

Wilbraham Limited

Wilbraham House

Inspection report

Church Street
Audley
Stoke On Trent
Staffordshire
ST7 8DE

Tel: 01782720729

Date of inspection visit:
19 November 2019

Date of publication:
12 December 2019

Ratings

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

Summary of findings

Overall summary

About the service

Wilbraham House is a residential care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection. The service can support up to 33 people in one adapted building.

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

Improvements were needed to ensure there were systems in place to monitor all areas of people's care needs and to ensure the improvements made were imbedded and sustained. Improvements were needed to ensure all records reflected people's needs.

People were supported by safely recruited staff who had the skills and knowledge to provide safe and effective support. People were supported by staff that understood their responsibilities to safeguard people from the risk of harm. There were systems in place to ensure lessons were learnt when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported with their nutritional needs, and advice was sought from healthcare professionals to maintain people's health and wellbeing.

People were supported by caring and compassionate staff that supported people with patience. People's choices were respected in line with their individual communication needs to promote informed decision making. People's right to privacy was upheld and their independence was promoted.

People had the opportunity to be involved in interests and hobbies. People understood how to make a complaint and there was a system in place to investigate and respond to complaints received. People's end of life wishes had been gained to ensure their preferences were respected at this time of their lives.

Improvements had been made to the management of the service. The manager promoted an open culture within the service where feedback was gained from people, relatives and staff. The management team had a clear plan in place to continue to implement changes at the service to improve people's care.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 09 July 2019) and there were two breaches of regulation. The provider had a condition placed on their registration, which required them to forward a monthly action plan to the commission showing what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating and was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Wilbraham House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

Wilbraham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including two directors, the registered manager, team

leaders, senior care worker, and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to ensure the service was clean and suitable for people. This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Improvements had been made to the environment to ensure the risk of infection was lowered. The provider had updated the bathrooms and there was a cleaning schedule in place which staff followed.
- People told us there had been improvements made and the service was clean. One person said, "There have been a lot of improvements in the last six months and the cleanliness has improved."
- Staff explained how they followed infection control guidance and we observed personal protective equipment (PPE) was used when they supported people such as gloves and aprons. This meant people were protected from the spread of infection.
- The registered manager completed monthly infection control and cleaning audits, which showed the actions taken to make improvements to the environment.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person said, "I feel safe here and I have never seen people being treated badly." A relative said, "I feel my relative is very safe in the hands of the staff here."
- People were safeguarded from the risk of abuse because staff understood how to recognise and report safeguarding concerns.
- The registered manager understood their responsibilities to safeguard people where suspected abuse had been identified. A safeguarding log had been implemented which ensured concerns were reported to the local authority when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks were managed because staff knew people well and knew how to ensure people's risks were lowered.
- Regular safety checks were carried out to ensure the environment was safe and fire systems were checked to ensure these were working as required.
- The provider and the newly registered manager had taken learning from the last inspection and it had helped them to focus on the improvements needed to people's care.
- Incidents and accidents that had occurred at the service were recorded. Incidents were analysed to ensure actions had been taken to lower further occurrences.
- Staff were informed of changes to people's support through handovers, team meetings and supervisions, which ensured lessons were learnt when things went wrong.

Staffing and recruitment

- People gave mixed responses about the availability of the staff at the service. One person said, "I think there is enough staff. I haven't seen anyone being left when they need staff." Another person said, "I sometimes have to wait for support if staff are busy." A relative told us they visited the service daily and there were always enough staff about to help people.
- People received support in a timely way and call bells were answered quickly. Staff stopped and spoke with people and were available to ensure people were safe in communal areas and bedrooms.
- There was a staffing tool in place, which was completed to ensure staffing levels were monitored and changed in line with people's needs.
- Safe recruitment practices were followed to ensure people were supported by suitable staff.

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "I always have my tablets on time. If I have any pain I tell the staff and they make sure I have my pain medicine."
- People were given time to take their medicines and staff completed electronic Proactive Care Systems (PCS) to show when medicines had been administered. Staff were trained to ensure they administered medicines safely.
- Staff had a good understanding of when people needed their 'as required' medicines and the records showed people received their medicines as prescribed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and recorded to ensure staff had guidance to follow to support people effectively.
- The provider had implemented a new electronic care system. The registered manager had started to update the electronic system. However, further updates were needed to ensure people's records fully reflected their assessed needs.
- Staff understood people's diverse needs and explained how they supported people in all aspects of their lives.
- Records showed that where people's diverse needs had been identified, such as religion, the requirements of the Equality Act 2010 had been followed. The registered manager understood the importance of anti-discriminatory practice and embraced equality and diversity within the service.

Staff support: induction, training, skills and experience

- Staff told us they had received an induction and training at the service before providing support to people. One member of staff said, "I'm doing NVQ level 3, which the registered manager encouraged me to do. We do the social care online training and refresh it every year. There is always plenty of training opportunities."
- Staff received specific training to meet the individual needs of people they supported. For example; staff had received training to ensure they understood how to support people effectively with their catheter and colostomy bag.
- The registered manager completed competency checks to ensure staff had understood the training provided and were using this training to support people effectively.
- Staff received supervision which gave them an opportunity to raise any concerns and discuss their development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People gave mixed views about the food. One person said, "I don't like the food that much. Some of it is okay but not all of it. I can have something different if I want though." We saw this person was provided with an alternative meal at lunch. Another person said, "I think the food is lovely, very tasty."
- Staff asked people what they wanted for their lunch and the atmosphere at mealtimes was calm and relaxed. People who needed assistance to eat were supported in an unrushed way and staff chatted to people whilst they were eating.
- People's nutritional risks were managed and monitored. People who were at risk of weight loss were supported with nutritional supplements and their weight was regularly monitored. Concerns with people's

weight were reported to health professionals for advice.

- Systems to ensure people were drinking enough were in place. Self-service juice machines had been introduced within the service. This had ensured people were well hydrated and there had been a reduction in the number of urinary infections within the home.

Adapting service, design, decoration to meet people's needs

- Improvements had been made to the design and layout of the service to meet the needs of people. This included decoration and signage to promote a dementia friendly environment.
- The service had been adapted to ensure people remained safe. Equipment such as bath seats, toilet seats and grab rails were in place to ensure people were safe whilst promoting their independence within the service.
- The registered manager carried out a monthly audit of the environment to identify improvements needed, this included actions required to ensure the design and layout of the service met people's needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us staff supported them to access healthcare professionals, when they felt unwell or needed treatment for their assessed conditions.
- The records we viewed confirmed staff worked with other agencies to ensure people's health and wellbeing was monitored and maintained.
- Staff attended a handover which highlighted any immediate changes in people's needs during each shift and any action taken to ensure people maintained their health and wellbeing. This ensured that people received a consistent level of support from staff.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were encouraged to make decisions about their care. One person said, "The staff always ask before they help me, I like to do quite a bit for myself and they respect that." We saw staff asking people's consent before they provided support.
- Where people lacked capacity to make specific decisions mental capacity assessments had been completed to ensure decisions were made in people's best interests.
- Referrals had been submitted to the local authority where people were being deprived of their liberty. Staff understood people's ability to make decisions and explained how they supported people in line with their authorised DoLS. This ensured people were supported in the least restrictive way possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff had a caring attitude. One person said, "The staff are kind and caring. They are easy to talk to." Another person said, "Carers are very friendly." A relative told us, "Staff are lovely, and mum seems happy."
- We observed caring interactions between staff and people. For example; staff asked how people were feeling and stopped to chat with them. These interactions made people smile and they talked with staff easily.
- People received care from staff who knew them well and understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs, marital status and their personal relationships with other family members involved in their care.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make choices about their care. One person said, "I go bed about 10.30pm and get up about 8.30am, I can go when I want, I don't get bored, I do my own thing." Another person said, "I choose most things as I am independent. Staff always ask people what we want to do."
- Staff encouraged people to make choices in the way they received their care and their wishes were respected.
- Staff understood how to support people to make choices in line with their individual ways of communicating. This ensured people had control of the way their care was provided.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them in a dignified way. One person said, "They always knock on the door before coming in." Another person said, "The staff are always polite."
- People were supported with dignity. Staff spoke with people in a respectful way and when people wanted time alone in bedrooms, staff respected this.
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. One person said, "Staff encourage me to be independent, I can do what I want. I can have a bath whenever I want, I just need to alert the staff, so they make sure I don't fall asleep in the bath."
- People had access to equipment that aided their independence. For example; some people were provided with coloured plates and plate guards which helped people to eat their food independently.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were involved in the planning and review of their care. One person said, "The staff know what they are doing, they talk to me about my care, but I haven't seen my care plan." A relative said, "I am kept involved in my relative's care. I am involved in discussions if there are any changes needed."
- People received personalised care because staff knew people well and understood how to support them in line with their preferences.
- Care plans contained information about people's likes and dislikes. For example; what activities they like to be engaged in, sleep routines and food preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's individual methods of communicating. We observed staff giving people time to answer questions and using short sentences to help people understand what was being asked.
- Care plans were in place to give staff guidance on the most effective way of communicating to help people express their views.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of social activities they could attend. One person said, "Activities are very good, there is something on every day like singing, craft, painting or outings."
- In addition to the activities provided on site, people were supported to access the local and wider community. One person said, "We go out on trips and we can go to the shops any time we want." A member of staff said, "We have a lot of time for spontaneous outings, people can go out whenever they like."
- People's care plans included information on people's social and cultural support needs and each care plan contained the outcomes of the support. For example; to encourage people's independence and confidence.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise any concerns. People told us they felt comfortable approaching the care staff. One person said, "If I was unhappy about anything, I would speak to any of the care ladies, they are always approachable."

- There was a complaints policy in place, but no complaints had been received since the last inspection. The registered manager showed us they had recently completed the complaints procedure in a pictorial format to aid people's understanding.

End of life care and support

- The registered manager and staff were committed to supporting people's wishes to remain in their own environment to receive end of life care where this was possible. The service recognised the importance of people wanting to remain in a familiar environment.
- One member of staff said, "When delivering end of life care, it is important to make sure people are comfortable. We make sure a member of staff is always with the person if the family cannot be there."
- People's advanced wishes had been gained to ensure people were supported in a way that met their needs and preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the systems in place to monitor the service had not been fully implemented and sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to implement effective governance systems to monitor and mitigate risks to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. Improvements were still needed to ensure all systems and processes were fully imbedded and sustained at the service.

- The registered manager had completed audits to monitor and mitigate risks to people and these had been effective in ensuring some newly implemented systems were imbedded in the service. However, improvements were needed to ensure all areas of care were monitored. For example; staff needed to record the amount some people were drinking onto the electronic system. These records had not always been completed and there was not a system in place to monitor people's fluid charts to ensure staff were recording people's drinks as required. The registered manager told us they would implement a monitoring system immediately.
 - There was a newly implemented electronic care system to record people's risks and needs. However, this had not been fully implemented at the time of inspection to ensure all records contained detailed guidance on people's needs. For example; one person displayed behaviour that may challenge. Staff we spoke with gave consistent explanations on how to support this person. However, the records did not show this important information, which meant there was a risk of inconsistent care if staff were not familiar with this person's needs.
 - The registered manager and provider told us their plans to make improvements at the service and the audits showed the actions needed. However, there was not an overall service improvement plan in place to show the improvements identified across the service and when these were scheduled to be completed.
 - The registered manager was responsive to our feedback and forwarded a continuous improvement plan immediately after the inspection. This contained details of the actions needed to ensure their governance systems were effective in monitoring all areas of the care provided. We will assess the effectiveness of this at our next inspection.
-
- People and relatives spoke positively about the new manager and told us improvements had been made at the service. One person said, "[Registered manager's name] is nice. I would tell her if I was unhappy about anything."
 - Staff spoke positively about the registered manager and directors. Staff felt able to approach the

management team who were supportive. One staff member said, "[Registered manager's name] is firm but fair, I feel I can always go to them if I need to. One of the directors is always around and they are very approachable."

- The registered manager felt supported by the directors. They said, "I feel fully supported and we have regular meetings about the service. The consultant has been very helpful too. I feel listened to and we respect each other."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Improvements were needed to ensure people felt fully involved in the service. People told us they were not always aware of changes in the service and would benefit from better communication. One person said, "We don't have resident's meetings, which would be useful." Another person said, "We don't always know what is happening here, I think the lines of communication could be better, so we know about changes at the home."

- We fed this back to the registered manager who took action immediately after the inspection to schedule a residents meeting. The registered manager told us they had plans to produce a monthly newsletter to keep people informed.

- Staff told us they had opportunities to be involved in the running of the service. One staff member said, "[Registered manager's name] is very good and supportive. They are open to any suggestions we make and involve all the staff to make the suggested changes."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team promoted a culture of openness and learning from mistakes within the service, which was confirmed by the discussions we had with staff. The registered manager said, "There has been a big shift in culture within the home, staff are more open and are taking responsibility in their roles."

- The registered manager understood their responsibilities to act in line with the duty of candour if things went wrong.

- Notifications had been submitted to us (CQC) as required by law and the rating from our previous inspection was on display.

Working in partnership with others; Continuous learning and improving care

- The registered manager maintained good links with other professionals to ensure that people's changing needs were met. The registered manager said, "If I have any concerns I am not afraid of speaking to professionals to get advice to ensure we are supporting people as required."

- The provider had arranged for a consultant to assist with the implementation of new systems at the service and to provide support for the registered manager. This had been effective in improving the service people received.

- The provider and registered manager were committed to continually making improvements at the service. One director said, "We have come along way and taken on board the feedback from the last inspection. We know there are still some improvements to be made but we now have a clear plan in place."