Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Wythall Residential Home

241 Station Road, Wythall, Birmingham, B47 6ET

Tel: 01564823478

Date of Inspection: 22 January 2013

Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed
Records	✗ Action needed

Details about this location

Registered Provider	Wythall Residential Home Limited
Registered Manager	
Overview of the service	Wythall Residential Home provides personal care and accommodation for up to 22 older people who may also have dementia care needs. Nursing care is not provided.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

There were twenty one people using the service at the time of our inspection. We spoke with five of these people and the staff that were supporting them. We spoke with three relatives. We observed the care and support received by people who, due to their medical conditions, were unable to speak with us. Staff supported these people in a respectful manner and offered them choices of how and where they wanted to spend their time.

People told us that they were happy with how their care and support needs were being met. They told us that staff were available at the times they needed them. A person told us "I enjoy having a bath. I can have one whenever I want to."

People told us about the quality and choice of food and drink available. They told us that they were satisfied about the choice and quality of meals. A person told us "The food is great, there is a choice."

People told us that they felt safe living at the home and that they would speak to the staff if they had any concerns. A person told us "I enjoy the security of living here."

During our inspection, we asked local authority staff involved in monitoring the home about the quality of service provided. They told us that they did not have any concerns about the quality of care provided. However, they told us that dementia care training provided by themselves had, on occasions, been poorly attended by staff. Further training dates had been arranged.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 28 February 2013, setting out the

action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

There were systems in place to ensure that people received enough information to involve them in the decision whether to use the service. People had the opportunity to view the home prior to moving in, in order to sample what it would be like to stay there. People often chose to spend a couple of hours at the home and have a meal there prior to coming to stay. A person using the service told us "I made the decision to come and live here." The relative of a person using the service told us "We chose this home based on a recommendation. It is so homely, my mother is really happy and settled here."

The home had a statement of purpose and service user guide. These included information about the facilities and services provided at the home. We also saw that other information of interest to people using the service and their visitors was on display. This information included details of forthcoming activities, contact details of health and social care agencies and menu choices.

Arrangements were in place so that people were involved in making decisions about how they spent their time. For example, people chose the times that they wanted to get out of bed in the morning and go to bed at night. People could choose what to eat and what activities they wanted to take part in. People were able to move freely around the home and garden and socialise with others at the times that they wanted. A person using the service told us "I have clicked with a couple of people who live here. We have things in common and we have some interesting conversations."

People's diversity, values and human rights were respected. During our inspection, we saw that staff supported people in a respectful manner. We saw that they greeted people by their preferred names and spoke to them in a calm and sensitive manner. We overheard staff taking time to explain to people the answers to any questions they had. People were wearing clothing of their choice, and their lifestyles reflected their age and interests.

People were encouraged to maintain contact with their family and friends. A number of people went outside of the home with their families or people met with their families at the home. Relatives were encouraged to be involved in people's care and were actively involved in day to day life at the home. It was evident that a good rapport had built up between relatives and the staff team. Relatives told us that staff kept them informed about any matters regarding people using the service. A relative told us "Staff are very good at keeping me updated. They phone me whenever the doctor has been."

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

At the time of our last inspection undertaken at the home, we identified that there were moderate concerns in this outcome area. The provider wrote to us and told us how improvements had been made. This included progress made to ensure that care plans reflected people's preferences. The findings of our inspection showed that these improvements had been made.

People told us that they were happy with how their care needs were being met whilst using the service. Staff supported people to maintain their personal hygiene needs. During our inspection, we saw that people were well groomed and smartly dressed. A hairdresser was visiting the home. A person using the service told us "I enjoy having a bath. I can have one whenever I want to." Relatives told us "My mother's memory has improved since living here" and "Without a shadow of a doubt I know that my mother is being well cared for here."

Assessments of people's care and support needed had been undertaken by senior staff prior to people using the service. Reassessments of people's needs were also undertaken prior to a person returning to the home following a hospital stay. This ensured that people's care needs could be met at the home.

We tracked the care of three people using the service. This helped us to understand their experiences of what it was like to stay there. We found that care plans and personal risk assessments had been written from the information collected at their assessment. These individual plans were written, wherever possible, with the involvement of people and their relatives.

Care plans included details of what people could do for themselves and in what areas they required support. They included information about people's physical and mental health needs, social care needs and their preferences regarding their daily lives. Care plans included specific instructions for staff to follow in order to meet people's identified care needs. We spoke with staff and it was evident that they had a good understanding of people's current care needs.

People had access to a range of health and social care professionals both within the

community and those that visited the home. This included general practitioners, community nurses, dieticians, dentists and opticians. Records were kept of appointments or contact with health and social care professionals. Should people become unwell, records identified that staff promptly sought medical advice. A person using the service told us "If I am ill, staff get the doctor out to see me."

Risk assessments identified individual risks specific to people using the service and the staff who supported them. These included the risks associated with people's medical conditions and activities that they undertook. Assessments had been made regarding the risk of people developing sore skin and the risk of falling. However, the provider may find it useful to note that a risk assessment had not been undertaken regarding a person who had diabetes. Staff spoken with had received training in this area and it was evident that the person's care needs were being met.

People's nutritional and hydration needs were being met. Special diets were catered for, for reasons of health, religion and taste preferences. People had been weighed regularly and nutritional supplements had been prescribed and were being given to people as required. Nutritional risk assessments had been undertaken and staff, including kitchen staff had a good understanding of the outcomes of these. We spoke with people about the food provided at the home. Comments included: "The food is good, we more or less get a choice of what to eat," and "The food is great, there is a choice."

We observed the support people received during their lunch time meal. This was given in a sensitive and unhurried manner. Staff took the time to explain to people the menu choices of the day. This was also on display in the dining room. We observed friendly banter between people using the service, relatives and staff during the lunch time meal. Hot and cold drinks were regularly served throughout the day.

We looked at how medicine was managed in the home. We reviewed the medicine records for the people whose care we tracked. We found that these were well maintained. Recent training had been provided for staff responsible for the administration of medicines. Specific instructions were available for staff to follow regarding when to administer 'as required' medicines. These meant that people would receive these in a safe manner at the times that they needed them.

People had opportunities to join in with activities. These were arranged at the home and people had a choice of whether they wanted to participate in them or not. Recent events included progressive mobility, reminiscence and arts and crafts. Entertainers regularly came into the home. Information about forthcoming events was made available to people so that they could choose which activities they wanted to participate in. Some people chose to spend more time in their bedrooms pursuing their own interests. People using the service told us "I am comfortable in my bedroom. I like to stay in here," and "I prefer to have a quiet life."

We saw that people using the service were encouraged to assist with light household duties, such as setting the dining tables and clearing away after meals. This helped to maintain people's independence and meant that they were involved in daily life at the home.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People told us that they felt safe living at the home. They told us that they felt confident that they could raise any concerns that they had, with any of the staff working there. People using the service told us "The manager answers any questions I have. Nothing worries me," and "I enjoy the security of living here."

All staff spoken with during our inspection told us that they had undertaken recent training about safeguarding issues. This was reflected on the staff training data reviewed. All staff received safeguarding training as part of their induction and ongoing refresher training. A comprehensive safeguarding policy was in place. This reflected local multi agency guidelines. From our discussions with members of the staff team, it was evident that they had a good understanding of this.

No deprivation of liberty safeguards had been applied for recently. However, staff had received training in this area and arrangements were in place should the need for a referral of this nature be required.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People told us that they were happy with the staff team that were supporting them. During our inspection, we saw that staff supported people in a caring and sensitive manner and in a way that encouraged them to be as independent as possible. Most staff had worked at the home for a number of years and it was evident that a good rapport had built up between themselves and the people that used the service. People using the service told us "The staff are very friendly, no problems at all." Relatives told us "The staff are lovely. They would do anything for the people that live here," and "They are marvellous here. I have got nothing but praise for the staff."

People told us that staff were available at the times that they needed them. Staff told us that the current staffing arrangements were satisfactory. A member of the home's 'bank' of staff (staff on standby) was called upon in times of unexpected demand. This promoted continuity of care for the people using the service. The staff on the bank rota were trained to work at the home. This meant that people were cared for by staff who had the skills and experience to care for them in a competent manner.

A senior staff member was on duty during day time hours and on call support was provided to the staff team by the management team during night time hours. A person using the service told us "If I need anything I press my call bell and the staff come quickly. I don't know how they can come so quick." A relative told us "There are always plenty of staff around when we visit."

Handover sessions were undertaken at shift changeover. This included both verbal and written information from one staff team to the next. This ensured that people using the service had a good continuity of care and were cared for by people who had up to date information about them.

At the time of our last inspection to the home, we identified that there were minor concerns that related to shortfalls in staff training. The provider wrote to us and told us how improvements had been made. This included staff refresher training in a number of areas. The findings of our inspection showed that this had taken place.

There was an effective system to ensure that staff were kept up to date regarding their training needs. Our discussions with the staff team and review of training records showed

that new workers undertook comprehensive induction training. This included working alongside more experienced staff members and training in a number of health and safety matters. Following staff induction training, an ongoing programme of mandatory refresher training was in place. Staff told us they had undertaken recent training that included moving and handling, equality and diversity, emergency first aid, food hygiene, health and safety, diet and nutrition and infection control. Most staff had achieved nationally recognised care qualifications and further staff were currently working towards these.

Staff also told us that they had undertaken specific job related training. This included training about how to support people with dementia and people with diabetes. However, the provider may find it useful to note that feedback received from the training provider identified that, on occasions, the dementia care training sessions had not been well attended. Further training dates had been arranged.

Assessing and monitoring the quality of service provision ✖ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. However, the provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People using the service and their families told us that they were happy with the quality of care provided at the home.

There was evidence that learning from incidents took place and that appropriate changes were implemented. We looked at accident and incident records involving people using the service. These records included details of the actions taken by staff in response to these events. These actions were appropriate. For example, emergency services were sought or referrals to the community nursing team had been made.

The provider took account of complaints and comments to improve the service. A complaints policy was in place. Information about how people could raise concerns was on display and was included in the written information given to people when they started to use the service. This meant that people would know how to raise any concerns they had. We looked at the complaints register held at the home. This identified that since our last inspection there had not been any complaints made against the service. A relative told us "If I had any concerns I would go straight to the manager."

Audits were undertaken in order to monitor the quality of service. These included infection control, health and safety of the premises, care and medication records and accidents that involved people using the service. Regular checks on equipment were undertaken to ensure that they were safe to use.

However, from our discussions with the home manager, it was identified that further development was needed regarding a number of systems in place for monitoring the quality of service provided at the home. This included the systems in place for people using the service and their relatives to express their views about the service they received. Service satisfaction surveys had not been sent out in the previous year. Plans were in

place for surveys to be given out to people, but these had not yet been distributed. Group meetings involving people using the service had also not taken place for a long time.

Staff told us that they felt supported within their job roles. However, a system for monitoring staff performance had not been implemented. Staff supervision and appraisals had not taken place recently. This meant that there had been limited opportunities for staff to discuss their work performance and their training and development needs. The minutes of a recent manager's meeting identified that work was underway to address this.

Staff meetings had not taken place regularly. This meant that there had been limited opportunities for staff to discuss any issues affecting the service and their work there. This included any identified shortfalls in the service provided so that staff could be made aware of the improvements that were needed. It was noted, however, that dates of forthcoming staff meetings had been arranged. In addition, a staff communication diary was regularly being used in order to share information between the staff team.

Regular meetings were held between the provider and the registered manager. Quality aspects of the service provided were discussed at this time. Quality monitoring visits were undertaken at the home by an external senior manager. This included visits during night time hours. People using the service and staff were involved in these visits. However, records identified that a quality monitoring visit had not been undertaken within the past five months. It was acknowledged, however, that external senior managers made daily visits to the home. This meant that people using the service or staff had regular opportunities to speak with them.

Records ✖ Action needed

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment as a result of poor record keeping.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Records were kept securely and could be located promptly when needed.

The findings of our inspection showed that improvements in the quality and accuracy of record keeping were needed. We found that in the care plans we reviewed, information generally reflected the actual care being provided but there were gaps. For example, staff had not updated the care plan of a person whose physical health had deteriorated recently. Another person's care plans and personal risk assessments had not been reviewed for five months. However, staff confirmed that there had not been any changes to this person's care needs during that time. Although a person had been weighed regularly, information about their most recent weight measurement had not been documented on their weight monitoring record. This meant that it was difficult to accurately monitor for any weight loss or gain.

Fluid charts and food intake charts had been implemented for people assessed as being at risk of poor nutrition or dehydration. However, we found that an accurate record of a person's dietary and fluid intake had not been kept. There were many gaps on the records, no recordings at all on some days and poorly completed records on other days. However, the findings of our visit assured us that staff were supporting people well regarding their dietary and fluid intake.

Daily reports had been written. However these were very brief in nature and did not always outline the care and support that people had received and how they had spent their time.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: People were not protected from the risks of unsafe or inappropriate care and treatment as a result of poor record keeping.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 28 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

This section is primarily information for the provider

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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