

Wilson Care Resources Limited

Wilson Lodge

Inspection report

16 Augusta Road East
Moseley
Birmingham
West Midlands
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Tel: 01214491841

Date of inspection visit:
09 May 2019

Date of publication:
04 June 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:

Wilson Lodge is a care home that provides nursing and personal care for up to 36 people who are living with mental health conditions. At the time of the inspection, 30 people lived at the service.

People's experience of using this service:

Since the last inspection in September 2017 we found some improvements had been made to address the areas we identified as requiring improvement. At this inspection we found regulations had been met.

People were supported by staff to stay safe and who treated them with respect and dignity and encouraged them to maintain their independence.

People were supported to receive their medicines as required to assist their wellbeing and people enjoyed a healthy diet with a choice of meals.

Staff sought people's consent before providing support and staff liaised with other health care professionals to meet people's health needs and support their wellbeing.

Staff knew people well and provided care in the way that people preferred. People and their relatives felt able to raise any concerns they may have with staff.

Staff received training that was appropriate to them in their role and they felt supported by the management team to provide a good standard of care.

People were supported to enjoy a range of activities and people received individualised care and support from staff.

The provider had quality assurance systems in place and we saw where action had been taken to make improvements. Staff said they felt supported and could talk to management, who they considered approachable, and felt confident any concerns would be acted on promptly.

People, relatives and staff spoke of improvement within the service since the last inspection. The provider worked in partnership and collaboration with other key organisations to support care provision.

Rating at last inspection:

At the last inspection we rated Wilson Lodge as 'Requires Improvement' (report published 13 July 2018).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

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

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

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 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?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-led findings below.

Wilson Lodge

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

The inspection team consisted of one inspector, one assistant inspector and a specialist professional advisor. The specialist professional advisor on this inspection was someone who had nursing expertise.

Service and service type

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

Notice of inspection

This inspection was unannounced and took place on 09 May 2019.

What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with four people using the service to ask about their experience of care. We also spoke to one relative who was visiting the home and two relatives of people by telephone. We spoke with the provider, the registered manager, one nurse, one senior support worker, four support workers and the cook. We also spoke with two healthcare professionals who were visiting the service on the day of the inspection and a third healthcare professional by telephone.

We looked at the care records for seven people, two staff employment related records and records relating to the quality and management of the service. Details are in the Key Questions below.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse

- At the last inspection we found that allegations of abuse and matters of a safeguarding nature had not been routinely identified. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. Regulations have been met.

Staffing and recruitment:

- People and staff we spoke with felt there was enough staff employed at the home to keep people safe. We saw staff responded to people's requests for support in a timely way during the inspection. The provider had invested in a new call bell system. The provider said this would enable response time to be monitored and audited.
- Staff told us that staffing levels were flexible and could change in response to people's needs. For example, when one person needed extra support additional staff numbers had been agreed to support them.
- We looked at two staff recruitment records and saw the provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being recruited.

Assessing risk, safety monitoring and management:

- People were supported by staff who were aware of the risks to them on a daily basis. One person commented, "Staff help me stay safe. I've got [specialist] shoes to help with my walking." One healthcare professional also commented staff knew people well and said, "Staff will prompt and support [person's name] in the best way to mobilise safely."

Using medicines safely:

- We observed medication administration and saw that people had been supported to take their medicines when needed.
- There were systems in place to monitor medicines administration; medicine records were checked by the management team and action taken when any errors, for example, missed signatures, were found.

Preventing and controlling infection:

- At the last inspection we found that people did not live in premises that were clean and well maintained. Since the inspection the provider had increased housekeeping staff hours and at this inspection we found improvements had been made. We also saw that continuously running extractor fans had been installed to

help promote an odour free environment. Staff told us a plentiful supply of protective equipment, such as aprons and gloves, was available to them.

- We saw that the home had been awarded a Food Hygiene Rating of 4 (Good) by Birmingham City Council on 11 October 2018.

Learning lessons when things go wrong:

- The registered manager completed records to monitor any accidents and incidents and to look for actions needed to reduce the likelihood of events happening again. The registered manager told us analysis had identified several falls in one area of the home. In response the provider had agreed to replace the flooring in this area with a new non-slip flooring product.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- People were supported by staff who had received training in the MCA, and staff demonstrated they understood what this meant for individual people.
- We saw some people were supported by advocates. Advocates are people or organisations independent to the home who find out what people want and help support them].
- The registered manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS) and applications had been submitted where they had assessed that people were potentially receiving care that restricted their liberty. The management team had a process in place to record when authorisations expired so they could re-assess and make a new application where required.

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

- People told us they enjoyed a choice of foods. One person said, "I like the food here," And relatives confirmed people enjoyed a varied diet.
- We observed a lunch time meal and saw people enjoyed their lunch. Where one person did not like their food, staff prepared another option for them. We saw people supported with drinks of their choice.
- People were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking.

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

- We looked at how people's individual needs were met by the design and decoration of the home. The home was clean and tidy, and people had personalised rooms reflecting their interests and likes. Relatives told us their family members had been involved in choosing the paint colours for their rooms. One relative said, "[person's] room is yellow, which is their favourite colour."

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

- We observed staff sought people's consent before providing care and people told us that staff respected

their choices.

- When one person refused support of staff we saw this was respected. We spoke to staff who said they would give the person some time before checking again later.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they were supported through training and guidance to provide effective care for people. Staff were able to give examples of how training had impacted on the care they provided.
- Staff said they were well supported in their roles. Staff told us improvements had been made in the support to staff under the new management team and said they were able to discuss any concerns, progress or changing needs with the nurse or management team.

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

- Staff were able to tell us of the healthcare needs of the people they supported, and they knew when to contact outside assistance. People told us they had been supported to see healthcare professionals such as the GP, dentist and optician.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with said they were treated with kindness. People gave positive feedback about the caring approach of staff. One person told us, "The women [staff] are so caring. Staff are amazing."
- We saw people were relaxed around staff and we heard some people enjoying a joke with staff.
- Staff told us they enjoyed working with the people they supported. One member of staff said, "The best part of my job is working with staff and the residents [people] here, caring for them."
- Staff spoken with respected people's individuality and diversity. Care files contained information about people's personal histories and people's preferences, so staff could consider people's individual needs when delivering their care.

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

- People said they felt listened to and made choices about their day-to-day care. One person commented, "Staff are patient. They ask me what I want."
- Where people were not able to verbally communicate their needs and choices staff used their knowledge about the person to understand their way of communicating such as facial expressions and body language.
- Relatives told us they felt involved in their family members' care. One relative said, "They phone us straight away with any changes."

Respecting and promoting people's privacy, dignity and independence:

- We saw that people told us they were treated with dignity and respect.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy, for example by always knocking people's door before entered.
- People told us that staff promoted their independence. For example, we saw some people were encouraged to eat independently before staff offered help if the person needed it.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised care and support from staff. Relatives told us staff knew people well and how they preferred their care to be provided. One relative said, "Staff know how to approach things with [person's name]. [Person's name] is doing really well and are certainly the most settled they have ever been."
- Staff demonstrated detailed knowledge of people's individual needs. One member of staff said, "Person centred care is about that specific person, what they like and how they would like it [care and support]."
- People were supported to enjoy a range of activities. We saw people accessed activities in the community such as visits to the aqua pool and pub meals.
- Since the last inspection action had been taken to make an additional secure garden area, which we saw people enjoying on the day of our inspection. One member of staff said, "The garden is much better for people and we now have BBQ's"
- There was an activity room within the service which people were encouraged to use. The provider was in the process of recruiting an activities co-ordinator to lead on developing new activities.
- Care plans were updated and reviewed as required. Information was shared as people's needs changed, so that people would continue to receive the right care. This included information in the staff handover.
- We spoke to three healthcare professionals, all of whom felt that staff knew people well. One healthcare professional said, "They [nursing staff] are very good. When we ask questions [about people's health and needs] they have all the answers. "

Improving care quality in response to complaints or concerns:

- People told us they felt able to speak to staff if they had any concerns. Relatives told us they had not made any complaints, but if they had a concern they were happy to speak to staff. One relative said, "I wouldn't stand any nonsense, I would speak to [registered manager's name] and I know she would listen and take action."
- We saw that where complaints had been received these had been investigated and the outcome recorded. We saw that action had been taken where there was learning for the service and to reduce the risk of further concerns.

End of life care and support.

- At the time of the inspection there was no one being supported with end of life care. The registered manager said when this care was needed they would work closely with people's family and their GP to support people get the care they wanted.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care:

- At the last inspection we found that systems to check on the safety and quality of the service were not adequate, this was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and regulations have been met, however, we identified some new areas where improvements were required.
- Menus gave some choices reflecting people's cultural heritage. We discussed improvements to develop the menu to give consistent choices with the registered manager. They gave assurances this would be reviewed immediately following the inspection.
- We found that information kept by the kitchen staff did not accurately reflect information held on some people's care plans. For example, we found information recording that one person had an allergy to spice. When we checked this, we found that the person was not allergic but did not like spicy food.
- Although people and relatives told us they felt involved in their care, care records could be improved to clearly show people's inclusion and involvement. This was acknowledged by the provider.
- We found the provider needed to strengthen their recruitment process further and ensure a full employment history was completed for all staff.
- Improvements, such as the hanging of pictures reflecting people's cultural heritage could be made to make the communal areas feel more homely. The provider said the home was currently in the process of redecorating and some pictures and tactile boards were on order.
- People told us improvement had been made. One person said, "They are definitely making it better for us." Staff also told us since the last inspection improvements had been made. One member of staff told us, "Things are better than when you [CQC] last came. [There is] improved support to staff and communication is much, much better."
- The provider had quality assurance systems in place and we saw where action had been taken to make improvements. Areas identified for improvements in the environment formed part of the provider's Premises Action plan.
- The registered manager reported key events to the provider, such as accidents and incidents, so the provider could be assured people were receiving good care.
- Since the last inspection the management team had worked with external agencies to develop and improve audits and checks. Throughout the inspection the management team were open in their assessment of the service and to the findings of the inspection and demonstrated commitment to continuous learning. For example, within their PIR they stated one improvement they were looking to develop was, 'To increase the regularity of external auditors' visits,' to ensure improvements were sustained and built upon.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us they felt listened to and that management team were approachable and supportive.
- On the day of our visit the registered manager interacted in a relaxed and caring way with people living in the home and took time to re-assure people when they raised any queries.
- The provider and registered manager held meetings to review the running of the home.

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

- The provider had sent out a resident questionnaire to enable people to give feedback on living at the home. The responses showed that people considered the service to have improved.
- The registered manager was working with relatives to establish a relative's forum. We could not comment on the effectiveness of this because it was not in place at the time of the inspection.
- Staff told us there were regular staff meetings to share information and provide an opportunity for staff to feedback their views and suggestions.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff were supported to understand their roles through regular supervision meetings.
- There was a clear staffing structure and staff were clear on their role and who to report any comments or concerns to.
- The latest CQC inspection report rating was on display in the reception of the home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Working in partnership with others

- Health professionals we spoke with felt there was a positive working relationship between the registered manager and themselves. One health professional told us they felt improvements had been made and communication had improved.
- The service worked in partnership and collaboration with other key organisations such as GP's, community mental health teams and advocacy services to support care provision.
- The service also looked to develop community links, for example, we saw that some people attended local community day centres. The registered manager told us they had developed a good working relationship with the centres and good communications had been developed.