

Wishmoor Limited

Wishmoor Rest Home

Inspection report

21 Avenue Road
Malvern
Worcestershire
WR14 3AY

Tel: 01684569162
Website: www.wishmoorresthome.com

Date of inspection visit:
25 September 2018

Date of publication:
18 October 2018

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

Care service description

Wishmoor Rest Home is a residential care home for 25 people with dementia. At the time of our inspection 25 people were living at the home.

Rating at last inspection

At our last inspection on 11 January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

People continued to receive care in ways which helped them to remain as safe as possible. Staff understood risks to people's safety and supported people receive their prescribed medicines safely. There was enough staff to provide support to people to meet their needs.

Staff received training which matched the needs of people who lived at the home, so they would develop the skills and knowledge to care for them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported by staff if they needed help making key decisions about their life. People were cared for so they had enough to eat and drink and their food preferences were met. Staff supported people to see health professionals so they would remain well.

People enjoyed spending time with the staff that cared for them and were treated with dignity and respect. Staff spoke warmly about the people they cared for and encouraged them to make their own day to day decisions and maintain their independence. People were treated with respect and dignity.

People care was planned in ways which reflected their preferences and wishes. Relatives' and health and social care professionals' views and suggestions were considered when people's care was planned. People, relatives and staff were confident if any complaints were made these would be addressed. Systems were in place to manage complaints.

People were encouraged to stay active. The provider had a comprehensive activities and entertainment programme for people to join in and enjoy.

People, their relatives and staff were encouraged to make suggestions to develop the care they received

further through open communication with the senior management team. The manager and provider regularly checked the quality of the care people received. Where actions were identified these were undertaken to improve people's care further.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Wishmoor 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 inspection took place on 25 September 2018 and was unannounced.

The membership of the inspection team consisted of one inspector 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.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We sought information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at how staff supported people throughout the time we were at the home. As part of our observations we used the Short Observational Framework for Inspections (SOFI). SOFI is a way of observing people who may not always be able to voice their opinions of the quality of service provided. The manager and provider were present throughout the inspection. During the inspection we also spoke with five people who lived at the home and four relatives, four care staff, the activities coordinator. We reviewed three care records, the provider's quality audits, accident and incident records, the provider's complaints and compliments records and three staff recruitment files.

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure living at the home. One person told us about feeling safe, "Absolutely yes, no reason to think otherwise." Another person said, "Oh definitely I feel safe here."

The provider continued to protect people from avoidable harm, abuse and discrimination. Staff had received training in, and understood, how to recognise, respond to and report abuse. They told us they would immediately report any abuse concerns to the management team. Staff were also aware of whistle-blowing procedures and felt confident raising any concerns. The manager understood their responsibilities in reporting and dealing with concerns to ensure people remained safe.

People who lived at the home and staff provided examples of how avoidable risks to people's wellbeing were reduced. We saw where necessary, people had the mobility equipment supplied to help them maintain their independence. Any accident and incidents were recorded and monitored so lessons could be learned and help prevent further occurrences. People told us there were enough staff to keep people safe and meet their needs.

People were protected from infection through staff being knowledgeable about infection control measures. We saw staff wore personal protection equipment during the delivery of personal care and whilst serving people's meals. A relative told us, "The home has to be clean, nice with everything you want. [Relative's name] was offered this place and we came to view unannounced. We were impressed with the staff, the building and the cleanliness. It was bright and airy and it's welcoming."

Staff we spoke with confirmed employment checks were carried out on their suitability to work at the home before they commenced their employment. Records showed that Disclosure and Barring checks (DBS) were completed before staff started work, so people were protected by the provider's recruitment arrangements. This check helps employers make safer recruitment decisions and prevents unsuitable people from being employed. We saw the provider had also obtained employment and personal references to further check the staff's suitability to work at the service.

People we spoke with told us they always received their medicines and were happy for staff to support them with these. One person told us, "Yes, I only have one [medicine] and if I feel I want it. They give it in the morning. "We checked the provider's system of recording and administering medication. Medicine records were up to date and we saw medicines were stored securely.

Is the service effective?

Our findings

All the people we spoke with were very complimentary about the staff team that cared for and supported them. Comments we received included, "They [staff] ask me what I want, and they all do that "

We heard from new staff they had received an induction when they commenced work at the home which included the care certificate as part of their induction. The care certificate is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care staff. Staff we spoke with told us they had opportunities during their induction to shadow work alongside established colleagues to develop their skills and confidence before working alone with people.

Staff spoke positively about the training they received to keep up-dated. One staff member told us, "I've been on lots of good training. We do on-line and classroom based training I prefer that because I can ask the trainer questions." Staff told us they had received regular supervisions and staff meetings where they were offered the opportunity to reflect on their practice and identify further training needs. A staff member said, "We can always go on training, if we ask, its encouraged."

We saw people's care and support needs had been assessed and planned, so guidance was in place for staff to follow. This included guidance for staff to know what mobility aids were required to support the person to be able to walk and so keep their independence

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The application procedures for this in care homes and hospitals are 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 were being met. We reviewed how the manager had ensured people's freedom was not restricted. We found that a number of DoLS applications had been submitted to the local authority in a timely manner and where applications needed to be re-applied for, these had been submitted. When we spoke to staff about their knowledge of the applications and who these related to, staff could confirm the person that the DoLS related to. Staff confirmed they had received training on the principles of the MCA and understood what it meant to make a decision in a person's best interests.

People told us they liked the food, one person told us, "The food is really nice here." We saw people were offered a choice of condiments and extra gravy on the table if they required. Staff offered people a choice of meals, demonstrating what was on offer by a menu and showing people two different plates of food to

choose from. We saw people were offered a choice of drinks and fresh fruit throughout the day. We saw in people's care plans advice and guidance for staff regarding how much daily fluid to follow to ensure people remained hydrated.

People were supported to maintain their health and wellbeing and we saw had access to health and social care professionals. People told us they had seen doctors and attended hospital appointments as necessary. Staff had a good awareness and knew the importance of seeking medical advice should they become concerned if a person's condition changed. A relative confirmed they were contacted if their family member needed any medical support. People's medical history was available to those supporting them and we found that staff liaised with healthcare professionals where this was required to help people to remain well.

The manager told us there was on-going improvements being made to the home environment to ensure it effectively met the needs of people. Decorations and furnishings were being replaced to improve the environment for people. People were encouraged to bring in their own personal belongings if they so wished to decorate their own rooms to make them feel at home.

Is the service caring?

Our findings

People told us staff were caring and they were happy living at the home. One person told us. "Oh, crikey yes, I've got a good rapport with the staff. " A relative stated about staff being caring, "Oh yes very much so, very much so."

We heard examples of staff kindness, for instance one staff member bought one person a replica animal because they were missing their pet. We saw how this provided the person with a great deal of comfort.

We saw staff used people's preferred communication methods alongside what they knew about people's lives. For example, the manager told us they had ordered communication picture cards to aid one person's understanding as English was not their first language.

Staff knew people's preferences and routines, so worked around these so not to cause any distress. For example, they knew one person would become distressed if personal care was delivered too early during the morning. The manager told us, "We have to assist the person in their own time and at their preferred pace otherwise they become distressed, each day is different."

We saw there were arrangements in place for people to be involved in making decisions. People told us they felt involved in their own care. A person told us, "They [staff] always ask with me about what I need help with." Staff told us and we saw that they gave people choices and involved them in making decisions about their care. A staff member said, "I ask people what they want to do, what they would like to eat, if they want to go to bed, we try and encourage people to tell us how they want things done and stay independent." We saw advocacy services were advertised in the hallway, if people needed an advocate to support them in their lives and speak up on their behalf when this was required.

Staff were seen to support people to have their privacy and were treated with dignity. We saw people were supported to spend time alone if this is what they chose. We saw staff knocked on the doors of people's personal rooms and waited for permission to enter. There was an individualised approach to meeting people's personal care needs; we saw people were discreetly assisted to access the toilet when they wanted it throughout the day.

Is the service responsive?

Our findings

People said they received care and support in the way they preferred. One person said, "I get the care the way I want it. Staff are very good."

People told us they discussed their care needs before they moved into the home. One person told us they had recently moved into the home. They told us, "Before I moved in we completed an assessment." Relatives we spoke with, also told us they met with the manager and talked through their family member's likes and dislikes. A relative told us, [Family member] is fine. We think they are well looked after."

We reviewed three people's care plans and saw that these were regularly reviewed and updated. Staff we spoke with explained to us that where changes to people's health needs had been identified, changes had been made to people's care plan. We saw staff complete these checks at the required time, so these could be responded to in a consistent way.

We spoke with people who told us they were supported to maintain interests and activities that were important to them. One person talked with us about the importance of their religious beliefs. The person was encouraged by staff to maintain links with their church and attend worship. Another person told us about how they liked gardening and regularly went out into the garden and grew flowers. The manager told us how they had ordered a new greenhouse so people could continue with their hobby during the winter months. The manager had contacted a charity organisation for the older people, so they could maintain and enjoy links to the local community. We saw the manager had employed an activities co-coordinator who arranged a variety of entertainment and outings. One person told us "I love [activities coordinators name] they take us out for pub lunches, days to the seaside and this week we are going to the cinema."

People told us they knew how to make a complaint or raise a concern. They felt comfortable to approach any staff member, the manager or provider. We saw where complaints had been raised they were recorded with any actions taken to remedy the situation in line with the provider's complaints policy

Is the service well-led?

Our findings

Since our last inspection there had been a change in manager at the home. The new manager had been in post for two months and had started the process to become registered with Care Quality Commission. 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 told us the home was managed in a way which helped them to receive good care and to enjoy living at the home. One person said, "The manager is approachable we can talk to them."

Staff we spoke with felt the manager was approachable and supportive. The manager told us, they thought people benefitted from a stable staff team, because staff knew people they cared for well. One staff member said, "It's now a good team here, staff turnover is now lower. We can bring our suggestions and concerns to her [manager] she is very approachable." Another staff member described staff meetings as being open and staff felt they could state their opinion and be listened to. All the staff we spoke with were aware of the provider's whistleblowing policy if they wanted to raise a concern.

The provider and manager carried out checks to ensure the service met people's needs effectively and safely. This included checks of care plans, medicines and health and safety. Any concerns with the quality checks were recorded and showed how the provider and manager had made improvements with action taken for future learning. The manager described their vision for the home over the next twelve months and gave us examples of how they wanted to assist people to feel valued and supported to reach their goals. For example, they had sourced a community project for one person to use their hobby of knitting and make garments for the charity. They described the joy from the person once they knew they were knitting for a purpose and the appreciation that went with it.

The manager told us of their commitment to be an inclusive home with regards to people feeling comfortable to express their sexuality. They had provided staff with training to help people feel safe within their environment.

The manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The manager had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.