

Wilshire Healthcare Ltd

Estuary House

Inspection report

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Date of inspection visit:
10 January 2023
18 January 2023

Date of publication:
16 February 2023

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?	Good ●

Summary of findings

Overall summary

Estuary House is a care home that provides accommodation and personal care for up to up to 41 people. It accommodates people across 3 units, each of which has separate facilities. At the time of our inspection, there were 33 people living at the home.

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

Everyone we spoke with said they felt safe living at the home. Incidents and accidents were appropriately recorded and analysed for patterns and trends. There were enough staff to ensure people were kept safe, and call bells were answered in a timely manner. Staff could clearly describe the course of action they would take if they felt someone was being harmed or abused. Safety checks on the environment were in place and robust. Risks to people's health and well-being were assessed and reviewed appropriately. Staff were recruited and selected safely, and medicines were appropriately managed.

People were supported to have maximum choice and control over 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. Staff were appropriately trained and supervised to enable them to carry out their roles. People were supported to eat a balanced diet.

People said the staff were kind and caring, and we observed warm and familiar caring interactions between staff and people throughout the duration of our inspection. People said staff were "Amazing". Staff took time to understand and encourage the unique and individual needs of the people they supported. Staff spoke about people with genuine warmth and consideration, and we heard staff asking people if they wanted or needed any help or support during our inspection. Staff in all roles were passionate about people living at Estuary House and were highly committed to ensuring the best outcomes for people. There was a welcoming, friendly, homely atmosphere throughout the home across all units.

There was particular emphasis on tasks people could do for themselves, such as washing, dressing and choosing what they wore, how they spent their day, and what time they wanted to get up and go to bed. People and their relatives told us how they were supported by staff to follow their interests and engage in relevant and meaningful activities which gave them purpose.

Care plans were person centred and reviewed regularly to ensure any changing needs were taken into account. There was a complaints policy in place, which was made available in different formats to support people's understanding. We reviewed some recent complaints and saw they had been responded to in line with policy and procedure.

Staff told us they enjoyed working at the home, and they felt they could approach the registered manager to help them develop further in their roles or if they had any concerns. The registered manager was well known. Staff told us the registered manager led by example and was 'always visible and putting people first.' The registered manager welcomed feedback and was clearly proud of the home and the staff team and the

achievements at Estuary House. All notifications had been sent to CQC, and the registered manager understood what was expected of them.

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

Rating at last inspection

This service was registered with us on 10/02/2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Estuary 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors 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.

Service and service type

Estuary House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Estuary House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since registration. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually 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 11 people who used the service and 3 relatives about their experience of the care provided. We spoke with 8 eight staff including the registered manager, service administrator, registered nurses and other support staff.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted 4 further relatives to ask for feedback about the home.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place at the home to ensure people were protected from harm and abuse.
- Staff had completed training in safeguarding and could describe the course of action they would take if they felt someone was being harmed or abused. One staff member told us, "I would absolutely go to the manager, failing that all the staff are aware of the policy, and would report direct to careline."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were proactively assessed, recognised and managed.
- Strategies for risk management were clearly and concisely recorded. For example, positive behaviour support plans were available and described in detail how staff could adapt their approach and intervention to reduce the risk of incidents occurring in the first place.
- Risk plans were in place and ensured risks to people were appropriately managed to reduce the risk of avoidable harm.
- Everyone we spoke with told us they felt safe living at the home. One family member told they now felt they could "Sleep at night" knowing their relative was looked after at Estuary House.

Staffing and recruitment

- We observed there were enough staff on duty to make sure people's needs were met and most relatives told us there was enough staff. One relative said "There are so many staff here- I always feel (family member) is very safe and well cared for".
- Recruitment procedures were safe. New staff were only offered positions in the home after checks were undertaken on their character and suitability to work, including references and Disclosure and Barring Service (DBS) checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Processes around medicines management were safe.
- Medicines were stored correctly in a temperature-controlled room.
- People were only administered their medicines from staff who were trained to do so and who had completed yearly competency checks.

Preventing and controlling infection

- The environment was observed to be clean and hygienic.

- Cleaning schedules were in place and followed by staff to evidence regular cleaning tasks were completed.
- Safe visiting procedures were in place that followed the most recent national guidance.
- Staff had access to PPE and were observed following current guidance.

Learning lessons when things go wrong;

- Accidents and incidents were regularly reviewed and analysed to look for patterns and trends. This meant action could be taken to reduce the likelihood of incidents occurring again.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- All staff had attended bespoke training, such as mental health, tracheostomy training and dementia training. The registered manager was responsive to identifying other training needs based on people's needs.
- All staff had been appropriately inducted into the role in line with the principles of The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported by staff to have sufficient food and fluid intake throughout the day and night.
- Some people had guidance and support from outside organisations, such as Speech and Language Therapists (SALT) to ensure their diet was suitable for them. Staff followed this guidance safely, and it was available to be viewed in people's care plans.
- People chose their own menus, and there was always a healthy option available for people who had diabetes.

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

- There was a clear process for referring people to external services where required and this was applied consistently to ensure care was safe.
- Staff worked in collaboration with other agencies, such as GP's and Community Psychiatric Nurses (CPN's,) to ensure people's needs were met or they were referred for further help if they become unwell.
- People were supported with their dental hygiene needs. Assessments were in place regarding people's oral health, and information around what support they required to manage this was clearly documented in care plans.

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

- The home was welcoming, nicely decorated, and people were encouraged to personalise their own rooms. There were quiet areas for people to relax and large open spaces for socialising.

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.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- We observed staff obtain consent for people's care and support.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.

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.

This is the first inspection of this newly registered service. This key question has been rated 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 were treated kindly and with compassion and dignity.
- People and their relatives told us staff were kind, caring and compassionate in their approach. Comments included, "They are just wonderful," "So caring and kind" and "They always treat [relative] with care, like family."
- Care plans evidenced people's diverse needs were taken into account, such as what religion they followed, or any special diet choice or preference.

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

- People were involved in decision making regarding their care and support.
- Care plans had been completed with the involvement of either the person themselves or their family member.
- We heard and observed staff asking people what they would like to do, and what they would like for lunch, or if they wanted drinks, snacks and anything else throughout the day.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted.
- Staff knocked before entering bedrooms and asked for permission to enter rooms.
- People were supported to remain independent wherever possible. Equipment was available to aid independence, such as stand aids and walking sticks.
- People appeared well cared for. Their clothes were clean and staff discretely assisted people with some aspects of care, such as helping them put shoes on, asking them if they wanted their medications, and supporting them on one to one activities.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Care and support was delivered in a highly personalised way and was tailored to meet people's needs, choices and promote independence and control. There were countless examples observed in Estuary House where people were supported to make life changing choices and decisions. For example, one person, was supported over a number of months to regain their confidence and transition from the home back into the community. The registered manager ensured this was managed appropriately, working collaboratively with the community support staff to ensure the right information was shared. This person now successfully lives in their own home with minimal support.
- Another person was admitted to the home on an end of life pathway, with multiple pressure sores as well as other serious health conditions. After a few weeks of being cared for in bed by the staff at Estuary House, this person improved. They now have no pressure sores and went to their family members home for Christmas lunch.
- There was person-centred information in care plans which detailed people's likes, dislikes and preferences. This included what time people like to get up, how they wanted to be dressed, and what they enjoyed for meals and snacks.
- Each person's support was routinely assessed with involvement from a range of professionals. This meant people received quick interventions where needed and extremely responsive support.
- People who had specific needs such as diabetes, had separate care plans and risks assessments to ensure staff knew how to meet their needs and support them effectively.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in different formats to help support people's understanding.

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

- Staff willingly supported social events in their own time as they were passionate about their roles and the people they supported.
- Visitors were also welcome into the home. People told us they had been supported to maintain contact with their families during COVID-19 using video calls.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place at the home and people told us they understood how to make a complaint.
- There had been no formal complaints made, and people we spoke with told us they would 'go to the manager' if they had any concerns.

End of life care and support

- People were supported to make decisions around their last days and how they wished to be supported.
- Where appropriate, funeral plans had been discussed with people, including what specific arrangements they wanted to have in place.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We continuously saw how the registered manager led by example and responded with compassion, imagination and thoughtfulness to people's preferences for support.
- Outcomes were well planned for people, and there was a strong emphasis on working collaboratively with others to ensure people got the best possible support.
- We saw creative thinking from the registered manager which in turn was implemented across the staff team in response to supporting people's diverse needs, whilst ensuring they had a voice and freedom to choose how they lived in their own home.
- Staff shared examples with us of how the registered manager had supported them in their roles. Staff told us the registered manager and clinical manager were known as figures of support and trust.

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

- The registered manager was transparent in their role. This was evidenced in their ability to rigorously challenge themselves and be open to improvement and change.
- The registered manager attended events and meetings to ensure they were up to date with any regulatory changes which could impact their service, such as COVID-19 best practice guidance.
- The registered manager had informed CQC of any notifiable events and understood their role with regards to this.

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

- People who used the service were continuously involved and had a say in the vision of the organisation; this was demonstrated in people's involvement in support plans and team meetings.
- Everyone knew who the registered manager was and understood the support structure within the home.
- Survey results from last year which were positive were shared with people in different formats and any opportunity for improvement was discussed.
- There was a strong emphasis on community involvement. We saw how the registered manager helped people access the community and regularly recruited local staff from the area.
- Staff were encouraged to submit ideas. Staff told us they felt happy and empowered to come forward with

these ideas because the registered manager was so 'approachable and caring'.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a positive attitude regarding feedback and improvement. They had clearly used feedback and experiences from previous job roles to improve their own leadership and management and were open to continuous learning opportunities.
- The home was subject to in depth checks and evaluation using a robust quality assurance framework. Following quality assurance visits, comprehensive action plans were submitted, and actions were delegated for completion.
- Professionals were consulted with every week via meetings which took place at the home.