Care Quality Commission

Barchester Healthcare Homes Limited

Wilsmere House

Inspection report

Wilsmere Drive
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good

Overall summary

We carried out an unannounced comprehensive inspection of this service on 4 August 2014 at which one breach of legal requirements was found. The registered provider did not deploy staff appropriately and we found that there were not a sufficient number of staff available to meet people's needs.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook a focused inspection on the 28 May 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wilsmere House on our website at www.cqc.org.uk.

Wilsmere House is a nursing home for up to 87 people some of whom have dementia, some who require nursing care and some of whom were younger adults with complex physical disabilities. During the day of our focused inspection the home had 11 vacancies.

The home has a registered manager. 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 and associated Regulations about how the service is run.

At our focused inspection on the 28 May 2015, we found that the provider had followed their plan and legal requirements had been met.

During our focused inspection on 28 May 2015 we also looked at the administration of medicines, how staff are

Summary of findings

supported and how people were supported around their nutrition and hydration. We did this as a result of various safeguarding alerts we had received in relation to the above.

We found that the provider had employed additional care and nursing staff and staff had been deployed appropriately to meet people's needs.

We found that medicines were administered, stored and disposed of appropriately which ensured that people could be confident that the management of medicines was safe.

Staff had received a wide range of mandatory and additional specialist training to ensure that people's complex health and physical needs were met.

Food was provided in sufficient quantities and was of a good quality and standard. People who required additional support to eat due to complex physical or health needs were supported and assessed appropriately.

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?

Good

We found that action had been taken to improve the safety to people who used the service.

Staff were deployed in sufficient number to meet the needs of people who used the service.

Medicines were ordered, stored, administered and disposed of appropriately and staff had received relevant training to ensure people could be confident that the management of medicines was safe.

This meant that the provider was now meeting legal requirements and the service was safe.

Is the service effective?

Good

The service was effective. Staff received regular training and were offered support to undertake qualifications in health and social care to gain more skills and knowledge to provide care which is suitable to people who used the service.

Staff supported people to maintain good health and eat a balanced, healthy and nutritious diet. People received appropriate assistance to eat when needed.

Wilsmere House

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 was meeting the legal requirements and regulations associated with the Care Act 2014.

We undertook a focused inspection of Wilsmere House on 28 May 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 4 August 2014 had been made.

We inspected the service against two of the five questions we ask about services: is the service safe and effective? This is because the service was not meeting legal requirements in relation to the question safe, and we received additional information that the service was not effective.

The inspection was undertaken by one inspector, one Care Quality Commission pharmacist inspector, one professional advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

At the visit to the home we spoke with nine people who used the service, five relatives, the registered manager, seven registered nurses, five care workers, the training manager and a visiting GP.

At the visit we looked at three people's care records and 40 medicines administration records.

Good

Is the service safe?

Our findings

At our comprehensive inspection of Wilsmere House on 4 August 2014 we had concerns about the number of staff employed. We found that the home had 17 staff vacancies and relied heavily on the use of bank and agency staff to support people who used the service. This meant that there were not sufficient staff deployed to meet people's needs, which resulted in people having to wait long periods of time to receive treatment and care.

This was a beach of the Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 28 May 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 18 (1) as described above.

People who used the service told us, "It's very good. The staffing here is very good. The staff know what they're doing"; "There is an excellent response to the call bell", "It's OK here. It seems like home. I don't want to go anywhere else. It's very clean. They keep you clean", "Very pleased" and "It is a lot better. The quality of the staff has improved." One relative told us "Initially the care was bad, but she's getting good care now, they have enough staff, things have changed for the better in the last six months. Today, we are very happy here." However some people told us that on occasions there were not enough staff available, one person told us "Staff are rushed off their feet between 8.00 and 9.30 pm". Care workers told us that the use of agency staff had reduced 'dramatically' over the past few months. Care workers said "It's good to have no agency staff anymore, everybody knows what they are doing and we work well as a team."

We looked at the allocation sheet of three of the four units and saw that the number of staff deployed was set according to people's needs. Two senior nurses told us that they could ask for additional staff if this was required if people's needs had changed. For example one person required one to one support and we saw that this had been put into place to support this person's complex care needs. The registered manager told us that since the beginning of this year six new registered nurses have been employed and that the planned recruitment was 10% above the allocated staff budget to ensure that training, sickness and annual leave could be covered if required.

Medicines were stored securely in two clinic rooms. We saw that the temperatures of the rooms and refrigerator were checked daily and a minimum and maximum reading was taken for the refrigerator; temperatures were within safe limits. Some people's creams and lotions were stored safely in their rooms and where they were applied by the care staff, they kept accurate records on individual charts. The storage for controlled drugs was appropriate but not large enough to be used for two shared units. We discussed this with the registered manager, who advised us that she would be looking at more suitable storage arrangements. Medicines were disposed of safely and in a timely manner. Medicines were held securely whilst waiting for collection.

There were safe systems for recording that people received their medicines as prescribed. People's medication administration records (MAR) were kept with important information such as photographs for identification. Each chart had been completed with descriptions of any allergies. Medicines were given to people as prescribed by nurses and MAR were completed at the time of administration with signatures or codes to show why medicines had not been given. We saw medicines being given to people in a caring and safe way. On one of the units we saw that the medicines round in the morning took a long time. Nurses were able to demonstrate how they ensured that people who needed medicines at specific times were prioritised. They also told us of plans to split the round to make it easier. Some medicines required regular blood tests. We saw that these were done correctly and any consequent changes in the doses of medicines were clearly recorded. The GP visited twice a week to see people that needed them and to check new admissions. The GP also undertook medicines reviews and the nurses kept a list to make sure everyone benefited from this regularly.

If people were prescribed medicines to be given 'when required' there were protocols for staff showing how they should be given. These included information about how the person could let staff know when medicines were needed. Some medicines were prescribed by the GP as 'bulk' to enable the home to use them more efficiently. The doses of these medicines were recorded clearly for each person. Some people in the home needed their medicines

Good

Is the service safe?

through a tube directly into their stomach. These medicines had all been checked by the pharmacist and GP and signed off as suitable. Clear procedures were followed for this and we saw that these included prevention of infection and cross contamination measures. Some people used oxygen, which was recorded clearly in their records. The back-up oxygen cylinders were not all stored as safely as they should. We discussed this with the senior manager during the inspection put this right and store oxygen cylinders at a safer and more appropriate place.

Good

Is the service effective?

Our findings

People who used the service told us that the staff at Wilsmere House was very good and had the required knowledge to provide the treatment and care they needed. One person told us, "The care is excellent". One relative told us "The medical staff are top notch; I have no complaints about the care." Another relative told us "The quality of the staff has improved."

We asked nurses about the training they had received in medicines handling. They described to us recent online learning and training from their pharmacist this was evident in the training log we had viewed.

We spoke with the training manager who had worked at the home for a number of years

She told us the specialist dementia unit had only been opened for the past two years, and all staff have had a basic dementia awareness course when they arrived, but the training was still being developed. For instance she would like to implement a more in-depth approach, for example a professional qualification in dementia care. The training manager showed us a wide range of training materials and DVD's, which she had used with some staff, but not all staff had done this session yet. She said "We are getting there, but we are not there yet." We saw that staff were sent to a specialist tracheostomy service for one week to receive specialist training in this area. These staff acted as tracheostomy champions in Wilsmere House and provided training and support to other staff working on the Elms Unit, which provided specialist support to people who used the service. Care staff spoken with told us that training had greatly improved over the past six months and told us that they had received training in tissue viability, percutaneous endoscopic gastrostomy (PEG) feed, safeguarding and Deprivation of Liberty Safeguards. One member of staff told us that the training "Helped me to perform better and be more confident."

We looked at the training matrix and saw that since January 2015 to 28 May 2015 the overall training completion had increased by over 26 %. Currently 93% of the staff employed had completed mandatory training such as basic life support, fire safety, food safety, health and safety, moving and handling and safeguarding adults. This showed that the provider had taken active steps to ensure that all staff employed were provided with the necessary training to support people who used the service. The registered manager told us that she was aware that 7% of the staff still required training, but explained that a lot of new staff had commenced employment which was reflected in the 7%.

People who used the service spoke very positively about the meals provided. Comments included "The food is nice. It's eatable" and "The food is fine, it's great". A relative told us "My relative prefers the food here, than the food I cook which I find a bit sad as my relative always loved my cooking." Another relative told us "The food looks good and smells nice." We observed lunch being served on the Whitegate unit. Lunch was due to be served at 1 pm, but did not arrive until about 1.15 pm. The people who used the service were sitting quietly in the dining room and there were five care workers looking after 12 people. We only saw the starter arrive, and it looked nice, lentil soup or brie, pancetta and fig salad. One of the people did not like the soup and was brought the alternative starter without any problem. We also observed lunch at the Brooks Hill unit, staff were seen to engage and chat with people and sat down with people who required support to eat. We spoke with the cook on duty, who showed us the new menu, which had been discussed with people who used the service. The menu offered people a choice of two starters, two main courses and two desserts. The cook told us "if people don't like what's on the menu on a specific day, they can choose an alternative". We observed this during our observation on Brooks Hill where one of the people chose to have baked potatoes.

Care records viewed showed that nutritional assessments were carried out and regular weight checks ensured that care staff were able to respond quickly to any changes in people's weight. We saw an example of a person being referred to a dietician following a significant weight loss.