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Wilnecote Rest Home

Inspection report

Hockley Road
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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**

Summary of findings

Overall summary

We inspected the service on the 26 November 2015. At our last unannounced inspection in July 2015 multiple regulatory breaches were identified and the service was judged to be 'Inadequate' and placed into 'Special Measures' by CQC. The purpose of special measures is to:

• Ensure that providers found to be providing inadequate care significantly improve.
• Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
• Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

This meant the service would be kept under review and inspected again within six months. We told the provider they needed to make significant improvements in this time frame to ensure that people received safe care and treatment that was responsive to their changing needs, were protected from abuse and not unlawfully restricted.
We also told them that they needed to ensure that effective systems were in place to monitor the quality and safety of the service and to drive improvement. At this inspection, we made the judgement that the provider had made sufficient improvements to take them out of special measures but some further improvement was needed to ensure the quality and safety of the service was effectively monitored.

The service provided accommodation and personal care for up 23 people. There were 16 people using the service at the time of the inspection with a variety of needs including people living with dementia.

The manager had applied to register with us (CQC). 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 2008 and associated Regulations about how the service is run.

People's medicines were not all stored safely and there was no guidance for staff to follow on the administration of 'as required' medicines. Some areas of the building needed maintaining and making safe for people who used the service.

People were safeguarded from abuse and the risk of abuse as staff knew what constituted abuse and who to report it to. The manager had made referrals for further investigation when they had suspected abuse had taken place.

People were supported to be as independent as they were able to be through the use of risk assessments and the staff knowledge of them.

There were enough suitably qualified staff who had been recruited using safe procedures available to maintain people's safety and to support people in hobbies and activities of their choice.

The provider was working within the guidelines of the Mental Capacity Act 2005. The MCA and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests where they are unable to do this for themselves. People's capacity had been assessed and staff knew how to support people in a way that was in their best interest and was the least restrictive.

People and their representatives were involved in decisions relating to their care, treatment and support. Care was planned and delivered based on people's preferences and regularly reviewed with people.

People were supported to have a healthy diet dependent on their assessed individual needs. People were given choices and asked what they would like to eat and drink.

People had access to a range of health professionals and staff supported people to attend health appointments when necessary.

People were treated with kindness and compassion and their privacy was respected. Staff supported people to be independent and have a say in how the service was run.

People had opportunities to be involved in the community and to participate in hobbies and interests of their choice. People's religious needs were met.

Staff felt supported to fulfil their role effectively through regular support, supervision and training applicable to their role.

The manager demonstrated a passion in improving the service. The provider had put systems in place to monitor the quality of the service and an on-going improvement plan.

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

The service was not consistently safe. People's medicines were not all safely stored. People were at risk of harm due to some areas within the home's environment.
People were safeguarded from abuse by staff who knew what to do if they suspected abuse had taken place. There were sufficient staff to keep people safe.

Is the service effective?

Good

The service was effective. People were supported by staff who were effective in their role. The provider was working within the principles of the MCA to ensure that people were consenting to their care. People's nutritional needs were met. People had access to a range of health care professionals.

Is the service caring?

Good

The service was caring. People were treated with kindness and compassion. People's dignity and privacy was respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive. People received care that reflected their individual needs and preferences. People had the opportunity to be involved in hobbies and interests of their choice. People and their representatives knew how to complain if they needed to.

Is the service well-led?

Good

The service was well led. The manager had applied to become the registered manager. Improvements had been made since our last inspection and there was a plan for continuous improvement. Staff told us they felt supported to fulfil their role and the manager was approachable.

Wilnecote Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on the 26 November 2015 and was conducted by two inspectors.

Prior to the inspection we reviewed the information we held about the service. This included notifications that we had received from the provider about events that had happened at the service. These are notifications about serious incidents that the provider is required to send to us by law.

We spoke with six people who used the service, two relatives and four care staff, the registered manager, provider and consultants that were supporting the provider.

We observed care and support in communal areas and also looked around the service.

We viewed six records about people's care and records that showed how the home was managed including quality monitoring systems the provider had in place. We looked at staff recruitment files and medication administration records for several people.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection systems to manage people's medicines had not been safe. We found that although some improvements had been made, further improvements were required. We found the medicine fridge with medicines within it was unable to be locked and was left in an unattended area on several occasions throughout the day. Medicine contained in the fridge would have put people at risk of harm if they had taken it. This meant that people who used the service had access to medicines that they were not prescribed and put them at risk. Some people may not have been able to verbally communicate when they needed any prescribed as required medicines such as pain relief as there was still no guidance or protocols in place for staff to be able to administer 'as required' (PRN) medicines. Protocols would have given staff the guidance to inform them of the signs and symptoms someone may exhibit when they required their medication. Care staff were applying prescribed external creams and the senior staff were signing to say that it had been applied, however they could not be sure that it had been administered. This meant that safe systems were still not in place to manage people's medicines safely.

Some improvements were noted in the safety of the environment; however we saw areas of concern that had not been addressed. The laundry and sluice room door were left open. Both these rooms had equipment and hot water that could present a risk to some of the people using the service if they accessed them. We saw one person who was living with dementia, open the laundry door and look inside. We saw the flooring outside a toilet area was patched up with masking tape which was lifting up and presenting as a trip hazard. We observed people who were at risk of falling walk over this hazard unsupervised. This meant their risk of failing was not being managed effectively. The provider told us that new flooring had been ordered and was awaiting delivery and fitting.

At our last inspection, we found that people had not been safeguarded from abuse or the risk of abuse as staff had not recognised the signs of abuse and had not acted upon them. At this inspection we found that improvements had been made. All the staff we spoke with knew the safeguarding procedure, what to report and to whom they needed to report it to. One staff member told us: "I would report it to the manager or provider and if necessary go to the local authority, there is a flow chart in the office telling us who to contact". Since our last inspection precautions had been put in place to minimise the risk of abuse. For example one person had been found in another person's bedroom uninvited. We found that the person's whereabouts were now being lawfully monitored to ensure they were supported at the times they needed it.

We had previously found that people were not receiving care that was safe and met their assessed needs. We had observed unsafe moving and handling of people and saw records that confirmed that one person had been injured through poor staff practise. Staff told us they had received training in moving and handling of people since our last inspection and we found that improvements had been made. We observed staff supported people to move with the correct use of a hoist and we saw staff walking with people in a safe manner in accordance with the people's care plans.

We had previously found that one person who had been assessed as requiring thickened fluids due to the

risk of them choking was being supported to drink fluids that had not been thickened. Staff we spoke with did not recognise that this could put the person at risk. We found that this person's drinks were now being provided from the central kitchen and there was a clear plan in place to ensure the person only had thickened fluids. We observed that the person was offered thickened fluids throughout the day and all the staff knew the plan for this person.

We saw that when people had experienced a fall, action was taken to minimise the risk of them falling again. Referrals were made to the falls team for advice and support and equipment was made available to prevent them from further falls. However we saw that when one person had fallen in the night and complained of pain, the staff did not seek medical assistance until the next morning. We discussed this with the manager who informed us they will put in place a falls protocol to ensure that all staff would know what action to take at the time of the fall and ensure medical assistance is gained as soon as possible.

People, their relatives and the staff told us there were sufficient staff available to help people and support them with their care needs. A person who used the service told us: "I feel safe there is always staff around". People told us they did not have to wait too long before staff were available to help them. We did not observe any delays when people requested help and when people required two staff to support them, they were available. We spoke with staff and looked at the way in which they had been recruited to check that robust systems were in place for the recruitment, induction and training of staff. Staff confirmed that checks had taken place prior to starting work at the service.

Good

Is the service effective?

Our findings

People and their relatives spoke well of the staff. Staff we spoke with told us that they felt supported and received training to be effective in their role. One staff member told us: "Things have got better for people and staff". They told us they had recently received refresher training in moving and positioning and first aid and had regular supervision sessions with the manager to discuss their personal development. The provider had employed a human resources advisor and new systems were in place to manage staff performance and ensure staff were able to fulfil their roles effectively. From our observations staff were competent in their roles whilst supporting people with their individual care needs such as when supporting people to mobilise around the service.

Previously we found that people who used the service were not consenting to their care as the provider was not following the guidance of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's mental capacity had not been assessed and decisions were being made on their behalf by staff. At this inspection we found that people's capacity to make specific decisions had been assessed. We saw if people required support to make decisions this was done with them and their legal representatives. Meetings had been held and decisions were being made in people's 'best interests' following the guidance of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Previously we found that people were being unlawfully restricted of their liberty because although some DoLS referrals had been made, the manager was unable to show how they were restricting people in the least restrictive way whilst they waited for the DoLS authorisations. We saw that since our last inspection the manager had implemented risk assessments which clearly documented what restrictions were in place for people, why they were necessary and that they were the least restrictive way of maintaining people's safety. This meant the provider was following the principles of the MCA and DoLS procedures and ensuring that people were consenting to their care.

People told us they enjoyed the food. We saw that people were offered choices at breakfast and lunch. A relative told us: "The staff spoil my relative, sometimes she refuses things I know she likes, but staff will keep offering her things until she decides what she wants". A choice of drinks were on offer throughout the day. Some people required a soft diet due to swallowing difficulties and we saw that these specialist diets were made available to people. The cook had a list in the kitchen and knew people's individual nutritional needs such as if people required diabetic or soft diets. When people experienced difficulty with eating or drinking we saw that the manager and staff had identified this and sought medical advice. The speech and language therapist had been involved with some people and advised staff how best to support people with eating and drinking. We saw that their recommendations were being followed.

We saw that people were supported to maintain good health. People had access to a range of health care professionals. We saw a visiting GP and optician and saw records that confirmed that people attended health care appointments with the support of staff or their relatives.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff were kind and caring. One person who used the service told us: "All the staff are lovely, I can't fault any of them". A relative told us: "The staff are very friendly, they have a banter with my relative and she likes that". We observed that staff spoke with people in a compassionate manner and at a level and pace they understood.

People were supported by staff who demonstrated patience and understanding. Some people required support to eat and staff sat with them and took their time in supporting people whilst chatting and encouraging them to eat. One staff member said to a person they were supporting: "Is that nice, would you like some sauce?" whilst talking to them about their birthday and what kind of day they had. We saw one person had been out to a health appointment and on their return a member of staff asked them: "How did you get on?" This showed they were interested in the person's health and wellbeing.

Staff spoke with people to tell them what they were going to do before they did it. For example when people were being supported to move with the use of a hoist, staff spoke with the person to put them at ease through the process. When one person became distressed, staff reacted by reassuring them in a kind and patient manner.

Everyone had their own room. One person told us: "I can go to my room any time I like". We saw staff shut doors when supporting people with their personal care needs or for example when one person had left the toilet door open whilst they were in there.

People were encouraged to be as independent as they were able to be. Staff made sure that people had their mobility aids available within reach so they could independently mobilise and use the toilet facilities or go to the dining table. People got up freely and walked around as they wished. One person regularly went into a quiet room and sat with the inspectors and the staff. A member of staff told us: "They [person's name] sat with us through the training the other day, it's their home, they can go where they like".

Meetings for relatives and people who used the service had been held and questionnaires had been given out. People's opinions on the quality of care being provided and ideas for improvement were being gained. Relatives told us that they were always kept informed of their relative's welfare and were free to visit at any time.

Good

Is the service responsive?

Our findings

We observed that staff responded to people's individual needs and preferences. One person told us: "I don't like the male staff to support me with personal care; I like the girls to help me". We saw this was recorded in their care plan and all the staff knew the person's preference. Staff knew people well and knew their needs; they told us they had a handover at the beginning of every shift to make sure they were made aware of any changes. We saw two people who used the service appear to start to argue. A member of staff quickly diverted them onto another topic of conversation which diffused the situation immediately. Another person who had restrictions in place was looking to leave, we saw a member of staff offer them an alternative activity which took their mind off the situation.

New personalised care plans were still in the process of being implemented. We saw two that had been completed and saw that people's preferences were evident throughout the plans. A key worker and co-worker system had been implemented and everyone who used the service had been allocated a key person who was responsible for gathering people's preferences for the new care plans. The purpose of this was to ensure each person had key members of staff whose function was to take a social interest in them and develop opportunities and activities for them and take part in developing support plans that met the person's needs and preferences. There were regular key worker team meetings for staff to discuss any ideas and activities that may improve people's experience at the service.

People were supported to engage in hobbies and interests of their choice. We were told that one person was being helped to make a rug as this was something they used to do when they lived in their own home. One person was supported to attend a church service when they requested and others had recently enjoyed a trip to the local garden centre. We observed one person asking when they could go out again as they had enjoyed it so much, they were informed that further trips would be organised. The provider told us that they planned to buy a minibus to share between the three services, so people could access the community more often. Other people were offered activities of their choice including baking and painting and we saw a wide range of hobby crafts on offer in the quiet room. We saw one person was using 'Doll therapy' which is a known therapeutic technique for people living with dementia. We saw the doll gave them pleasure as they were reliving the time they had their own young children.

One person and the relatives we spoke with told us they knew who to and how to complain if they needed to. They said that the manager was responsive and were sure they would take their concerns seriously and act upon them. We observed two relatives approach the manager with minor complaints which were dealt with immediately and to their satisfaction.

Good

Is the service well-led?

Our findings

The provider had put in place a new management team since our last inspection. This included three senior members of staff who were responsible in the absence of the manager. There were clear lines of accountability, support and an on call system. The provider had employed a human resources advisor and consultants in dementia care to help to make the improvements required following our previous inspection.

The manager had submitted an application to register with us as is required. They had made significant improvements in the quality of the service since our last inspection. The manager was aware of their requirements in relation CQC. They had openly displayed the rating from the previous inspection and sent us notifications of serious incidents that had affected the service. Staff and the consultants told us that the manager had worked hard and showed initiative in making the improvements, by researching and gaining the knowledge they required to improve things. For example they had gained information on the MCA and DoLS and implemented systems to safeguard people until the DoLS authorisations had been assessed by the local authority.

People and their relatives were now being actively involved in the running of the service through regular meetings and by gathering their feedback. We saw minutes of the meetings and relatives we spoke with confirmed that the manager always listened and responded.

Management meetings took place on a weekly basis which included the managers from all of the provider's services. Matters arising at the meetings included safeguarding issues, staff performance and sharing of good practice. The manager was due to share their knowledge on the DoLS procedure with the managers as they required some support in this area. This meant that provider and management team were reviewing the progress and looking for ways to improve the service.

Supervision and appraisals for staff were in place to support staff to develop and meet targets in their performance. Staff told us that they felt that things had improved and that they felt supported by the manager. One staff member told us: "I needed some extra support as I was new into the role and the manager is meeting with me regularly to make sure I get the support". Staff we spoke with told us that there was always someone on call if they needed help or advice.

Policies and procedures were being implemented and audits were being completed internally and by external agencies. The manager had a service improvement plan which was written in such a way it demonstrated compliance with the Health and Social Care Regulations. We could see how action had been taken to improve which had been identified in the plan as the provider was no longer in breach of any Regulations.