Wilsmere House

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Inspection report

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Date of inspection visit: 4 August 2014
Date of publication: 25/03/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

Wilsmere House is part of Barchester Healthcare Homes Ltd and is a nursing home for up to 87 older people, some of whom have dementia. At this inspection there were 85 people using the service.

This was an unannounced inspection. The service was last inspected in February 2014, and was found to be meeting the regulations we inspected.

The service had 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

Summary of findings

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 living at the home told us they felt safe living there. Staff understood how to safeguard people they supported. The registered manager and staff had received training on safeguarding adults, the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA).

The provider did not always have sufficient numbers of suitably qualified, skilled and experienced staff in order to meet the needs of people. The provider relied on agency staff and moving staff across units to cover for vacant posts and staff absences. We saw that at times agency staff did not arrive on time or did not turn up for shifts, which meant people who were on one to one care did not always receive this level of care.

Staff understood people's needs and we saw that care was provided with kindness and compassion. People's relatives told us staff were kind and caring, which we observed during this visit. We saw staff treated people with respect and dignity.

All staff had undertaken the required training and where necessary refresher training had been booked to keep their skills up to date and to ensure that the care provided was safe and effective to meet people's needs.

The registered manager and staff considered families as a valuable source of information, with a role to play in care decisions. We saw from people's care records that families were involved in people's care where appropriate. Overall, their views were respected and acted on.

The registered manager demonstrated an understanding of their role and responsibilities, and staff told us they felt well supported. There were systems in place to monitor the safety and quality of the service provided. The manager encouraged feedback from families and other stakeholders, which they used to make improvements to the service.

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?

Requires Improvement

Aspects of the service were not safe. The provider did not always have sufficient numbers of suitably qualified, skilled and experienced staff in order to meet the needs of people.

People informed us that they were well treated and they felt safe in the home. Staff were aware of safeguarding procedures and knew how to report any concerns or allegation of abuse.

There were arrangements in place to meet the requirements of the MCA code of practice and DoLS.

There were suitable arrangements for the safe, storage, administration and disposal of medicines in the home.

Is the service effective?

Good

The service was effective. Staff had received appropriate training to ensure they had the skills and knowledge to care for people.

People were provided with a variety of food and drink, and given appropriate assistance with meals where required.

People were supported to attend appointments with healthcare professionals and staff sought medical assistance when people were unwell.

Is the service caring?

Good

The service was caring. Staff treated people with kindness and compassion, dignity and respect.

People said staff listened to them and told us that their suggestions and preferences had been responded to. Where people were unable to make decisions the service worked with advocacy services to support people

People were encouraged and supported to maintain and increase their independence and the service provided people with a supportive and enabling environment.

Is the service responsive?

Good

The service was responsive. People and their relatives were appropriately supported to make decisions about their care.

People informed us that staff were helpful and responsive to their needs. Care plans were person centred and took account of people's preferences and choices.

The home had a complaints procedure and people were aware of who to talk to if they had concerns. Complaints were responded to appropriately

Summary of findings

Is the service well-led?

Good

The service was well-led. People's relatives and staff informed us they were satisfied with the management of the home. They felt free to raise concerns and report any issues.

There were systems in place to ensure that the quality of the service was assessed and monitored. We saw these resulted in improvements to service delivery.

Wilsmere House

Detailed findings

Background to this inspection

We carried out an unannounced inspection on 4 August 2014. The inspection team consisted of an inspector, dementia specialist and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection visit, we reviewed the information we held about the service, including a Provider Information Return (PIR) the provider had completed. 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.

During the inspection visit we spoke with eight people using the service, relatives, 11 staff members and three members of the provider's management team. We looked at eight care records and nine staff records which included recruitment information. We also observed how staff interacted with the people who used the service.

We were not able to speak to all people using the service because some of them had complex needs, which meant they were not able to tell us their experience. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the MCA was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

The provider did not always have sufficient numbers of suitably qualified, skilled and experienced staff in order to meet people's needs. As of June 2014, the provider had 27 staff vacancies. By the time of this inspection on 24 August 2014, the provider had filled 10 vacancies. We looked at the recruitment tracker and saw that the provider had interviewed for the remaining 17 vacant posts and was waiting for references and other checks that were required before staff could commence work. The registered manager told us "We are experiencing difficulties recruiting high calibre of staff and believe this to be the issue across the industry." We found the provider had relied on bank staff and moving staff from less busy units. However, we saw this was not sufficient to provide cover for the vacant posts and staff absences. For example, we saw that at times booked agency staff did not arrive on time or did not turn up for shifts, which meant people who required one-to-one care did not always receive this level of care. A relative told us, "Every so often there is agency staff and they don't know my relative well." This view was also supported by some staff, with one stating, "Work is too much. We do not have enough staff."

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People living at the home told us they felt safe. One person said, "I have known this home for a long time, and I do feel safe. I've never seen anything like abuse or cruelty from the staff."

The provider had a safeguarding policy and procedure in place and records confirmed staff had received safeguarding training. Staff were able to give us examples of what constituted abuse and knew what action to take when responding to allegations or incidents of abuse. All staff spoken with stated they would report allegations of abuse to their manager in the first instance and were also aware of when to use the 'whistleblowing procedure'. Staff were aware that they could report allegations of abuse to the local authority safeguarding department and the Care Quality Commission (CQC).

The care needs of people who used the service had been carefully assessed. Risk assessments were undertaken to identify risks to people who used the service. Where risks were identified management plans were in place to minimise these. For example, people's care records contained completed risk assessments for falls, moving and 'handling and choking, among other areas. Call bell assessments had been carried out to ensure people using the service were able to use and access their bell. Where people were unable to use call bells, we saw staff checked them hourly and a record of this was kept in their rooms.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) code of practice and the Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. DoLS provide a process of determining whether individuals can be lawfully deprived of their liberty to keep them safe. This process was explained to us by the manager. At this inspection the registered manager was in the process of making applications to gain authorisation for relevant people in response to the Supreme Court ruling that widened the scope of this legislation. Where people had been assessed as not having mental capacity to make decisions, the registered manager and staff knew the process to ensure decisions were made in their best interests. We saw that mental capacity assessments had been completed in relation to Do Not Attempt Resuscitation (DNAR) agreements. Equally, other capacity assessments had been completed and documented according to the requirements of the MCA. In one example, a person who preferred a particular arrangement of support had this recorded in their care plan and their family had signed the person's risk assessment and capacity assessment in support of this person's interests.

People's medicines were managed in a way that ensured people received them safely. People's medicines were recorded on their medicines administration records (MAR) and we found no omissions in recording administration and when we checked stocks we were able to confirm medicines had been given as prescribed. Regular audits took place to ensure that staff administered medicines correctly and kept accurate records. Medicines that needed to be kept refrigerated were stored in a separate, locked fridge. The fridge temperature was checked daily to ensure it was within acceptable parameters. Staff told us and records confirmed that they had received training in the management of medicines. They told us that they were not permitted to administer medicines until they had attended training and said that they always administered medicines in pairs.

Requires Improvement

Is the service safe?

Accident and incident forms were completed. These were reviewed by the manager to ensure appropriate action had been taken and plans put in place to minimise recurrence. For example, during this inspection we were informed of a medicines error that had taken place prior to our inspection. In response to this incident the provider had followed their protocol to ensure the person was safe. An investigation of the incident was undertaken, which led to actions for learning from the incident.

The service employed safe recruitment practices and pre-employment checks were undertaken before staff commenced work with the provider. We saw that personnel records contained relevant documentation including, two references, criminal record checks, proof of identity and address, along with documents confirming the right of staff to work in the United Kingdom.

Staff received training as part of their induction about what to do in the event of an accident, incident or medical emergency. We were told that a senior member of staff was on call 24 hours a day to advise and support staff in the event of an emergency. We saw from the rota that there was always a senior member of staff on site.

Good

Is the service effective?

Our findings

People who used the service told us that they were well cared for and said that staff were helpful. One person receiving care told us, "On the whole, staff are good at their job." Another person said, "Staff do their best." Asked if they had enough to eat and drink, another person explained they did not have a great appetite but said staff were good and always encouraged them to eat and said that if the menu did not suit "Staff will do their upmost to get me something", also adding, "I am a slow eater and they leave me to it. I am not hurried."

Staff personnel records showed they were qualified for their roles. Most staff had received training in topics relevant to their roles such as manual handling, dementia, infection control, and health and safety. The service had an induction training programme each staff member attended prior to commencing employment. The manager explained this was to ensure that staff had the skills and knowledge to effectively meet people's needs. Staff told us they had received adequate support and regular supervision. This was evidenced in the staff records we looked at. We saw that regular supervision and annual appraisals had been carried out.

People told us they were supported to access health and other services in a timely manner when they needed to. We saw that referrals had been made to physiotherapists, podiatrists, a dietitian, and tissue viability nurse for relevant investigations and support when staff had noted a change in people's health and wellbeing. Appointments were recorded and followed up. We saw that staff were aware of people's health needs and knew how to respond to these. Staff followed guidance provided by healthcare professionals to ensure that people's needs were met. We saw that a GP visited the service at regular intervals.

People spoke positively about the quantity and quality of food served. They told us they would get an alternative meal if they wanted. One person told us, "They give you plenty of food and it's nice and hot." The food served looked appetising and hot. There was a choice of main courses and vegetables on offer. Staff provided people with assistance to eat. People were supplied with drinks throughout the day.

People had an initial nutritional assessment completed on admission to the home. Care plans were developed for people who were at risk of malnutrition. People's weight was monitored regularly, and specialist support sought to investigate weight loss when this was a concern. For example, in one person's care plan we saw fortnightly weight checks were taking place as recommended by the dietitian. The menu plan was colour coded to indicate the level of nutritional risk to people. People at risk of choking had received specialist input from speech and language therapists and plans were in place to manage this risk.

We saw 'good practice guidance' to support the provision of high quality care for people fed via Percutaneous endoscopic gastrostomy tube (PEG); this is when someone is fed directly into their stomach when oral intake is not adequate. We saw their feeding plan, which had been developed by a nutritionist and staff followed this. Staff received regular training on tracheostomy. This ensured they were able to support people who had a surgical procedure to create an opening in the neck at the front of the windpipe. A clinical nurse specialist visited the provider on a regular basis to provide PEG training for staff.

Good

Is the service caring?

Our findings

People told us that staff were "pleasant" and "caring". One person said, "I do think staff are caring. My main carer is very good." Another person reflected on the care that was given to another person, whose behaviour at times challenged the service and said, "Staff are very kind. I have never heard them shout or say an unkind word at [this person.]" When asked if staff were caring, a professional told us they would be happy for their relative to be looked after at the home.

Some people living in the home were unable to tell us about the care they received. Instead, we spoke with their relatives who were satisfied with the level of care provided. Relatives we spoke with mentioned the kindness and patience they observed from staff. They told us staff were caring.

We observed caring and respectful interactions between staff and people using the service. . Staff understood people's needs, their daily routines and interests. People were encouraged and supported to maintain and increase their independence and the service provided people with a supportive and enabling environment. For instance, we saw that items had been placed throughout the communal areas to provide orientation to people with dementia. There were memory boxes and landmarks with gardening themes, including ornaments of plants, wellington boots and bunting. Landmarks like these were used to help people with dementia navigate their environment. There were clear signs on toilet and bathroom doors to help people find their way. We saw people were free to walk about in the home.

We saw from people's care records that their families and representatives were involved in their care. Systems were in place for involving advocates to represent people's views. We saw advocacy leaflets in the reception area and on boards in each unit. The registered manager told us the service sought assistance from Independent Mental Capacity Advocates (IMCAs) to support decisions about healthcare when people did not have the capacity to make these decisions. All staff spoken with demonstrated a good knowledge and understanding of people's individual needs, preferences and past histories.

We observed staff talking to people about their interests and people responding positively. In one instance, we heard the activities coordinator asking people, "What would you want to do next week?" This prompted positive responses from people, who went ahead with choosing activities for the following week. We observed staff informing people of what they were doing when supporting them, and they asked for permission before completing any task. One person receiving care told us, "Staff tell you what they are going to do. They don't just do it."

People's privacy and dignity were respected and promoted. We observed that people were dressed appropriately and were well cared for. Staff sat at people's level and interacted with them throughout. We also observed that staff always knocked on people's doors for permission to enter and always closed doors or curtains when supporting people with personal care. One person told us, "Staff always know to knock and close the door after them."

Good

Is the service responsive?

Our findings

People were happy with the level of care they received. One person told us, “On the whole staff are good at their job. If I need to see a GP staff would organise.” A relative told us, “Appropriate referrals are made to professionals. The GP is in regularly.”

Before people started using the service, their health and social care needs were assessed to ensure the service was suitable and could meet their needs. The assessments contained details of people’s background, care preferences, choices and daily routines. These were up to date and had been regularly reviewed with people and professionals involved in their care.

People told us they received appropriate healthcare support. There were care plans that covered people’s individual needs. For example, a person who was at risk of choking had a tailored care plan for this. This was comprehensive and listed likely signs and symptoms. In another example, an additional care plan was available for a person who had an infection. The infection care plan was comprehensive and listed the equipment staff needed to support this person. We saw aprons, hibiscrub and yellow bags for disposal in this person’s room. The same person had lost some weight and the care plan reflected dietary requirements and a referral to the dietitian.

Care plans included people’s likes and dislikes and contained specific guidelines for how people wanted their care delivered. People felt their consent was asked for and said they were consulted about their day to day care. Care plans were reviewed at least monthly and amended if necessary. The care plans were person centred and daily evaluations were completed that were linked to people’s care plans.

‘Residents meetings’ were scheduled monthly, and relatives meetings were arranged quarterly. Records showed changes were made to the service as a result of people’s feedback. In one example, dinner forks had been ordered in response to a request and in another, we saw an improvement plan to build more communal areas within one of the units. The registered manager told us that this had been identified as a need to be sensitive in supporting people using PEGs who would have been in the same dining room with other people who did not use PEGs during meal times.

People told us that staff consulted them about their day to day care. People were involved in outdoor activities. At this inspection there were visitors around the home throughout the visit. They spent time with people in the garden or their room. We saw during this visit one person had a birthday and staff and family attended a tea party.

There was a complaints procedure. People were supported to raise concerns and complaints were responded to appropriately. We looked at the complaints folder and saw that complaints were documented and included the provider’s response and outcomes and learning were noted. We saw that the provider had taken appropriate action in response to complaints. People felt that if they did have any concerns they would raise them with the nurse in charge.

Good

Is the service well-led?

Our findings

The service had an open culture and encouraged people's involvement in decisions that affected them. People who used the service, relatives and staff told us the manager was available and listened to what they had to say. Staff told us they could easily raise any concerns with their manager, knowing these would be acted on. They told us the registered manager was open and approachable.

The provider did not always have sufficient numbers of suitably qualified, skilled and experienced staff in order to meet people's needs, however, there was evidence the manager was actively recruiting to minimise impact.

Staff told us the registered manager was open to suggestions about how the service could be improved. We saw evidence of regular staff and 'residents' meetings. These showed staff and people using the service were able to discuss issues openly, including how the service could be improved. We saw a five year service improvement plan, which the manager told us staff and people using the service had contributed to. This covered refurbishments of the home, including the installation of ensuite bathrooms. We saw that some of the refurbishment work was underway.

Staff were aware of the organisation's vision and values. Staff were knowledgeable about their roles and responsibilities. Staff told us that values were a regular part of staff meeting discussions. They commented positively on the need to encourage people to be more independent and exercise choice. We saw that people using the service were involved in developing the service, particularly concerning activities and menu planning.

The provider had systems to monitor the quality of the service. This included checking the quality of care records, infection control, incidents and accidents, nutrition, medicine management, and environmental health and safety audits. Where shortfalls were identified from these checks we saw corresponding action plans. For example, in an audit that was conducted in July 2014, it was noted that some choking risk assessments had not been completed and reviewed in a timely manner. As a result, an action plan had been put in place to address this. In another example, medicine competency assessment training had been booked following a quality audit review.

The provider had clear procedures for reporting and investigating complaints, safeguarding concerns and accident and incidents. We saw a record of these and any subsequent action following investigations. Staff were knowledgeable about the procedures. The manager told us that the outcomes of investigations were always discussed with staff to ensure any learning was used to improve practice. For example, we saw an action plan for June 2014. This had been put in place in response to a previous audit. Also, there was an improvement plan to ensure risk assessments were signed by the person receiving care and where this was not possible, for families or advocates to be involved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Regulation 22