

Wispington House Limited

# Wispington House Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Wispington House is a residential care home providing personal care for up to 26 people aged 65 years and over. At the time of the inspection, the service was supporting 22 people. The care home supports people in one adapted building. There are 2 floors with a stair lift installed.

### People's experience of using this service and what we found

There were systems and processes in place to protect people from harm. Staff were aware of their responsibilities in protecting people from abuse, and people told us they felt safe. The manager had processes in place to learn from events to reduce risks to people's safety.

The risks to people's safety were well managed. People were provided with care and/or equipment they needed to reduce the risks to their safety. This included regular repositioning, to reduce the risk of skin damage, or walking aids, to reduce the risk of falls and increase their independence.

People told us staff always worked to meet their needs but there were times when they were busy or short staffed, this was often due to short notice sickness. The manager worked to manage staff sickness and had been recruiting staff to allow them to meet the established numbers of staff required.

People's medicines were managed safely. Staff had received training for safe handling of medicines and the manager's audits of medicines were effective in maintaining safe practices and storage of medicines.

Good infection control practices were in place to reduce the risk of the spread of infection at the service.

People's needs were assessed using nationally recognised assessment tools. People's care was recorded on a new electronic care planning system. The provider and manager were reviewing this system to ensure going forward it would meet the needs of the service.

Staff received training to support them in their roles and people told us they were happy with the way staff supported them.

People were supported with their nutritional and health needs. People enjoyed the food they were served and told us staff were quick to deal with any health issues which required external health professionals.

People lived in an adapted building which had an ongoing refurbishment plan in place to ensure areas were updated when required. They were able to personalise their rooms.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service had a manager in post who was not yet registered with the CQC but had applied for their registration. There were quality monitoring processes in place, some required some updating but the manager was aware and was working to an action plan to ensure completion.

The provider had processes in place to ensure oversight of the service. There were plans to also further support the manager with a quality monitoring consultant visit on a monthly basis. This would also support the provider oversight.

People, relatives and staff felt the staff at the service were open, honest, and supportive. Many people spoke about the homely atmosphere at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

At our last inspection on 24 March 2022 we undertook a targeted inspection to check whether the Warning Notice we previously served in relation to Regulation's 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. At that inspection we found the regulations had been met. However, the overall rating for the service did not change following this targeted inspection and remained requires improvement.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### Why we inspected

This focused inspection looked at the key questions, safe, effective and well led, and was carried out to provide an up-to-date rating for the service. At this inspection we found improvements found at the last inspection had been sustained and the provider was no longer in breach of regulations.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wispington House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well led.

Details are in our well led findings below.

**Good** ●

# Wispington House Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team was made up of 1 inspector.

Wispington House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post. However the manager in post was in the process of registering with CQC. We will continue to monitor this application

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this

information to plan our inspection.

During the inspection

We conducted 2 site visit days as part of this inspection: on 28 and 29 June 2023

We spoke with 6 people and 2 relatives about their experience of the care provided. We spoke with the manager, the deputy manager, 3 care staff, the cook and the activities coordinator. We also spoke with a visiting health professional. Following our visit we spoke with the nominated individual for the service by telephone. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of written records including 3 people's care files, medicine records, 3 staff recruitment files and information relating to the auditing and monitoring of service provision.

After the inspection

We reviewed further information we had requested from the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

The last inspection for this service (published 12 April 2022) was a targeted inspection. We did not review the entire key questions; therefore, we did not review the rating at that inspection. The inspection was undertaken to follow up a Warning notice for breaches in regulations 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The targeted inspection showed the provider had met the warning notice and was no longer in breach of regulations. At this inspection we reviewed the whole key question and found the improvements had been sustained and the service was rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were systems and processes in place to protect people from harm. People told us they felt safe at the service. One person said, "There is always someone about." They went on to say they felt able to talk to staff with any concerns.
- Staff were aware of their responsibilities and had received training in safeguarding adults. They showed good knowledge of the different type of abuse people in care homes could be exposed to. They knew who to go to with concerns both externally and internally and felt the management team would be responsive.
- A safeguarding incident occurred during our inspection and the manager dealt with the incident appropriately, managing the event, reporting to the local safeguarding teams, and ensuring learning from the event. This was done through discussion with staff and reviewing their documentation to ensure there was clear information for staff prevent reoccurrence.

Assessing risk, safety monitoring and management

- The risks to people's safety were well managed. Risk assessments completed and there were appropriate measures in place to reduce risks for people. This included the use of walking aids to reduce the risk of falls and good fitting footwear.
- People's independence was encouraged. People helped to create their care plans and had input to their risk assessments. One person who lived on the first floor had full capacity and wanted to be able to use the stairs without restriction. The manager monitored the person's mental and physical health to support their independence safely.
- People's personal emergency evacuation profiles (PEEP's) reflected their needs in relation to possible emergency evacuation of the service. Fire exits were kept clear and staff had received fire safety training and emergency evacuation to ensure people were safe.

Staffing and recruitment

- People were supported with adequate numbers of staff. However the feedback we received about staffing was mixed. People told us staff always worked to meet their needs but there were times when they were busy or short staffed.
- Staff told us there were times when they were short of staff, however this was mainly due to short notice sickness. They told us the manager and deputy manager always tried to cover sickness with either, staff

picking up short notice shifts, agency staff, or the manager supporting them.

- The rosters we viewed showed the manager always worked to staff the service with the established numbers of staff dictated by their dependency tool. They told us they had worked with staff to address the issues of short notice sickness, following their sickness policy to manage staff. They told us this had started to show some improvements.
- On the days of our inspection people received care from staff in a timely way and there were enough staff to support them.
- Staff employed at the service were recruited safely. The manager used the Disclosure and Barring Service (DBS) checks prior to employing staff. This service provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People's medicines were managed safely. Staff who administered medicines had training in the safe handling of medicines and we saw safe administration practices in place.
- People received their medicines at the times they needed them. Staff were knowledgeable around people's needs in relation to their medicines. When people were prescribed as required medicines, they had guidance in place to ensure staff gave these medicines at the times people needed them.
- People's medicines were stored safely, regular audits were undertaken by the manager to ensure where any discrepancies were highlighted, they were addressed and action taken.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

During our visit we saw people had regular visitors who were welcomed into the service. The staff followed current national guidance in relation to visitors to the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The last inspection for this service (published 24 March 2022) was a targeted inspection we did not review the entire key questions; therefore, we did not review the rating at that inspection. The Inspection was undertaken to follow up a Warning notice for breaches in regulations 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The targeted inspection showed the provider had met the warning notice and was no longer in breach of regulations. At this inspection we reviewed the whole key question and found the improvements had been sustained and the service was rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed using nationally recognised assessment tools to ensure their needs were met.
- Assessment tools such as, the Waterlow scoring system used to measure people's risk of suffering from skin damage and the malnutrition universal scoring tool (MUST) to monitor people's weights, were used. These were regularly updated to reflect people's current needs and support staff provide appropriate care for people.
- People were supported by staff who understood their responsibilities in protecting people's equality, diversity and human rights. When their needs were assessed on admission and throughout their stay at the service characteristics under the Equality Act were considered in their care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who knew them well and had received appropriate training for their roles. People told us they were happy with the way staff supported them. Our observations of staff practices in relation to supporting people at mealtimes, moving and handling techniques and the use of personal protective equipment (PPE) were positive.
- Staff were happy with the training they received. One member of staff told us they had undertaken a module on how to support people living with dementia. A further member of staff discussed their practical fire safety training and the training they had received on nutrition and dietary needs.
- The new manager had been working with staff to ensure they kept up to date with any refresher training modules they needed and had a plan in place to ensure these ongoing training needs were monitored and achieved. We viewed the training matrix and this reflected what staff and the manager had told us, and staff were supported with their training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were well supported to manage their nutritional needs. They told us they enjoyed the food served. On the day of our inspection the food looked appetising. One person who had chosen a meal, changed their mind at the last moment and requested the other option. Staff were quick to do this. The same person told us they enjoyed a cooked breakfast every day.
- Care staff and kitchen staff were knowledgeable about people's dietary needs. They worked together to

ensure people who had specialist diets received these as per the instructions of health professionals involved with their care. The cook told us care staff made them aware of anyone losing weight so they could fortify their diets. People received the support they needed to eat in a dignified way.

- The cook told us of the different methods they used to encourage people to eat. When people had small appetites, they gave those people small plates, so they didn't feel overwhelmed when they received their meals. The cook was very knowledgeable about people's likes and dislikes and tailored their meals accordingly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us staff were quick to deal with any health issues they had. The manager told us they had a good relationship with the local GP's and if they called for a GP visit before 10am, someone, if needed would visit that day.

- There was clear information on people's health needs in their care plans and staff showed good knowledge on people's underlying health needs and how to meet them. One staff member told us the community nurse came to the service each week to offer support to them.

Adapting service, design, decoration to meet people's needs

- People were able to personalise their bedrooms and people had choices of where to spend their time. There was a pleasant outside area for people to sit in, and there was some easy read signage to help people find their way around the service.

- Some parts of the service required some refurbishment. The provider was aware of this and had an action plan in place to prioritise the different areas. We saw they had continued to make improvements to the service since our last inspection. This included the clinical room and kitchen as well as some communal areas of the service.

- The service used electronic care plans to input information on people's care. However the service's Wi fi connection was weak in some areas. This impacted on staff's ability to use the system effectively. The provider told us they were continuing to work with their broadband supplier to address these issues.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorizations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorizations were being met. We were satisfied they were.

- Where people lacked capacity to make their own decisions there had been best interest meetings undertaken with relevant people such as health professionals and relatives to ensure any decisions made were the least restrictive and in the person's best interest.

- Staff were able to recognise that some people's capacity fluctuated and there may be times when a person needed more support to make day to day decisions than others. They told us they worked with

people to help them make decisions giving time and using simple language. On the days of our visit we saw staff using techniques written in their care plans to support people.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The last inspection for this service (published 24 March 2022) was a targeted inspection and we did not review the entire key question; therefore, we did not review the rating at that inspection. The inspection was undertaken to follow up a Warning notice for breaches in regulations 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The targeted inspection showed the provider had met the warning notice and was no longer in breach of regulations. At this inspection we reviewed the whole key question and found the improvements had been sustained and the service was rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- People at the service were supported in a person-centred way by a staff team who knew them well. The manager worked in an open way with people, their relatives, and staff.
- We saw a number of examples of person-centred approaches to people's care. One person living with early-stage dementia could become distressed if they were not able to get outside. Staff had worked with the person and their relatives to ensure they could safely access the outside areas of the service. Another person told us they liked to dust their own room which gave them a sense of independence.
- The service was using a new electronic care plan system and some areas of the system lacked the facility to record people's care in a personalised way. The manager had recognised this and continued to work with the provider of the system to improve the quality of information they recorded. The provider told us they had the system for a trial period and if the issues could not be addressed they would be changing the system.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager showed a good understanding of the duty of candour and when things went wrong was open with people about events and how they would work to improve.
- The manager notified CQC of events at the service and how these had been managed. This is their legal responsibility and part of their registration conditions.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- The manager had been in post approximately 3 months. Two of the quality audits we viewed such as the kitchen audit had not been undertaken since April. The manager was aware they needed to complete these, however they had been prioritising particular audits and action plans where they could see improvements had been needed. This included medicines and care plans, this had resulted in us not finding any issues in these areas. Although the kitchen audit had not been completed, we found no issues when we inspected the

kitchen and people were not at risk of harm. Following our inspection the provider told us the audits had been completed.

- Staff had a clear understanding of their responsibilities in providing good care for people. This was evidenced through talking with staff and our observation of their practices. This was shown through our observations of the mealtime experience and staff's interactions with people.
- The manager had a plan in place to ensure all quality monitoring processes were undertaken in a timely way. They were working with their deputy manager and administrator to take a team approach to managing quality assurance processes and any subsequent actions.
- The manager told us the provider telephoned the service daily to offer support and visited approximately every six weeks. Following the inspection the provider sent us their quality monitoring visit log which showed the areas they looked at, the people they spoke with and the actions which accompanied this. The provider told us they had sought the support of a Regulatory Consultant and Coach who provides additional oversight, expertise and support when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff told us they were involved in the running of the service. People knew who the manager was and told us they regularly spoke with them about their care. One person told us, "There are no hard and fast rules about what we do (such as going to bed and getting up)."
- There was evidence of resident meetings when areas such as meals and activities were discussed. Staff meetings showed staff were able to voice their views and the manager had listened to them.
- People felt the service was homely, safe and the staff treated them with respect. One person said, "They (staff) are a good bunch."

Continuous learning and improving care

- The manager told us they used various ways to keep themselves updated and improve care. They belonged to a local networking group of care providers and attended meetings. They used the information on the CQC website to support them to improve care for people.

Working in partnership with others

- There was clear evidence of the service working in partnership with others. For example, the local Women Institute (W.I) held coffee mornings at the service for people, and the service also worked with a local horse stable to allow people visit the horses there. A visiting professional told us all the staff were responsive to guidance. They went on to say, "This is a positive home that responds to people's needs."