

Wilbraham Limited

Wilbraham 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?

Good 

Overall summary

We inspected Wilbraham House on 10 March 2015. The inspection was unannounced.

The provider is registered to provide accommodation and personal for up to 33 people. This includes care for people with physical needs and dementia care needs. At the time of our inspection, 32 people used the service.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

At our last inspection of the service on 22 September 2014, the provider was compliant against the Regulations we inspected against.

The provider did not have suitable arrangements in place to effectively support people who lived with dementia.

Summary of findings

People were not always supported to engage in activities and hobbies of interest. The provider did not always ensure that people were engaged in activities they enjoyed.

People were protected from the risks of abuse because staff understood what constituted abuse and took action when people were at risk of abuse. There were appropriate numbers of staff employed to meet people's needs. People's care needs were planned and reviewed regularly to meet their needs.

People were cared for by staff that had the knowledge and skills required to care and support them. Staff had received training to enable them to provide care safely, and received regular supervisions to support them to carry out their roles and responsibilities effectively.

Legal requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were followed when people were unable to make certain decisions about their care. This meant that people's liberties were not restricted inappropriately. The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate; decisions are made in people's best interest.

People told us they liked the food and were supported to eat and drink adequate amounts. We saw that people were offered a choice of food during meals. Other health care professionals visited the service regularly to provide additional healthcare services to people. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People were cared for and supported by staff who knew them. People told us the staff were kind and treated them with dignity and respect. People's care was tailored to meet their individual needs. Care plans detailed how people wished to be cared for and supported.

People who used the service, their relatives and the staff were very complimentary about the registered manager of the service. They told us the registered manager was always available and was approachable. They were encouraged and supported to provide feedback on the service. The provider had effective systems in place to review the quality of the service provided.

Summary of findings

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 safe.

People were protected against the risk of abuse because staff were able to recognise abuse and took appropriate action when it was suspected. People had risk assessments and care plans to guide staff on how care should be provided. There were adequate numbers of staff to meet people's needs. People's medicines were managed safely.

Good



Is the service effective?

The service was not always effective.

People who lived with dementia were at risk of receiving inconsistent supported. The environment was not suitably adapted to support the needs of people who lived with dementia. Staff obtained consent before care was provided. Legal requirements of the Mental Capacity Act (MCA) 2005 were followed when people were unable to make certain decisions about their care. This ensured that people's liberties were not restricted inappropriately. People who presented with behaviours that challenged were well supported by staff. A variety of food and drink was available and people were supported to maintain a healthy and balanced diet.

Requires Improvement



Is the service caring?

The service was caring.

People told us and we saw staff demonstrated kindness and compassion when they provided care. Staff knew people's needs and provided care in line with people's preferences and wishes. People were treated with dignity and respect and were supported to express their views about their care. Their views were listened to and acted upon.

Good



Is the service responsive?

The service was not always responsive.

People who needed support in pursuing their activities and hobbies of interest were not always supported to engage in the activities they enjoyed. People's care plans were person-centred and their individual needs were identified and responded to. People were supported to maintain their independence. The provider responded effectively to people's complaints about the service.

Requires Improvement



Is the service well-led?

The service was well-led.

Good



Summary of findings

The provider promoted an open culture within the service and supported staff to carry on their roles effectively. The provider had effective systems in place to monitor the quality of the service provided. The registered manager was available and people told us they were approachable.

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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, 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 10 March 2015 and was unannounced. Two inspectors and an expert by experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who used this type of care service. The expert by experience who undertook the inspection had personal experience of caring for someone who used this type of care service.

We reviewed the information we held about the service. Providers are required to notify us about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and additional information we had

requested from the local authority safeguarding team and local commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

We observed how care was provided and carried out a lunchtime observation to see how people were supported during meals. This helped us understand people's experiences of care.

We spoke with 10 people who used the service, four relatives, five staff members, four professionals who visited the service, the registered manager, the deputy manager and the provider of service.

We looked at four people's care records to help us identify if people received planned care and reviewed records relating to the management of the service. These records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe and protected from harm. One person who used the service said, “This is a place of safety. I feel safe here”. People said they would not hesitate to raise concerns if they were unhappy about how they or other people were being treated. One person told us they would report to the manager if they observed anyone being treated badly by staff, but that they had never witnessed this. Relatives we spoke with told us that they felt that people were protected from harm. Staff had received training in recognising and understanding what constituted abuse and were able to give us examples of these. They were also able to tell us what actions they would take if they suspected abuse.

People told us that they felt protected from harm because the premises were secure. A relative commented, “You know when you walk in that it’s safe. They make sure the place is secure. Not just anyone walks in”. Surveillance cameras were used only in communal areas. The registered manager said, “It’s used more for security to see who has come into the building. It came in handy during a safeguarding investigation when someone fell in the lounge”. We saw that the use of the cameras did not replace staff presence in communal areas to ensure that people remained safe. CCTV recordings were stored and destroyed in line with data protection regulations.

People had risk assessments and management plans in place. Reviews took place to ensure that people’s current needs were met appropriately. One person was cared for mainly in bed due to their deteriorating health. We saw that staff carried out regular checks on the person in line with their care plan and maintained records of when the checks were carried out. The person had been identified as being at high risk of fall. We saw risk assessments and management plans were in place to ensure that they remained safe. Bed sides had been provided to protect the person from falling out of bed and necessary assessments had taken place to ensure that the bed sides were used appropriately. The provider maintained records of the person’s falls and we noted that there had been a decrease in the number of reported accidents after measures had been put in place to prevent them from falling. These showed that the provider had taken appropriate steps to ensure that the person remained safe.

The service had a pet dog. We saw the dog was well behaved and trained. People responded positively to its presence and told us they liked having the dog around. We saw that risk assessments had been carried out to ensure that the safety of people who used the service was not compromised.

People who used the service and staff told us that there were enough staff with the right experience to meet the needs of people who used the service. People told us that they did not have to wait for long if they needed assistance. A relative commented, “There are always staff around”. Professionals who visited the service told us that staff were always available to provide people with support and usually accompanied people when their care was being reviewed. The registered manager told us the service had a good history of retaining their staff and some of the staff we spoke with told us they had worked at the service for several years. Apprentices and volunteers were also used at the service. The manager told us they were not counted in the staffing numbers. One apprentice told us they spent time talking with people when care staff were engaged in providing care. This ensured that people were not left for long periods without interaction or left unattended for long periods. There was always a member of staff in the lounge area to ensure this and to provide people with assistance. We observed that staff responded promptly to call bells. This ensured that people did not have to wait for long to get help when they needed it.

People’s medicines were administered safely. The staff member administering medicines wore a tabard which indicated that they were in the process of administering medication. This was to ensure that they were not interrupted during the process by other staff or visitors, unless absolutely necessary. This was meant to ensure the risk of error was minimised during the medicine administration process. We saw that staff explained to people what their medicines were for and ensured that the medicines were taken before they left the person be certain that the medicine being taken safely.

One person’s medicines were administered covertly. This meant the medicines were disguised in their food or drink because the person usually refused to have them, but the person needed these medicines in order to stay well. A staff told us that the decision to administer the medicines covertly had been discussed and agreed by a team of professionals for the person’s best interest. Records we saw

Is the service safe?

confirmed this. Staff had also sought professional guidance on the suitability of the medicines to be administered covertly. The professional commented, “The reason I came today is because they staff asked for advice regarding a medicine they had been told could be crushed. One of

them couldn't be crushed, so it's a good job staff asked me. They always consult with me; They are very good. All records are complete”. This showed that they person's medicines were administered safely and in line with best practice guidance.

Is the service effective?

Our findings

Some people who used the service were living with dementia which meant that they sometimes experienced periods of confusion, disorientation or communications difficulties. These could cause them to become anxious. A relative commented, “[Person’s name] keeps wandering into other people’s bedrooms looking for their relative who passed away. They’ve [staff] told us not to keep reminding them [Person’s name] that their relative has passed away. They [staff] keep telling [Person’s name] their relative has gone shopping”. A staff member told us, “We sort of divert [the person] because we don’t know how it’s going to affect them if we keep telling them that their relative is dead. Some staff say something different from others. I think it’ll be helpful to have pointers, if everybody’s saying something different, it could even confuse them more”. This showed that staff did not always have the skills to communicate and support the person effectively when they experienced periods of confusion.

We saw a whiteboard in the dining area which had information of the staff on duty that day, the day’s menu, the season of the year, the day, date and year. This was to help keep people who used the service oriented to time and place. We saw that communication aids were not always available to aid recognition for people with dementia. Pictures were not used to demonstrate to people what food was on offer. A staff member commented, “We started a dementia picture book but we didn’t continue with it. That’s something we can improve on”.

We saw that bedroom doors and numbers were all the same colour. Colour scheme differentiation can enhance the environment for people who are living with dementia. Bedroom doors were not personalised to enable people to recognise their rooms. A staff member commented, “Ideally, we need to improve with the visual signs in the service and having more memory corners for the residents”. The registered manager told us that making the environment, dementia friendly was in the services’ development plans and the provider had started making renovations. They said, “My biggest challenge is to support the home with developments around dementia. We know we’ve got to improve things and everyone’s committed to improving support for people with dementia”.

People who used the service and relatives told us that they felt that the staff understood their needs and had the skills to provide them with care and support. People had key workers responsible for their care. This was to ensure consistency in how people’s care was managed and provided. Staff we spoke with told us they had worked at the service for several years and said that they knew the people well and understood their needs. A professional we spoke with told us staff always provided them with relevant information relating to people’s care and treatment. They told us that the staff knew the people who used the service well. People received an assessment prior to being admitted in order for the provider to determine if their needs could be met by the service.

People told us, and we observed that staff obtained consent from them before they engaged in activities with them or provided care. When people did not have capacity to make certain decisions, capacity assessments were carried in order to identify decisions that could be made in their best interest. We saw that people’s capacity assessments were reviewed regularly to check for any changes. This was to ensure that the rights of people who were unable to make important decisions about their health or wellbeing were protected.

We saw that the provider followed legal requirements to deprive some people of their liberty. This was because these people were unable to make certain decisions for themselves and it was necessary for their liberty to be deprived to maintain their safety. Staff we spoke with knew why these people’s liberties had been deprived. A staff member commented, “If people want to go out, they can, but I’d make sure they are safe first”. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate; decisions are made in people’s best interests when they are unable to do this for themselves. Staff we spoke with told us they had received training on the MCA and the code of practice relating to the DoLS and gave us examples of when these requirements were applied.

One person sometimes experienced periods of anxiety and required additional support from staff. Staff told us how they used distraction techniques and sometimes took the person out on walks to alleviate the person’s anxiety. The person was encouraged to spend time with the service’s pet dog because staff had identified that the person liked the dog and the presence of the dog had a calming effect

Is the service effective?

on the person. The person told us, “He’s [pet dog’s name] lovely, he’s gorgeous, he’s beautiful, he’s the best”. The registered manager told us, “He’s [pet dog’s name] a good distraction for [Person’s name]. They [person] looks for him early in the morning”. This showed that the provider had identified how to prevent and/or manage the person’s anxiety.

People told us and we saw that they were given sufficient amounts of food and drink. People told us they liked the food and felt that it was of good quality. One person who used the service commented, “The food tastes like home-made food”. A relative said, “It is good quality food. It’s not just thrown together”. We saw that staff ensured that a person who was cared for in bed had a jug of fresh water at all times. We saw that staff checked on the person regularly and supported them to eat and drink adequate amounts. We saw that records were maintained of the person’s food and drink intake. A staff member said, “I know they [person name] is drinking because that jug of water was full this morning. [Person’s name] eats and drinks very well. They [person] like their food”.

During meals, we observed that people were offered a choice and they could choose to eat where they wished to, although a majority chose to sit in the dining areas provided. One person told us they preferred to eat in the lounge area because it was quieter there. We saw that

people were encouraged to eat independently, but support was offered to people who were wanted. We saw some people needed assistance with cutting their food up to make it easier to eat. We noted that the atmosphere was pleasurable during meals.

Other professionals were involved in providing people with care and treatment. Referrals were made to health professionals. A GP visited the home regularly to review people’s healthcare needs. We saw that other health care professionals also visited the service regularly to ensure that people received appropriate care that met their needs. One professional told us that staff always took their advice and followed the recommendations they made. They said this was because people’s health improved. This showed that that people had access to other healthcare services when they needed it in order to remain well.

The service supported people to maintain healthy lifestyles. A staff member told us, “I’m taking [Person’s name] to a new local café. It’s a straight walk and it’s a bit of exercise for them”. The registered manager told us, “[Person who used the service] is a smoker and we’re working with them and their family to get them to stop smoking. [Person’s name] has now accepted to having nicotine patches and they have a smoking cessation programme in place. “We’re trying not to have any smoking here. That’s what we strive to do”.

Is the service caring?

Our findings

People told us that staff were nice and treated them kindly and we observed this. We saw people were hugged by staff when they came to them for reassurance or support. One person told us that they always returned to the service for respite care (short-term care) because they liked the home and the staff were very nice to them. A relative commented, "Staff are very nice to [Person's name]. They make nice comments to them. They're very patient and quite polite". Another relative said, "They're [staff] just very nice people. They are always obliging. I'm not sitting at home worrying how [Person's name] is. I know they are well looked after here".

We saw that the environment was calm and staff were not rushed. Staff took their time when supporting people around the facility with their mobility. People were clean and dressed appropriately for the time of the year. A relative commented, "[Person's name] is warm and well-fed; They have got a nice room to themselves and if anything happens, they'll be on the phone to us straight-away". Professionals we spoke with told us that staff were caring. One professional said, "I quite like the home; They [people who used the service] all seem settled. You don't see people wandering about. Care is good and the staff are always helpful".

People's bedrooms were personalised and people were encouraged to bring items that provided information about their families, past histories and their hobbies. People told us they enjoyed sharing their past experiences with staff. The registered manager told us that apprentices were encouraged, as part of their training to spend time with people to obtain their life histories and how they wished to receive care. Relatives told us they were invited to take part in people's reviews so that their views could be obtained about how they wished their relatives to receive care.

People told us that they were treated with dignity and respect, and we observed this. Prior to and after lunch, staff asked people discreetly if they wanted to go to the toilet. We saw that staff knocked on people's bedroom doors and waited before they entered the room. A professional told us that staff always ensured that the door was locked when people received care in the clinic room. Two relatives told us that staff always spoke nicely to their relative and sometimes took them [person who used the service] to a calmer environment to help them calm when they appeared to be anxious. This ensured that their dignity was maintained during these periods.

Is the service responsive?

Our findings

One person commented, “Some days merge into each other as not much is going on here”. The provider had a designated person responsible for activities. We saw that one person received more attention from the activities coordinator than others because they were anxious and constantly needed reassurance. We noted that during these periods, the activities coordinator engaged in a variety of activities with this person to manage their anxiety. The activities persons commented, “I had activities planned but I have had to cancel them as I have had to spend time with [Person’s name]”. This showed that people who needed support or prompting from staff to engage in activities and hobbies of interest did not always get the support they required when they needed it to minimise boredom.

People received comprehensive assessments of their health and social care needs to ensure that the service was suitable and could meet their needs. People who used the service told us they were involved and supported in planning their care. One person said, “The staff ask me what I want. They already knew about me before I came here, from the District Nurses. They asked me about what I wanted when I came in”. People’s individual needs were reviewed regularly and arrangements put in place to respond to concerns. The registered manager told us a system described as, “The un-well service user” was used to rate people’s care needs in response to identified concerns. Supplementary care plans were put in place and kept in the person’s bedroom so that all staff remained aware of the concerns and ensured that the person received care as planned.

People were encouraged to personalise their bedrooms. A relative told us, “They [the registered manager] told us we could bring [Person’s name] own things, so we’ve brought their own chair, TV pictures and photos”. Another relative told us the service had bought a special bed for their relative when they needed it and they were very pleased. One person who used the service told us they preferred

having breakfast in their bedroom and a cup of tea whenever they liked. They told us they mentioned it to their key worker who arranged for them to have a toaster and a kettle provided in their bedroom. This showed that staff had responded to support these people to receive care in the way they preferred.

The service supported people to maintain their faith beliefs. People told us that they were supported to attend church when they wished to. A staff member told us a church service and a bible group took place every month at the service, organised by the local church. The registered manager told us one person was supported to go to their place of worship on a regular basis. The person had done this weekly for several years with support from people at their place of worship.

One person told us they went out to the local shops and went out two to three times a week with a carer. Another person told us they enjoyed the exercise classes which took place at the service as this kept them active. One person reading a book and another completing a word search. The person completing the word search said, “You have to keep your mind occupied”. People were observed walking within the premises independently with their walking frames. This showed that people were supported to be independent.

People who used the service told us they would approach staff if they had any concerns and they felt that their concerns will be dealt with appropriately. They told us they had not had any reason to complain about the service they received. One person said, “Staff are excellent. I’ve got no complaints”. Two relatives told us that the only complaint they raised related to the laundry being mixed up or late, and the registered manager was dealing with these. The registered manager confirmed that most of the complaints they had received were about laundry arrangement at the service. They explained to us the arrangements put in place to deal with the laundry concerns. We saw records of complaints made, which were mainly about laundry arrangement and saw that he concerns and complaints were responded to. This showed that people’s concerns and complaints were dealt with appropriately.

Is the service well-led?

Our findings

People told us that they felt comfortable expressing their views directly to the registered manager about the service and were confident that their views were taken on board. The provider had obtained the views of people who used the service and their relatives about the need for a pet dog in the service. Feedback showed that people were largely in favour of having a pet dog in the service as this would benefit the people who used the service. The provider acted on the views of the people and took steps to ensure that it was safe for the pet dog to be at the service. A staff member said, “They [the provider] listen to what you say. We suggested themed nights and they started these. It went down well with the resident’s and we are planning more.” The registered manager told us, “The directors are very good. We meet weekly and go through the weekly reports to identify what we need to do. The development plans are discussed in the weekly meetings”. This showed that the provider had systems in place to encourage people to express their views and took action to respond to suggestions made.

The service maintained close links with the local community. Children from a local school visited the home regularly to sing to the people who used the service and engage in arts and craft activities with them. The registered manager told us that people looked forward to the visits. Social events and fund raising events were organised at the service and people in the local community were invited. Funds raised were used to fund projects in the community such as the refurbishment of the children’s playground in a local park.

All the people knew who the registered manager was and told us that they were always available. People told us that could approach the registered manager if they had any concerns. A person who used the service commented, “[Registered manager] a nice person. They come around to chat and find out how things are. [Deputy manager] isn’t

bad either”. A relative commented, “The staff and the manager are good and it’s great that they listen to you. We can approach them for anything”. A professional told us the registered manager maintained a good working relationship with them. They told us they could raise any concerns with the registered manager and appropriate action was always taken.

The registered manager understood their legal responsibility. They ensured that the local authority’s safeguarding team and we were notified of incidents that had to be reported, and maintained records of these for monitoring purposes. The registered manager demonstrated a good understanding of their responsibilities as a registered person.

The provider carried out regular reviews in the form of service user, relative and staff meetings and feedback surveys. We saw minutes of recent meeting and analysis of recent feedback surveys which indicated that quality reviews took place. We noted that comments had been made about the need for the premises to be redecorated and for some refurbishments to take place. We saw that the provider had begun carrying out refurbishment and this was monitored by the registered manager.

A deputy manager supported the registered manager in the management of the service. The provider was well known by people who used the service and visible in the management of the home. They were present during the inspection.

The provider had effective systems in place for monitoring the overall quality of the service. Some of these included, care documentation audits, nutrition, safeguarding, falls and mobility, infection control, skin integrity and maintenance audits. Service risk assessments were carried out and actions put in place when concerns were identified. We saw records audits that had been carried out and noted that where concerns had been identified, the provider took action to deal with them.