

Wythall Residential Home Limited

Wythall Residential Home

Inspection report

241 Station Road
Wythall
Birmingham
B47 6ET
Tel: 01564 823478

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was unannounced and took place 24 September 2015.

Wythall Residential Home is registered to provide accommodation and personal care for adults who have a dementia related illness for a maximum of 22 people. There were 21 people living at home on the day of the inspection. There was a manager in place however they had not been registered with us. A 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 they felt safe and staff were available to them. Staff told us about how they kept people safe from the potential risk of abuse and provided medicines as required. People and relatives told us there were enough staff to support people at the home. Staff at the home felt there were enough staff to meet the needs of people living at the home.

Summary of findings

Assessments of people's capacity to consent and records of decisions had not been completed where required. The provider could not show where people had not been able to give their consent to care and treatment or that the relevant people had been consulted. People told us they liked the staff and felt they knew how to look after them and made day to day choices about their care and support.

Staff were provided with training, however they told us they would like further training and awareness in understanding the Mental Capacity Act and specialist dementia care. People's consent to care and treatment would be better supported from staff that had more knowledge in this area. The provider told us they would ensure training was arranged to support staff.

People enjoyed their meals and had choices and their preferences noted when the menus were planned. People had been supported to maintain access with other health and social care professionals. People were helped to contact and arrange appointments with services which were not available within the home. They had regular visits from their GP when needed and were supported by staff to attend appointments in hospital.

Staff knew people's care needs and people felt involved in their care and treatment. Staff were able to tell us about the care needs of people. People's privacy and dignity were respected and staff were kind to them. People had been involved in the planning of their care and relatives were involved in supporting their family members care.

People were supported with things to do during the day and live in an environment that supported their needs. People and relatives felt that staff were approachable and listen to their requests.

The manager was available, approachable and known by people and relatives. Staff also felt confident to raise any concerns of behalf of people. The management team had kept their knowledge current and they led by example. The management team were approachable and visible within the home and people knew them well. The provider and manager had made regular checks to monitor the quality of the care that people received and look at where improvements may be needed. The management team were approachable and visible within the home which people and relatives liked.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received their medicines in a safe way which encouraged their independence. People were cared for by staff who had the knowledge to protect people from harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs.

Good



Is the service effective?

The service was not always effective.

People's consent to care and their capacity had not always been considered for individual decisions. People's dietary needs had been assessed and they had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Requires improvement



Is the service caring?

The service was caring.

People received care that met their needs. When staff provided care they met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Good



Is the service responsive?

The service was responsive.

People were supported to make everyday choices and were not in things to do.

People were confident that if they had concerns, they could raise these with staff. They felt they would be listened to, taken seriously and receive a response to the issues they raised.

Good



Is the service well-led?

The service was well-led.

Whilst there was no registered manager in post the current manager and provider had monitored the quality of care provided. Effective procedures were in place to identify areas of concern.

People, their relatives and staff were complimentary about the overall service and had their views listened to.

Good



Wythall Residential 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 unannounced inspection took place on 24 September 2015. The inspection team comprised of one inspector and an expert by experience who had expertise in older people's care. 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 the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with 10 people who lived at the home and one relative. We spoke with two domestic staff, the cook, three care staff, two senior care staff the manager and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at four records about people's care, five medicine records, falls and incidents reports, and checks completed by the provider.

Is the service safe?

Our findings

All people that we spoke with told us they felt safe living at the home one person commented, "I've got no worries because I'm being looked after". They felt their home was secure and the staff were friendly and supportive. One person told us, "The nurses (care staff) are complete angels".

People were comfortable with staff who provided support and reassurance. Staff knew when people required emotional support which they gave. One person felt that staff, "Guided and helped" them to remain safe. Two staff told us they kept people safe while providing the care they needed. For example, how many care staff a person needed to provide safe care. They were clear about the signs of abuse that may occur and that they would report concerns about people's safety to the manager or provider.

People were involved and encouraged to manage their safety. Where needed people used their walking aids, asked or received staff support to walk or stand up from the chair. Staff were aware of the level of support needed to help reduce people's risk. For example, people's risk of falls and who required specialist cushions to sit on.

People we spoke with felt that staff were available to support them when they needed assistance. One relative said, "I have never seen anyone wait for anything". The care staff were supported by the registered manager, catering and housekeeping staff who were all involved in supporting

people at the home, including their care needs. We saw that all staff would respond to people's requests. All staff we spoke with said they worked as a team when there were shifts to cover if staff were ill or on leave.

The manager monitored the incidents, accidents and falls that people had on a monthly basis. The review looked to see if there were any risks or patterns to people that could be prevented. For example, if a person may need the use of additional equipment or referring to an external professional for advice and guidance.

Staff told us they felt there were enough staff available to provide people's care and social support. The manager had reviewed how the staff met the needs of people who lived at the home.

People looked after their own medicines or were supported to take their medicine when they needed it and staff explained what the medicines were. Staff who administered medicines told us how they ensured that people received their medicines at particular times of the day or when required to manage their health needs. People's medicines had been recorded when they had received them.

Staff told us they checked the medicines when they were delivered to the home to ensure they were as expected. Staff knew the guidance to follow if a person required a medicine 'when required'. The provider had reviewed the information available to know if people's medicines were appropriate to meet their needs or if further review or advice was needed.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) is a law that protects and supports people who do not have the ability to make decisions for themselves. While we saw staff listen and responded to people's day to day decisions and choices, three staff we spoke with felt their understanding was limited in this subject.

We looked at two people's care records and saw that capacity assessments had not been completed when a decision had been made for them without their knowledge. The decisions made did not show how the person's capacity had been assessed or that consideration had been given to alternative options that may have been available. For example, two people now received their medicines in their food without their knowledge. However, one staff told us the person was able to swallow medicines in a liquid form and this was used to administer their pain relief as required. They also felt that the person may on occasions be able to consent to take their medicines. The manager was not aware that these decisions had been made and agreed to review them. The manager will need to ensure people are empowered to make decisions for themselves wherever possible, and assess and protect people who may lack capacity.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11 Need for Consent.

Where people had their freedom restricted they had been protected by the correct procedure being followed. Applications had been made to the local authority as required and all staff we spoke with knew who had restrictions to their freedom in place and what this meant for the person. For example, restrictions on the person leaving the home.

Four people told us that staff met their needs. For example, by understanding their sense of humour and what they needed help with. One relative was happy that the staff understood how to provide care to their family member that met their health needs. Care staff demonstrated that they had been able to understand people's needs and had responded accordingly. They told us about the courses they had completed and what this meant for people who lived in the home. For example, how to provide care for people who were unable to assist themselves.

However, three staff felt that training could be improved to increase their knowledge in MCA, specialist dementia care, medicines and safeguarding. They felt this would help provide a more supportive environment for people living with at the home. The manager was looking to provide further training in these areas and felt it was important as this was the providers "specialist care home for people with dementia".

Care staff felt supported in their role and had regular meetings with the manager to talk about their role and responsibilities. They also knew the area manager and owner and felt comfortable to approach them. One said, "I feel it's a supportive management team here". Staff told us about the national vocational qualifications (NVQ) or Qualifications and Credit Framework (QFC) they had achieved.

All people that we spoke with told us they enjoyed the food and staff offered a choice at meal times. People were offered a choice of two lunch options and were supported with their meal if needed. Drinks were available throughout the day and snacks were offered to people. Where people needed a soft diet or required support to eat their meal this was provided. People were not rushed at mealtimes and were able to choose to have their meal in the dining room, the lounge or in their rooms. We spoke with the cook who knew people's preferences and special requirements. They knew who required soft diets and how to support people with allergies or cultural needs.

Two people's care records provided information about each person's food preferences staff told us about the food people liked, disliked and who may be a risk of choking or losing weight.

People told us they got to see their GP, and visits were arranged if needed. On the day of our visit there was a chiropodist available for people and where required the district nurse visited to support people. We also saw that where people required a regular blood test to monitor and maintain their condition, these had been arranged and completed as required.

Staff were able to tell us about people's individual care needs and how people were supported with other health conditions and how they were monitored and supported within the home. We saw records that showed where

Is the service effective?

advice had been sought and implemented to maintain or improve people's health conditions. For example, ensuring people were supported to prevent the risk of developing skin ulcers.

Is the service caring?

Our findings

All people we spoke with told us the staff were kind caring and attentive to them. One person told us, "Well it's very nice. They're all very pleasant". They also told us they enjoyed living in the home and one person said, "I enjoy it here. People (staff) here are very friendly". One relative we spoke with told us, "They're (staff) very good, very caring" and staff were approachable and friendly with them and their family member. People told us that friends and relatives could visit at any time and all visitors we spoke with felt welcomed by all staff at the home.

The atmosphere was happy and relaxed and people had developed friendships with both other people that lived at the home and the staff. One staff member told us they chose to arrive early for their shift as they, "Loved to spend time with people". People joked with staff who responded with fondness and we saw that people were able to relax with them. Three staff told us they enjoyed getting to know people and chatting with them to find out about their history and interests.

People expressed their views about their care and told us they were involved in making decisions. One person said, "I am very well looked after". People felt they were involved in reviewing their care or were supported by a family member. One relative said there were always involved and felt the care was right for their family member. People approached staff or staff knew when to provide support or ask if people required anything. For example, recognising when a person was cold and needed their blanket adjusting.

Two care plans we looked at recorded people's likes, dislikes and their daily routine. Two staff told us about the people they cared for. For example, their preferred care routine care and individual preferences.

People were supported to do things on their own and to remain independent, with staff offering encouragement and guidance if needed. Two people told us about how much support they needed from staff and were happy that they were able to maintain their independence within in the home. Staff told us about people's levels of independence in their care needs and how this may vary day to day. They said they respected people's everyday choices in the amount of assistance they may need. People told us they remained in control of their day to day requests, preferences and routines. For example, the time they got up or went to sleep.

People were respected by staff who knew them well. Staff had not rushed people and worked with them at the person's own pace. For example, providing prompts so people were able to be independent and make their own choices. Staff understood people's needs by reducing their concerns if a person became upset. We saw staff reassure and comfort people who became upset and this helped reduce their anxiety. One staff said they felt care was provided in a, "Calm and happy atmosphere".

Staff respected people's privacy and were considerate when they spoke with a person about their care needs to ensure it was not shared with others in the communal areas. Staff ensured people's personal information was stored in the manager's office. Staff spoke respectfully about people when they were talking and having discussions with other staff members about any care needs.

Is the service responsive?

Our findings

All people that we spoke with told us they got the care and support they wanted. Staff took time to talk with family members about how their relative had been. One relative said, "I was very upset that [relative] may have to move". However they were pleased that the manager and staff had been able to look at alternative ways for the person to remain at the home and have continued to meet their needs.

People had their needs and requests met by staff who responded with kindness and in a timely manner. One person told us that it was nice having nursing staff available to ask for assistance if they had felt unwell or wanted something checked. People's health matters were addressed either by staff at the home or other professionals. On the day of the visit the staff responded immediately when a person became unwell and took steps to ensure the person received the emergency care they needed.

Staff knew and understood each person well, had information about their families and past and were able to use this to help with provide care they supported the person. Staff were able to tell us about the level of support people required. For example staff knew where people required wound dressing changed or when other appointments were needed to maintain and monitor people's health. Three staff told us that knowing people well, meant that they were able to "See when a person may be unwell and may need to see the doctor".

Where people's needs changed, appointments had been attended or changes to medicines staff shared this information at the end of their shift. Staff then starting their

shift had current information about each person and information was recorded. The staff also held a diary and communication book so appointments and reminders were available for all staff to refer if needed.

Two people we spoke with told us they were involved in the care they needed. Relatives had also been asked for their views which had been recorded and considered when planning people's care. We looked at four people's records which detailed people's current care needs. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, where a person might need assistance with areas of their personal care.

During the morning activities were offered to people such as movement to music We spoke with the manager about how people were supported to be engaged in their hobbies and interest. They had developed and implemented a timetable of group activities. They also told us they were currently working with staff to ensure that time spent on tasks were reduced and gave encouragement for staff to spend their time with people. During the afternoon we saw that the manager spent time with people to help staff with this change.

Throughout our visit people and relatives had been comfortable to approach care staff or the manager to talk about care and treatment. Three people we spoke with said they would talk to the manager or staff. One person said, "I don't have any complaints, but I would complain". All staff we spoke with told us that they knew how to raise concerns or complaints on behalf of people who lived at the home. Staff also felt the manager was available and approachable. The manager had responded to one written complaint. However, they felt that "minor concerns or comments" were dealt with at the time and not recorded. This reflected the views and opinions of the people, their relatives and staff.

Is the service well-led?

Our findings

Three people told us about the recent changes to the manager of the home. People told us about their home, how they spent their time and how they felt valued and listened to.

The provider had gathered people and their family's views about the home and the care provided. They had done this by speaking with people and providing opportunities to be involved in the choice of new carpets and decoration in the communal areas of the lounge. The manager had looked at opportunities for gathering the view of people and their families including questionnaires, comments cards, and external review websites. The manager had told us these had yet to provide any information. However, they planned to continue to use direct feedback from people and relatives on a day to day basis and felt this was working well. For example this had led to improvements in laundry care and one person had been supported to recover missing items and relabel them.

People received care and support from a consistent staff group so people were familiar with them. We saw that people knew staff and were happy to chat to them. All staff we spoke with said they felt part of team and felt the manager supported people to receive care from staff that felt supported. The provider had set team values that staff and manager told us about. These were also recorded in people's guides about their home and included, providing care that respected people's independence and choice.

The provider had a clear management structure in place. There had been a period of change within the homes management structure over the last 12 month. However a new manager was in place and had been at the service for one month. All staff told us they had access to information and support during the period of change from the regional

manager and the provider. The new manager had been supported by a staffing team who all worked well together to ensure people were treated as individuals. The provider will need to take steps to ensure that the current manager submits an application to us to become registered.

The provider and manager spoke about how they worked to support each other to continually improve the home. They met frequently to discuss all aspects of people's care and the home environment. For example, they spoke with people and their relatives, looked at people's care records, staff training, and incidents and accidents. The provider also spent time with people during their visit and took part in activities to see how people benefited from these. The manager told us they made sure they were "out of the office" and provided care to people. We saw that people were supported by the manager in a group activity in the afternoon. Resources and support from the provider were available and general maintenance to the home was in progress.

The manager's skills and knowledge were supported by their regional manager and other registered managers at the provider other locations. They discussed their homes and what had worked well. The manager felt supported by other registered managers within the organisation and their regional manager. The manager told us they felt this supported them to be aware of changes and information that was up to date and relevant.

The manager was also working with the local authority to look at consistently providing care that supported people living a dementia related illness. This included looking at activities that people may enjoy and making changes to the environment. For example one area of the lounge had been changed to reflect a forties style lounge with furniture and fittings from the era.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

How the regulation was not being met: People who used the service were not supported to make decisions or when needed have their capacity assessed.