

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: 07 November 2013

Date of Publication:
December 2013

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

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

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

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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'.

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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 7 November 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 and talked with staff.

What people told us and what we found

There were 19 people using the service at the time of our inspection. We spoke with nine of these people, the staff that were supporting them and two relatives. Positive feedback was received about the service provided at the home.

We spent time in the dining room and observed the care and support received by people who were using the service. We saw that staff supported 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. One person told us: "I am very comfortable living here." People told us that staff were available at the times they needed them and that they felt safe living at the home. People told us that they were satisfied with the choice and quality of meals available to them.

Arrangements were in place so that people received their medicines in a safe and timely manner.

Arrangements were in place to ensure that staff employed were suitable to work at the home. Staff turnover was low and we obtained positive feedback in relation to support provided by staff.

Systems were in place to monitor the quality and safety of service provided at the home. People using the service and their relatives were involved in this.

Records were complete and easily located upon request. Records about care had been reviewed and updated to ensure they reflected people's current needs.

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

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

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

We spoke with nine people who were using the service and two people's relatives. People told us that they were happy with how their care needs were being met whilst using the service. People using the service told us "The staff treat me very well. I am very comfortable living here." A relative told us: "I feel reassured that my mother is well looked after here. I don't worry at all."

Assessments of people's care and support needs 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. This meant that people received care and support in the way they preferred.

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's diversity, values and human rights were respected. Staff supported people to maintain their personal hygiene needs. During our inspection, we saw that people were well groomed and smartly dressed. People were wearing clothing of their choice, and their lifestyles reflected their age and interests.

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, district nurses, dieticians, dentists and opticians. Records were kept of appointments or contact with health and social care professionals and we found that staff followed any instructions given by professionals. Should people become unwell, records identified that staff promptly sought medical advice. A person using the service told us "The staff are ever so good. They get the doctor or nurse to see me if I am not well." Relatives told us that staff kept them informed about any matters regarding people using the service. A relative told us "Communication from the staff is very good."

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. Specialist equipment was provided, for example pressure relieving mattresses to prevent people developing sore skin.

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 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. We observed friendly banter between people using the service and staff during the lunch time meal. Hot and cold drinks were regularly served throughout the day.

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 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. 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.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Prior to our inspection, the provider told us that a medication check had identified shortfalls in relation to the recording of medicines administered. The provider had taken appropriate actions in response to this, in order to ensure that people received their medicines in a safe manner. Further training and competency assessments had been undertaken on staff responsible for the administration of medication. At the time of our inspection on November 7 2013, these actions had been completed. Recent medication audits undertaken by the provider had shown that the recording of medication administration had improved. This meant that people received their medicines in a safe and timely manner.

Robust arrangements were in place for the ordering of people's medicines. This meant that medicines were available when people needed them. There were close links with the home, the general practitioner and the pharmacy and we found that arrangements were in place to obtain new medicines following prescription by health professionals.

We checked the medicine records for the people whose care we tracked. We found that overall these were well maintained. However the provider may find it useful to note that the actual quantities of 'variable dose' medicines was not always recorded. This meant that it would not be possible to establish how much of the medicine the person had received.

We saw that specific instructions were available for staff to follow regarding when to administer most 'as required' medicines. This meant that people would receive these in a safe manner at the times that they needed them. We observed that staff asked people whether they were in pain and whether they required medication for this.

We observed a medication round. We saw that staff took the time to answer any questions that people had in relation to their medicines and ensured that medication had been taken.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We checked the records of the three staff members who had most recently started work at the care home. We found that there were effective recruitment and selection processes in place. Appropriate checks had been undertaken before staff began work at the care home.

Records identified that comprehensive interviews were undertaken. This ensured people had the skills needed to work with older people.

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.

Staff turnover was low and we obtained positive feedback from people using the service and the staff team in relation to support provided by staff.

Assessing and monitoring the quality of service provision

✓ Met this standard

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 meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. 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.

Reasons for our judgement

At our last inspection of the care home we identified that the home was not compliant with this regulation and that the non-compliance presented a minor risk for people using the service. Further development of the systems in place to monitor the quality of service provided was needed. The provider wrote to us and told us how improvements had been made. The findings of this inspection on 7 November 2013 showed that these improvements had been made.

Since our last inspection, systems in place for people using the service and their relatives to express their views about the service they received had been further developed. Service satisfaction surveys had recently been given to people using the service and their families. A report based on their feedback had been written. This identified that most people were happy with the service they received and actions had been taken in response to any negative feedback obtained. Regular group meetings involving people using the service were also taking place. We spoke with nine people who were using the service and two people's relatives. They 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 been one complaint made against the service. Records identified that

appropriate and timely actions had been taken in response to this. A relative told us "I would be happy to raise any concerns that I had, however I have not had any complaints."

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, the provider may find it useful to note that an electrical certificate was just out of date. Shortly after the inspection the manager told us that action had been taken to address this.

At the time of our last inspection, staff meetings had not taken place regularly. However, improvements had been made and staff meetings were now being held regularly. This meant that staff had opportunities 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. 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. This meant that people using the service or staff had regular opportunities to speak with them.

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

Our judgement

The provider was meeting this standard.

Accurate record keeping meant that people were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

At our last inspection of the care home we identified that the home was not compliant with this regulation and that the non-compliance presented a minor risk for people using the service. Improvements in the quality and accuracy of care records were needed. The provider wrote to us and told us how improvements had been made. The findings of this inspection on 7 November 2013 showed that these improvements had been made.

We checked the care records of three people who were using the service. We saw that information was well organised and records were held securely. We found that in the care plans we reviewed, information reflected the actual care being provided. This is because they had been updated regularly. Care plans included written guidelines for staff about the care and support to be provided to each person, so that their individual care needs would be met.

Fluid charts and food intake charts had been implemented for people assessed as being at risk of poor nutrition or dehydration. We found that an accurate record of dietary and fluid intake had been kept. Daily reports had been written. We found that these outlined the care and support that people had received and how they had spent their time.

During our inspection we also asked to check records relevant to the management of the service. We found that these were accurate, fit for purpose and were located promptly on request.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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