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Wilnecote Rest Home

Inspection report

Hockley Road
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Tel: 01827262582

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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

About the service: Wilnecote Rest Home provides accommodation and personal care for up to thirty people, some who may be living with dementia. At the time of our inspection, there were twenty five people using the service.

People's experience of using this service:

- People said they felt safe and happy.
- Staff knew how to recognise and report any concerns they had about people's well-being and how to protect people from harm and abuse.
- Medicines were managed in a safe way.
- There were enough suitably skilled staff to meet people's needs.
- People had assessments and care plans in place which staff used to support people in a person-centred way.
- Risks to health and well-being were planned for and managed well.
- People had their dietary needs met.
- People were supported to have choice in their daily lives and staff supported them in the least restrictive way possible; the policies and systems in place supported this practice.
- Staff were kind and caring and supported people to be as independent as possible.
- People had access to a variety of meaningful activities.
- The home was run well by a registered manager who was held in high regard by people, their relatives and staff.
- The registered manager had a good oversight of the service and improvements had been made as a result of feedback received and through learning lessons when things went wrong.

Rating at last inspection: At our last inspection the service was rated as Good overall with the key question of Effective rated as Requires Improvement (Report published 12 August 2016). At this inspection, the service met the characteristics of Good in all areas.

Why we inspected: This was a planned inspection based on the date and the rating of the last inspection.

Follow up: We will continue to monitor the service through the information we receive and will re-inspect as per our inspection programme or sooner if required.

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?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Wilnecote Rest Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by one inspector and one 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: Wilnecote Rest Home is a care home. People in care homes receive accommodation and 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 undertaken on 25 March 2019 and was unannounced.

What we did: Before the inspection, we looked at information we held about the service. We reviewed notifications we had received. Notifications tell us about important events that have occurred at the service, which the provider is required to send to us by law such as deaths, safeguarding concerns and serious injuries. We considered the Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service such as what it does well and any improvements they plan to make. We asked the Local Authority for feedback about the service and this helped us to plan our inspection.

During the inspection we spoke with four people, seven relatives, two members of staff, the cook and the registered manager. We observed the care and support that people received in the communal areas to assess how they were supported by staff.

We looked at three care records and saw records that related to the safety and management of the service

such as records of accidents and incidents, complaints and audits. We also looked at the way medicines were managed and stored.

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

- People and their relatives were consistent in their views about the safety at Wilnecote Rest Home.
- A relative said, "[Person's name] wasn't safe at home but I know they are safe living here." Another relative told us, "[Person's name is 100% safe living here, there hasn't been any issues since they moved here."
- Staff had received safeguarding training and had the required skills and knowledge to ensure people were safeguarded from the risk of harm or abuse.
- Staff knew how to report safeguarding concerns to the appropriate people and authorities.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place which were reviewed regularly and updated as people's needs changed.
- Staff knew people well and knew what actions to take to support people and keep them safe.
- Where people had specific health conditions, there was guidance in place for staff to follow to reduce the risk of avoidable harm.

Staffing and recruitment

- There was a safe recruitment process in place. This prevented unsuitable people from working with vulnerable adults.
- There was enough staff to meet people's needs.
- Staff we spoke with confirmed that they felt the staff numbers were sufficient. One member of staff said, "There are always enough staff here. We do have a policy that we use if people do ring in sick so that we are never left without cover."
- People and relatives we spoke with confirmed what staff had told us.

Using medicines safely

- Medicines were managed safely.
- We observed staff administering medication in line with people's needs. For example, some people required medication that was 'time specific'. We saw that these people received their medication on time and in line with current guidance.
- Protocols were in place for people who received 'as required' medication.
- Controlled drugs were stored, recorded and administered correctly.

Preventing and controlling infection

- Staff we observed wore Personal Protective Equipment (PPE) to ensure they reduced the risk of cross infection.

- The home was clean and well maintained.
- The service had achieved the highest five star rating for food hygiene standards.

Learning lessons when things go wrong

- The registered manager recorded any accidents and incidents and identified themes and trends to action and reduce the risk of reoccurrence.
- Where necessary, the registered manager liaised with other professionals and sourced equipment for people as a way of keeping them safe. For example, people who were prone to falls had sensor alarm equipment in their rooms.

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 our last inspection we found that the service had not made all of the relevant applications to the Local Authority for people who were potentially being deprived of their liberty and people did not always have a positive experience at mealtimes. At this inspection we found that improvements had been made.

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

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.
- Staff understood the principles of the MCA and people were encouraged to make decisions for themselves where possible.
- One staff member said, "It's about giving people the opportunity to make decisions about their care." Another member of staff told us, "We always assume that people do have capacity until proven otherwise."
- People and relatives confirmed that staff asked people for their consent before support was provided.
- 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).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service had identified where people were being deprived of their liberty and had made the necessary applications to the relevant authorities. Where the applications had not yet been authorised, the registered manager had a system in place to follow up applications to ensure the service was acting lawfully.

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

- People had their nutritional needs met.
- The service sought the relevant professional advice for people who had specific dietary requirements. For example, it had been recommended for some people to have a pureed diet. This was prepared and served in line with the guidance provided.
- People were given choices at meal times. The cook told us they offered people two choices just before meal times but alternative options were available on request. We observed one person asking for a variation of the desserts that were on offer and this was provided without hesitation.
- Where people required support to eat, we observed staff demonstrating patience with people and engaging in conversation in order to make mealtimes a positive and social experience.

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

- People received a pre-assessment before moving to live at Wilnecote Rest Home. This ensured that the service could effectively meet the needs of people it was supporting.
- Assessments and care plans were reviewed monthly. One staff member said, "We are responsible for reviewing so many care plans each month, that way, we make sure everyone has a full and detailed review and no one is missed."
- Relatives we spoke with said they had been invited to attend and participate in annual reviews that had taken place and that they were kept up-to-date with any changes in people's care and support needs

Staff support: induction, training, skills and experience

- Staff received training that enabled them to support people in the most effective way.
- People and relatives told us that they felt confident that staff had the relevant skills to care for people.
- A relative said, "Staff, without doubt, know [person's name] well and they always seem to know what they are doing."
- Staff received monthly supervisions with the registered manager which was used as an opportunity to discuss practice and development needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff received a handover at the start of each shift. This enabled staff to share information about people in order to provide consistent care.
- When the need arose, the registered manager sought advice and guidance from other professionals in a timely way to support the needs of people. For example, one person's mobility had significantly deteriorated. Physiotherapy and occupational therapy support was utilised to improve the person's quality of life.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare as required.
- Care records documented when health professionals had visited the service or when people had attended medical appointments.
- On the day of our inspection, we observed a district nurse visiting people.

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

- People were encouraged to personalise their own rooms with their own belongings to create a homely environment.
- There was signage around the home to help people navigate their way around.
- The garden space had been refurbished from funds raised by the registered manager and the staff team. Furniture and plants had been purchased for people to enjoy in the forthcoming warmer weather.

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; respecting equality and diversity

- People told us that they were treated kindly by compassionate staff. One person said, "The staff are so good here, I can't fault them. The staff are always pleasant and the place has a real homely atmosphere. I would recommend Wilnecote."
- Relatives agreed with what people had told us. A relative said, "I genuinely cannot fault this place; the staff even look after me when I visit." Another relative told us, "I'm really happy with the care, all the staff do their best for [person's name]. I visit most days and I am treated so well too; I'm part of the furniture now."
- During our inspection, we observed staff sitting with people and engaging with them. People responded with conversation, smiles and laughter.
- Staff used appropriate touch and body language with people who could not verbally communicate and this was reciprocated by people who were evidently happy.

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

- People were supported to be involved in the planning of their care. People and their relatives told us that were asked to take part in reviews about their care needs and staff gave people choice about the care they received in line with their personal preferences.
- Staff used pictorial aids to communicate with people who could not communicate verbally. For example, menu cards were used to allow people to choose their meals. This ensured that people were involved in making every day decisions about their care.
- The service considered some of the protected characteristics under the Equality Act 2010. These included religion, age and race and people were supported to have their diverse needs met. The registered manager told us that whilst protected characteristics such as sexual orientation were considered, this was not always recorded and further work would be done to ensure that where this was important to people, this would be recorded as such.

Respecting and promoting people's privacy, dignity and independence

- Staff told us that they treated people with dignity and respect. One staff member said, "I treat people as if they were all members of my family. Just because someone has dementia, it doesn't mean they are no longer a person so I treat them as I would expect to be treated myself." Another member of staff told us, "If people want to cover up when we are supporting with personal care, I make sure that this is done in order to preserve dignity."
- One relative told us, "Staff take [person's name] to their room to support them with their personal care and they [staff] always draw the curtains."
- Independence was promoted. A staff member told us, "Everyone is different and some people like to help themselves so we let them." We observed staff encouraging people to maintain independence throughout

our inspection.

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 had key workers in place who were responsible for ensuring that people had everything they required in relation to their care and support needs. For example, one staff member said, "I ensure [person's name] has enough clean clothing, has a clean room and toiletries they require." Key worker names were displayed on people's doors so that people and their relatives knew there was a designated point of contact if required.
- Care plans were individualised and included person-centred profiles and 'this is me' documentation. Staff we spoke with told us that they used the information in the care plans as points of conversation with people so discussions were purposeful and interesting for people.
- The service had an activities coordinator, however they were not present on the day of our inspection. Staff told us that the activities coordinator also used the care plan information to ensure planned activities were meaningful for people.
- We saw pictures of people enjoying activities and there was a craft session taking place during our inspection.
- The registered manager met their obligation in relation to the Accessible Information Standards (AIS). The AIS places a responsibility on a service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.
- Information was available in different formats or in large print as required.

Improving care quality in response to complaints or concerns

- Not everyone living at the service knew if there was a complaints policy in place but understood that they could make a complaint, should they so wish, at any time.
- The complaints policy was displayed in the entrance to the home and complaints we saw had been responded to in line with this policy.

End of life care and support

- There was no one in receipt of end of life care at the time of our inspection. However, people were asked about their end of life wishes and requirements as appropriate and this was recorded in their care records.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was dedicated to providing a high-quality service for people and adopted an open door policy and had created an inclusive culture within the service.
- The registered manager said, "I listen to what people say and me and the staff work together, we are always trying to find ways to improve."
- Staff we spoke with told us that they felt the registered manager was approachable and listened to them. One staff member said, "The best thing about [registered manager's name] is that they are one of us, we can go to them about anything. They let us know there is always room for improvement."
- Relatives felt that the registered manager was approachable and the service was well-led. One relative said, "The registered manager is 100% approachable, they give me the information I need and I can always go to them about anything." Another relative said, "[Registered manager's name] has worked wonders since they came here; they really are a good manager."
- The registered manager also spoke highly of the provider of the service saying, "I think they are excellent, they are so supportive." This showed us that the service provider had oversight of the management of the home and the provider and the registered manager worked collaboratively to improve care for people.
- The registered manager understood their responsibilities in relation to Duty of candour, that is to be open and honest when things go wrong. The registered manager said, "We don't hide anything, we always tell the truth."

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

- The registered manager met their registration requirements. Statutory notifications were submitted as required and the service had its ratings on display.
- There were systems in place to monitor the quality and safety of the service. Audits were undertaken on a regular basis and actions were put in place to address any identified shortfalls. This was then shared with staff to prevent the same incidences reoccurring.
- Staff had their competency checked through direct observations of practice to ensure that staff were delivering care and support to the highest standard.
- The registered manager had developed lines of delegation and issued certain responsibilities to senior members of staff to support with the day-to-day running of the service. The registered manager told us that this enabled them to spend more time with residents and staff.

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

characteristics

- People and their relatives were invited to feedback and share their views and thoughts about the service through questionnaires and meetings. We saw evidence of the actions that were taken as a result of service user participation. 'You said, we did' posters were developed and we saw how the service had been decorated with wallpaper of people's choice. Some people had commented that the windows needed blinds; during our inspection, these blinds were being fitted. This showed us that the registered manager actively listened to what people were saying.
- Staff had their own team meetings. One member of staff said, "They are very useful as we discuss things we want to improve and we share ideas."
- The service produced its own newsletter to keep people updated with news and events that were happening within the service. A copy was displayed on the visitors board in the entrance hall and was readily accessible.

Continuous learning and improving care

- The registered manager kept up-to-date with changes within the health and social care sector by utilising best practice guidance from organisations such as The National Institute for Health and Care Excellence (NICE) and attending conferences on relevant topics such as dementia.
- The registered manager had weekly meetings with senior staff and they shared their learning and ideas with care staff to drive improvement.

Working in partnership with others

- The service worked well with other organisations. We viewed a compliments book where feedback had been given from other professionals such as social workers, community psychiatric nurses and occupational therapists.
- The registered manager had developed community links with outside agencies and organisations such as schools and local businesses to enhance and improve care for people.