitored and supported and needs were being met by staff and with the appropriate support from health professionals. People's nutritional and dietary needs were catered for.

Staff were kind and respectful and they knew people well. People's privacy was respected and staff supported people to maintain their dignity. Staff had a good knowledge of people's needs. We received positive feedback regarding staff and how people's needs were met.

Care plans were sufficiently detailed and person-centred, giving members of staff and external professionals relevant information when providing care to people who used the service. Plans were being reviewed to ensure the most up to date information was available. Information was reviewed and updated to ensure staff could deliver responsive support as people's needs changed. Information was stored securely.

There were effective procedures in place to respond to any concerns or complaints. The registered manager responded promptly and effectively to concerns.

The registered manager was approachable and responsive. People were involved and consulted about the running of the home. People who used the service and their representatives were regularly asked for their views about their support through questionnaires and feedback forms. The registered manager also spent time observing care and support to enable them to gather views informally.

Quality assurance measures were now more effective and systems were in place to check the quality of the care delivered by senior staff, registered managers and senior managers within the organisation.

There were a number of effective management systems in place and these monitored the quality and safety of the service provided. Although some areas still required more in-depth monitoring (such as medicines management) the registered manager was knowledgeable of the service's strengths and areas where ongoing improvements were required. They were acting upon these.

The registered manager was aware of the requirement to notify the commission of significant events and their quality rating was being displayed prominently within the home.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Wilford House

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 12 February 2019 and 15 February 2019 and was unannounced. The inspection team consisted of two inspectors and a pharmacist inspector.

We used the information we held about the service to formulate our inspection plan. This included information relating to the last inspection of the service which took place on 08 February 2018.

We also reviewed other information we held about the service. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information about safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered feedback received from the local authority commissioners and safeguarding adults' team about the services provided at Wilford House.

We spoke with nine people who used the service and one relative. We did this to gain people's views about the care and to check that standards of care were being met.

The service had a manager 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. We spoke with the registered manager and they were available on both days of the inspection.

We spoke with the deputy manager, a senior care staff member and three support staff. We observed how care staff interacted with people in communal areas and looked at two people's care records.

We also looked at records relating to the management of the service. These included two staff files, training records and quality assurance records.

Is the service safe?

Our findings

At this inspection we found that, although the provider had made improvements in some areas and people were now protected from harm, other issues had not been addressed meaning some risks remained. Medicine management had required improvement previously and our findings at the time of this inspection identified an ongoing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment. This domain therefore remains rated as Requires Improvement.

We looked at how medicines were administered by checking the medicine administration record (MAR) charts for nine people, speaking to staff and observing how medicines were administered to people. We found at the last inspection that MAR charts showed gaps in the administration of some medicines, so we were unable to confirm people had received their medicines as prescribed. At this inspection we found the MAR charts displayed very few gaps, however we found some discrepancies between the quantity of medicines found and the administration records. For example, the records for a medicine used to treat epilepsy or nerve pain showed that 28 tablets had been received and 22 had been administered. We therefore expected to find six tablets remaining however we found nine tablets. These discrepancies showed the provider was unable to demonstrate people were receiving their medicines as prescribed.

We found the administration records for the topical treatments (such as creams) that were applied by care staff were not able to demonstrate that they were being applied in accordance with the prescriber's instructions. For example, a cream used to treat a fungal infection had not been written on to the providers' administration record and therefore the provider was unable to confirm this cream was being applied in accordance with the prescriber's instructions.

Some people at the home were administering some of their own medicines, which were kept in their bedrooms. This promoted people's independence and choice. However, we found the provider did not have risk assessments and risk management plans in place, to assess whether this posed a risk to the person or other people at the home, and how these arrangements could be managed to reduce the risks.

We looked at how controlled drugs were managed. Controlled Drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found the Controlled Drugs were stored correctly and their administration was recorded accurately showing that these medicines were being administered as prescribed. An analgesic solution that had passed its expiry date was still present in the Controlled Drugs cabinet. We were concerned that this solution may have been administered after its expiry date so we checked using the Controlled Drugs records. Fortunately, the records showed none of the solution had been administered after its expiry date. There was however a risk that this solution could have been administered in the future had it not been for the inspector's intervention.

We looked at the patch application records for the two people who were having analgesic skin patches applied to their bodies. We found the record showed that the patches were not always being applied in line with the manufacturer's guidance. This meant the patches were not being applied safely and could result in people experiencing unnecessary side effects.

We found that the refrigerator temperatures were not being correctly measured. We saw it was storing a temperature sensitive medicine called insulin and the low temperature meant this medicine needed to be discarded. This was because when insulin is exposed to low temperatures, the low temperatures affects the effectiveness of the insulin to treat the condition they had been prescribed for and thus may affect the management of people's diabetes.

Medicines were not always being stored securely for the protection of people using the service. For example, we found topical medicines were being kept in people's rooms and therefore people using the service could inappropriately use these products with a detrimental effect to their own health.

We observed a staff member give medicines to a person, who was known not refuse them, in a dispensing pot and walk away without seeing that the tablet had been taken. They then went and recorded in the MAR sheet that the person had taken it. The same staff member offered one tablet or two to a person when the administration chart clearly stated two. We shared these observations with the registered manager who took immediate action to investigate.

We found that the registered person had not provided care and treatment in a safe way for service users. This therefore constituted a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection, we found the provider was not managing risks in relation to maintaining a safe environment. At this inspection we found that changes had been made to make the home a safer place and the registered manager was aware of emerging risks (and environmental issues) and was being proactive in addressing them. For example, they had identified issues about the laundry walls and floor. They were awaiting works to take place to ensure that they could be washable and thus reduce the risk of spread of infection. The registered manager also took further precautions to ensure no one was at risk of harm while walking by an upstairs bannister. We queried the appropriateness of a clearly marked fire exit on the first floor and the registered manager committed to review its use after stating they would not be confident to use it.

At the time of this inspection, other risks were assessed and managed to support them to stay safe. Falls risk assessments were seen to be detailed and were audited for trends. We saw how one person's risk assessment had been updated following a recent fall and care plans reflected the risks and how to manage them. We saw that actions taken had reduced the number of falls had by this person.

We saw that other risks had also been assessed. For example, people's nutritional risks. One person who had been identified as being a high risk of weight loss had been reviewed by the GP and was being encouraged to eat snacks and have a fortified diet. People's moving and handling risks had been assessed and guidance given to staff as to how to safely support people to move. A member of staff told us they could respond to people's changing needs as they had an onsite trainer to review support in this area and implement additional safeguarding.

People told us they felt safe living at the home. One person told us, "You can't fault them (staff). They (staff) make you feel safe."

Systems and processes were in place to safeguard people from the risk of abuse. People told us they felt safe being supported by the staff team. Staff knew how to recognise and report abuse and training was provided to ensure they were up to date on practice. The registered manager told us how they had reported suspected abuse appropriately in order to protect people from possible harm..

People told us they felt there were enough staff to meet people's needs. One person said, "Staff come when I ring the buzzer." We identified however, that the increased support needs of one person were impacting on staffing levels and staffs' availability to respond to the support needs of others. Staff told us that more staff at night would mean they could be more responsive and during the day current staffing levels meant that people sometimes waited for support and monitoring of communal areas was sporadic. The registered manager had acknowledged this issue and was keeping records to demonstrate they needed more resources to ensure safe support.

People received support from safely recruited staff. Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. We saw staff provided two references. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

People told us the home was clean and well maintained. The registered manager told us how they overcame environmental issues to ensure people could wash their hands in communal toilets. We found however that it was not clear why wipes were in place as an alternative to hand washing. The wipes could only be effective if people were aware how to use them. The registered manager told us they will review this and take action to make alternative arrangements.

Is the service effective?

Our findings

At our previous inspection we rated the effectiveness of the service as requires improvement. The provider had not always ensured that care was being provided with the consent of the relevant person. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Consent. At this inspection we identified improvements had been made and at this inspection we have rated the outcome as good.

We reviewed the application of the Mental Capacity Act as part of our inspection. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. During our inspection we found that the service was working within the principles of the MCA and staff had received appropriate training. We saw that when one person's capacity to make key decisions was questioned the provider had referred this to the relevant agencies.

We checked whether authorisations to deprive people of their liberty had been made and that any conditions put in place were being met and they were. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Staff told us how they had made two referrals and were awaiting decisions on both referrals.

One person told us they were always asked permission before they were supported. They said, "It's up to you. You don't do what you don't want to do." The same person told us that sometimes they did refuse. The registered manager told us how they were working with this person to ensure they were making informed choices. Interactions seen on the day of our inspection reflected that people were fully consulted and staff told us they consulted with people prior to offering support and relatives also confirmed this happened.

We spoke with a senior member of staff who told us that the home's admission assessment was now more robust and formed the basis of the person's initial care plan. They told us that people were involved in this process meaning it could be more personalised to individual needs and preferences.

Staff told us they felt well trained. Staff said training was 'up to date' and that it reflected the work they did. The registered manager showed us a training matrix that identified more personalised training was being implemented to ensure staff understood the changing needs of people they supported. For example, one person now had a diagnosis of dementia and staff were undertaking dementia awareness training.

People were supported to eat and drink. One person told us, "The food is lovely." Another person said, "The food is wonderful." A relative said, "The care and the food is second to none." People's dietary needs were catered for and a senior staff member told us that more choices were currently being offered to reflect people's likes and preferences.

People were supported to receive regular health checks and visits to promote their ongoing good health. We saw how suggestions made by health professionals were implemented by staff. For example, after a period of weight loss one person was prescribed a fortified diet. Staff were aware of this and records reflected it. This was to ensure they could meet this person's needs and promote their good health. Staff told us they worked closely with health agencies to ensure people's needs were met. In particular staff spoke about having a good rapport with the local GP and district nurse. We saw how joint working had enabled them to meet the increased health needs of one person while they were arranging for this person to be reassessed.

Although we saw increased signage in place around the building, further improvement could provide more visual assistance to help people to orientate themselves and the registered manager was aware of this. The also told us how they are now looking to make the décor more dementia friendly.

Is the service caring?

Our findings

At our previous inspection we rated the caring within the service as requires improvement.

Information was not being stored securely. This did not respect people's right to have their personal details protected under the Data Protection Act 1998. This issue has now been resolved and data is being stored securely. At this inspection we have rated this outcome as good.

Everyone we spoke with told us they were supported by caring staff who treated them well. One person told us, "I love living here. They (staff) treat you well." Another person said "The girls (staff) are like family. They always do their level best." A staff member told us they loved their job as the home was 'full of fun and laughter'. They said everyone really cared for the people they support. Another staff member said, "The care is second to none."

People felt their privacy and dignity was respected by staff. Personal care and support took place privately to respect dignity and maintain confidentiality. Nobody raised any concerns about their privacy and people indicated that they were happy with this aspect of their care. People looked well presented in clean and matching clothes which upheld their dignity. The service had members of staff who were 'dignity champions' who had pledged to uphold people's dignity and encourage this of other staff members.

People told us they were given choices about their care. People's preferences in relation to when they got up and when they went to bed were recorded and one person told us they always went to bed when they preferred. We saw that care plans detailed little details such as how many pillows people liked and how people preferred their warm drinks. We spoke with a staff member who had been at the home for a long time and they demonstrated how they passed these little details on to newer staff who were just getting to know people. This ensured people were supported in ways that were important to them.

Staff promoted and supported people's independence and we saw examples of this at meal time. People were given time and sensitive support to eat their meals. People were not rushed and were spoken to quietly and discreetly when staff were discussing how they would like to be supported.

We spoke with one person who felt staff listened to their needs and wishes. Other people shared similar views in a general conversation. A relative had said communication could be improved in this area as they felt sometimes staff were not on hand to respond to requests for support when people were in communal areas. The registered manager had acted to address this issue by introducing mini bells to be used by people when in the communal areas. We did not see anyone with them to hand on the day of our inspection but people we spoke with said they didn't have to wait too long for assistance.

People who used the service were supported to follow their faith and cultural beliefs. The registered manager told us these were identified upon initial assessment and we saw these recorded in care plan. This meant that the registered manager could ensure staff were aware of people's individualised needs and promote them. The registered manager was also looking to add further details to assessments to document

any other needs relation to the individual such as their sexuality, for example. Staff were trained in equality and diversity and the staff we spoke with understood how they would protect people they supported from discrimination. We saw that 'equality strands' were reflected throughout the training matrix demonstrating that the provider was embedding good practice throughout the service and not reviewing equality as an isolated subject.

Is the service responsive?

Our findings

At our previous inspection we rated the responsiveness within the service as requires improvement. We identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person Centred Care because people's needs were not always known or recorded to enable staff to meet them effectively. At this inspection we identified improvements to care plans and to staff knowledge. However, activities were still not being planned and delivered regularly to ensure people were socially engaged and active.

People were not always supported to take part in regular activities to help reduce social isolation. People shared mixed views about the activities on offer. Some people expressed that they were not interested in participating in activities, others thought there could be more. One relative said, "They should do more with them. They [people who use the service] like to go out. Most of the time the TV is the only activity. It's just about keeping them motivated and minds active." Staff shared examples of activities that had taken place, although recognised these did not happen regularly. One person's care record stated they loved the interaction of the 'Pets as Therapy Dogs' and on the day of our visit people were visited by two dogs. This shows staff were trying to meet people's social activities but time restraints and the increasing support needs of people meant they could not prioritise this. The registered manager acknowledged that activities was an area where improvement was required. They said that within twelve months improvements have been made in this area and more were planned to ensure people could live full and active lives.

We found that changes had been made to care plans and they now detailed more personalised care. The two care plans we reviewed contained key information about health conditions and social history, preferences and care needs. We also saw individual preferences were recorded so staff could support people as they preferred. Staff were knowledgeable about the individual needs of the people they supported, this meant they could be more responsive to meet people's individual needs.

Changes to support plans were promptly responded to, to ensure care remained appropriate. Care plans were regularly reviewed although information recorded in the review section of the care plan was not easy to refer to and this could lead to confusion. The registered manager was reviewing this.

People's communication needs were met in line with the Accessible Information Standard. All providers of NHS and publicly-funded adult social care must follow the Accessible Information Standard (AIS). The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. For example, some information was in a pictorial format or available in large print.

People told us that they had not had cause to make a complaint but knew how to should the need arise. One person said, "I've never had to complain." Another person said, "No, no complaints here." A relative told us that they had shared concerns with the registered manager and was satisfied how they had been resolved. The registered manager told us how they were proactive when managing concerns and recorded issues and outcomes for ongoing monitoring.

At the time of our inspection, no one was receiving end of life care. However, we saw that some people had DNAR (Do Not Attempt Resuscitation) and advanced directives in place to detail their wishes in relation to when they would not be able to decide for themselves. This ensured people's wishes about the care they received at the end of their life had been considered.

Is the service well-led?

Our findings

At the time of our last inspection in February 2018 we found that the service was not consistently well-led and we had rated this domain as requires improvement. The provider had failed to ensure systems and processes were in place, to ensure the home was managed safely and consistently, and that people received safe care. There were several safety concerns at the home, including environmental issues, medicines issues and the lack of effective risk management which we identified during our inspection process. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. Improvements were required in relation to monitoring the quality of the service.

At the time of this inspection, we found the management of medicines was audited by the registered manager, however the frequency and the audit process was not robust enough to ensure that discrepancies with the medicines were identified and dealt with in an effective and timely manner. Our finding suggest that further improvement was required to the administration and the monitoring of medicines to ensure the process was safe. Other audits were more effective meaning the registered manager was aware of issues and trends.

Since the time of our last inspection a new manager has been appointed by the provider and has been registered with us. A registered manager is a person who has registered with the CQC to manage the service. Everyone we spoke with said that the new manager was making significant changes and improvements to the service provided. The registered manager was aware of the strengths of the service and the areas where improvement was required. All of the areas of concern identified at our last inspection had been reviewed and actions taken to improve. The registered manager acknowledged that there had been much work to do to ensure the home operated safely and effectively. We saw actions plans of how they had addressed issues. Comments from people and staff reflected improvements were happening.

Relatives had found the new registered manager approachable and staff spoke very highly of the support they received. One staff member said, "[The registered manager] is the kindest and most supportive manager I've ever had. She goes above and beyond." Other staff reflected this feedback.

People, relatives and staff had opportunities to be engaged and involved in the development of the service. There were regular resident and relative's meetings which gave people the chance to share their feedback on the quality of the service provided. The registered manager also carried out a monthly 'What you thought of us' survey and in November feedback was overwhelmingly positive reflecting changes that have taken place within the service.

Feedback via questionnaires was also positive and the registered manager had identified areas where further improvement was required as a result of these. For example, activities were identified as an area where improvements had been made but more were required.

Staff told us that the registered manager was very supportive both professionally and personally. Staff were actively involved in the development of the service and we saw that regular staff meetings took place where

opportunities to share any concerns and feedback were available. For example, we saw that a new initiative was being developed that would enable closer working between staff and health services. The deputy manager reflected how this had already meant that people received a quicker response when their health deteriorated.

Staff told us they felt supported in their roles and comfortable to approach the management with any issues. Staff were encouraged and supported to take lead roles within the home including an infection control lead and a dignity champion. This showed that the provider and registered manager engaged people and staff in the development of the service.

The registered manager also felt well supported and told us that additional support was now available. They felt they had autonomy to make changes and was positive about the changes to the home in the last twelve months. Changes were described by staff as being 'massive.'

Notifications were received of incidents that occurred at the service, which is required by law. These may include incidents such as a death of a person who used the service or events that stop the service running as usual. The registered manager had notified us appropriately of incidents to demonstrate they were open and transparent in sharing information about these incidents.

We saw that the previous inspection rating was on display in the office which is a legal requirement.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found that the registered person had not provided care and treatment in a safe way for service users. Medicines were not always safely managed.</p>

The enforcement action we took:

MRM to decide action