Wythall Residential Home Limited

Wythall Residential Home

Inspection report

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Wythall
Birmingham
West Midlands
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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

The home is registered to provide accommodation and personal care for adults who require nursing care and who may have a dementia related illness. A maximum of 22 people can live at the home. There were 20 people living at home on the day of the inspection.

There was no registered manager in place. 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.

We had previously carried out an unannounced comprehensive inspection of this service on 24 September 2015. A breach of legal requirement was found in relation to Need for Consent. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements as people who use services were not supported to make decisions or have their capacity assessed. We found these improvements had been mad.

People and their relatives told us the service was safe. Staff knew how to keep people free from the risk of abuse and had undergone safeguarding training, had access to policies and guidance which enabled them to safeguard people.

People's risks were managed and had been assessed in relation to their mobility skin care and other health risks. Care staff identified risks and understood how to mitigate the risks. People told us that cares staff were approachable supportive and motivated to provide good care to people.

There were enough care staff who had the correct skills and knowledge to safely meet people's needs in ways that they preferred. People's medicines were ordered, stored and disposed of safely. Staff had completed medicines training and updated their internal medicines training and told us they felt confident in administering medicines.

People told us the staff were trained. Care staff had received suitable training, on-going support and professional development to ensure they were competent to deliver people's care. People reported that their consent was asked for when care was being given. Care staff were able to demonstrate how it applied to their day to day work with people.

People were happy with the quality of the meals provided. People were appropriately supported by staff wherever they were eating within the service. People's weights were monitored and appropriate action was taken if people were at risk from weight loss. People reported there was good healthcare provision. Staff arranged for people to see a range of health care professionals as required.

People and relatives said the care delivered was good and the care staff were friendly, kind, helpful and

respectful. People experienced positive relationships with the staff who cared for them and who upheld their privacy and dignity when providing their care.

People told us they received the care they needed and were cared for by staff who had information about how to respond to their individual needs. People were encouraged to enjoy interests of their choice and were supported to maintain relationships with friends and family so that they were not socially isolated.

People, their families and staff all told us the service was well led. Staff had a good understanding of their roles and responsibilities and felt appreciated. They described the culture as friendly and that there was good teamwork. The provider identified that improvements in medicine administration and care plans were required and were working to improve these areas.

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.

People's safety, risk of harm or injury and well-being had been supported by the provider. People received their medicines when needed and were supported by enough staff.

Is the service effective?

Good

The service was effective.

People had been supported to ensure their consent to care and support had been assessed correctly. People's dietary needs and preferences were supported. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good

The service was caring.

People received care that met their needs from staff that knew them well. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good

The service was responsive.

People were able to make choices and their views of care were listened to. People were able to continue their personal interests and hobbies if they chose to. People were supported by staff or relatives to raise comments or concerns.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff were complimentary about the overall service and had their views listened to. Whilst there was no registered manager in post the current management

arrangements and support from the provider demonstrated the quality of people's care provided had been monitored and maintained.	

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 because the service was not meeting some legal requirements after our previous comprehensive inspection on 24 September 2015 had been made and 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 3 November 2016. The inspection team comprised of two inspectors. The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. 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 also contacted the local authority who is responsible for funding some people's care for information.

During the inspection, we spoke with 12 people who lived at the home and two relatives. We spoke with two senior care staff, two care staff, the deputy manager, two managers and the provider and one visiting professional. We looked at three records about people's care, one Depravation of Liberty authorisation, five medicine records, five compliment cards, one set of survey results, three residents and relatives meeting minutes and checks completed by the provider.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure living in the home with care staff that provided reassurances if needed. One person told us they felt that care staff checking on them at night gave them a feeling of safety and, "Gives me comfort". During the inspection we saw care staff ask people if they needed any help and were able to provide regular checks where people needed a higher level of support to maintain their safety in the home. Relatives were confident their family members were kept free from the risk of harm. One relative said, "We are confident that [person's name] is safe here". One person told us that care staff always made sure that when they were in their room they had access to the call button, so they could call care staff if needed, which they said helped them to feel safe knowing the care staff would be there if needed.

Care staff told us they kept people safe while providing the care they needed. For example, how making sure people were not upset and were aware of people whereabouts in the home. Care staff we spoke with told us that they would report concerns about people's safety to the senior care staff, the management team or provider who would take steps for action and review.

People managed their risks with support from staff if needed or took known risk whilst any known hazards were minimised. We saw people used mobility aids to assist them in walking around the home unsupported so they could remain independent. People's health risks had also been supported, for example their diabetic care needs or monitoring weight to minimise the risk of weight loss and associated health complications. All care staff we spoke with knew the type and level of assistance each person required. They told us they were good at communicating changes to each other so they always knew people's current risks and how to help a person manage them. We were present when care staff met when their shift changed where this information was shared and recorded.

All people and relatives we spoke with told us care staff were always around and attentive. One person said that care staff, "Are really helpful", and was never left waiting for assistance. We saw staff were able to spend time with people and responded in an appropriate manner to them. For example, staff spent time ensuring people were comfortable as well as responding to requests and call bells that people used when they wanted care staff.

Care staff told us they were able to assist people when required and had time, especially in the afternoon to sit and chat with people or playing games. Care staff told us that while they had expected tasks to complete it had not affected the level of care people receive. One care staff told us, "The main priority is looking after people". Care staff told us the management reviewed the number of staff on each shift. This had led to a recent increase in the number of care staff on the afternoon shift so care staff had more time to respond to people's needs.

Three people told us they were supported to take their medicines every day and one person said "I get mine in the morning; they give them to me in my hand". Two people also said that if they needed additional medicines for pain management they were given on request. Senior care staff who were responsible for

administering medicines told us they knew when people needed their medicines 'when required'. Whilst senior care staff were consistent in what they told this information had not been recorded in people's care documents. We saw people were supported to take their medicine when they needed it. Staff on duty who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. We read where people had been prescribed antibiotics short term care plans were implemented.

People's medicines records were checked daily by senior care staff to ensure people had their medicines as prescribed. The provider told us they had identified areas for improvements in stock control and were taking positive steps to resolve this with new procedures in place. Senior care staff told us they checked the medicines when they were delivered to the home to ensure they were as expected. The medicines were stored securely area and unused medicines were recorded and disposed of by the pharmacy who provided the medicines to the home.

Good

Is the service effective?

Our findings

During the previous inspection on 24 September 2015 we found that the provider was not meeting the law in respect of obtaining and recording people's consent where they lacked capacity. The provider had sent us a plan to say how these matters would be addressed. At this inspection, we found that improvements were made and care staff understood people's capacity and what would happen if a person lacked the mental capacity to make their own decision.

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.

We looked at two records and saw that a capacity assessment had been completed which had not related to specific decisions. This had been identified by the provider and the forms were being removed from people's care plans as they were not an accurate assessment. The provider had offered training in this area to improve staffing knowledge and care staff we spoke with felt they now had a good level of understanding in how to support people with decisions. All care staff we spoke with understood people's right to choose or refuse treatment and would respect their rights.

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. Three applications had been made to the local authorities where the management team had identified people were restricted of their liberty.

All people we spoke with said care staff looked after them and relatives felt their family members' needs were supported. For example, care staff understood how to manage people's conditions and general well-being. One person said, "The staff are really helpful, especially for those who are more poorly".

People received individualised care from staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. One staff member told us, "I've done a lot of training; a lot of it is completed in a booklet". Two care staff felt that as they had not received feedback from the booklet style training they were not always able to reflect on the knowledge and skills learned. They told us they liked face to face training, which they had fed back to the management team, and these courses had been booked where available.

Care staff we spoke with felt there was good team work and support from the management team which helped them provide the care people required. They felt this equipped them with the skills and knowledge to carry out their role.

All people that we spoke with told us the meals were well prepared were the types of meals they liked to eat. One person told us, "It's too nice to leave any [food]". People told us they enjoyed eating in the dining room and we saw and heard people were chatting with each other and staff. Drinks were available and care staff frequently offered drinks and snacks. One person said, "We have fruit, they [staff] prepare it, it's lovely". People knew the cook and liked their style of cooking. One person told us how they missed the cook when they had been of and said, "We all noticed the [positive] difference when they came back".

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. One person said, "When I need it I can see the doctor, the doctor comes here." Another person said, "I know that if I need to see the doctor it's arranged for me". Health professionals visited the home and during our inspection we read in people's care plans that they had received health care from professionals such as the GP, optician and dentist. We spoke with one district nurse who visited the home to assist with people's care needs. They were complimentary about the care and told us care staff understood people's needs and appropriately reported any concerns to them for review and followed any advice given.

Good

Is the service caring?

Our findings

People told us how much they enjoyed living in the home and told us they felt cared for by really helpful care staff. We saw how people laughed and how positive care staff were when speaking with people. One person said, "It's lovely here". Care staff were considerate where people needed help or guidance and were seen not to rush or direct people. We saw people were given the time they needed to do as much for themselves as possible at their own pace. One person told us, "Nothing is too much trouble for the girls in blue [care staff]". People spoke about the atmosphere in their home and told us they had made friends with each other and the care staff. One person told us, "Lovely here and I have made friends". One care staff told us they liked the home as it had a, "Really nice friendly atmosphere".

People told us their views about their care and how they spent their days and that care staff listened to them and acted on what they said. One person said, "I like to take it easy", which they were able to do. They also told us care staff knew how they liked things done and did it that way. One person told us the care staff were friendly and, "I do as I please, when I get up, when I go to bed". We saw that people received help from care staff who were careful not to take away a person's independence. One person told us, "I need help getting ready, but not all the time", and went on to say that care staff respected this. Where people were unable to manage tasks independently, care staff described the areas of their care that they needed assistance with, for example, some areas of personal care.

People were seen to choose where they spent their time and one person told us the care staff were, "Friendly, but don't interfere unnecessarily". People who had chosen to spend time in their rooms told us that this was their choice and said the care staff respected their decision. It was clear care staff had respect for people they worked with. When care staff changed shifts for example they talked about people in a way which showed they cared about their social, emotional and physical needs. Care staff described ways in which they worked to maintain people's dignity and respect. For example always providing care and support in the privacy of people's rooms, making sure bathrooms doors were locked and always knocking and waiting for a response before entering someone's room. Throughout our visit, there were frequent, positive interactions between staff and people and there was a relaxed atmosphere. People were confident to approach staff and any requests for support were responded to quickly and appropriately.

Care staff talked about people with endearment and one care staff member described how they loved reading about people's histories and what they had achieved in their lives. Care staff showed a great deal of patience when supporting people who needed constant reassurance and guidance. People told us care staff were good at including their visiting friends and relatives and how they were made to feel at home. One person told us how much it meant to them that care staff spent time getting to know their family members. One person told us, "Spoilt we are". There were many compliment cards displayed which showed positive comments in relation to the level of care their family members had received.

Good

Is the service responsive?

Our findings

People told us their care was personal to them and of a high standard that improved their wellbeing. Care staff were confident in their ability to support and care for people. For example, a person arrived at the service with restricted mobility. As their confidence had increased with support from care staff they were now walking independently. One person told us they had arrived at the home from a stay in hospital and their mobility had improved. They told us, "I came from hospital and will happily stay here. I love it here". With care staff encouragement and support they told us they were now happy and confident to walk around on their own again. The care staff were encouraged to look after the whole person and their wellbeing rather than just an illness. One person told us, "The staff are fantastic and work well together and support each other".

One person was susceptible to infections and care staff were able to know if person was unwell by their body language or memory loss, that there may be an infection. Care staff would carry out a test and report to the senior person who would immediately call the doctor for prescription. We saw this information was used on the day of the inspection, when the care staff were changing shifts and sharing information about the people that lived at the home.

People had their needs assessed before they moved to the service. People and their relatives were involved in developing their care, support and treatment plans. The plans were detailed and described routines specific to each person. Each file contained information about the person's likes, dislikes and people who were important to them.

People were supported to access a variety of social activities within the home and in the community. We saw that the activities board had information of several activities planned for the week and month. People we spoke with told us they got to do things they enjoyed. Many people at the home had developed friendships and spent time socialising .One person said, "Time passes quickly here". Another person said they were happy to watch the television and join in some group activities and said, "I don't' get bored here". Other people had newspapers or were entertained by care staff. Two people liked the way in which they got their hair and nails done regularly. During the afternoon we saw that care staff spent time with people in the communal areas having a sing-along with a lively atmosphere that people enjoyed.

People and their relatives told us they were comfortable to make their views and any concerns known, and they were confident that they would be listened to. People we spoke with told us if they had any concerns or complaints they would tell someone. One person said, "Any problems I go to them [care staff]" and was happy that they were actioned

We reviewed records of residents and relatives meetings which showed people's feedback was used to make improvements in the service. Examples included liaising with the cook to make new additions to the menu and continued decoration of the home. People had opportunities to make a complaints and care staff wanted people to feel able to raise any concerns about their care.

Good

Is the service well-led?

Our findings

There had been a recent change in the management structure at the home which meant there was no registered manager in post at the time of the inspection. The provider had considered the impact of these changes and had visited the home regularly with support from a newly appointed part time interim manager and other registered managers from their other homes. We saw these managers engaged with people and staff at the home and were supporting the improvements going forward and were able to provide the information we requested.

Management systems had been effective in identifying and responding to issues which could affect people's health and safety. At the time of our visit, audits had identified where improvements were needed in respect of medicines management and people's plans of care. Plans were in progress to ensure that each person at the home was involved in reviewing and updating their plans of care with a senior care staff.

People we spoke with told us how they liked living at the home and were positive about the care they receive. People's views and thoughts had been sought to make people feel involved in their home. One person told us, "I enjoy living here and feel settled". The provider also used regular surveys to collect additional feedback on people experiences of their care. One person told us, "I am more than happy, no faults here". The results of the most recently completed survey had been positive and complimentary, although the analysis of the overall survey had been inaccurate. The provider had identified this error and was currently gathering people's views so they were confident in the outcomes for people.

Care staff told us they were well motivated and focused on ensuring people were comfortable and well cared for. They wanted to spend time with people to make them feel valued and included. They felt the atmosphere was warm and homely and one member of staff said, "We work as a team and that makes a difference". Care staff shared information effectively with each other at hand over meetings held at each shift change. This included information about the people in the home and any changes to processes. For example, a change in how fluid monitoring was going to be recorded. There was a positive, caring culture between people who lived at the home, their relatives and staff. Throughout our inspection, we saw many positive interactions between staff and people they cared for. We observed staff were well organised, with clear lines of accountability and responsibility at each level.

The provider promoted the ethos of honesty, learned from mistakes and identified when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to when things go wrong with someone's care and treatment.

Providers are required to notify CQC about any certain incidents and events. We checked our records and found we had not received such notifications where people had been deprived of their liberty. We discussed this with one of the provider's management team and they explained they had been working towards a process to ensure notifications were submitted, regardless of the absence of a home manager.