

Wishmoor Limited

# Wishmoor Rest Home

## 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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Wishmoor Rest Home is a residential care home for 28 people living with dementia. At the time of our inspection 25 people were using the service.

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

The provider had systems and processes in place to protect people from the risk of abuse. Staff had received training and shared good knowledge of how to raise concerns. People and relatives told us they felt safe and would be listened to if they raised concerns. The provider had risk assessments in place to help reduce risk and keep people safe.

People were supported by kind, caring staff who knew them well. Staff had completed an induction process, shadowing and had their competency assessed before commencing their roles. Staff received the relevant training to meet people's care needs. Staff were recruited safely into the service and some staff had taken roles as dignity champions.

Medicines were managed safely. Accidents and incidents were monitored, with lessons learned and action taken to mitigate risks to people.

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.

People's privacy, dignity and independence was respected. People were able to personalise their rooms and had additional communication aids to support their decision making.

The provider offered a range of activities, both internally and externally which people enjoyed. Visitors and relatives were welcomed into the home to take part in activities and share their loved one's experiences.

The provider had a consistent management team and governance systems were in place to provide regular oversight of the service. Internal audits were completed by the provider, registered manager and deputy manager.

Effective systems were in place to gather feedback from people, relatives, staff and professionals which was used to drive improvements and positive outcomes.

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

The last rating for this service was good [published 18 October 2018].

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Wishmoor Rest Home

## 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 consisted of 2 inspectors and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience carried out telephone calls offsite. One inspector and an operations manager carried out the inspection on the second day.

#### Service and service type

Wishmoor Rest Home 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. Wishmoor Rest Home is a care home without nursing care. 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 a registered manager in post.

#### Notice of inspection

The first day of the inspection was unannounced. The second day was announced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events. We contacted the local authority to ask for feedback. 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 spoke with the registered manager, deputy manager, quality assurance manager, maintenance person, activity staff, the chef and 6 care staff., We reviewed a range of records. This included 6 people's care and medicines records and 3 staff records. A variety of records relating to the management of the service, including audits were also reviewed. After the inspection, we spoke with 5 relatives to gain their views of the service provided. A healthcare professional emailed us their feedback of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Risks to people had been identified, assessed and reviewed and these corresponded with people's care plans.
- Regular safety checks to the building were carried out, window restrictors had been installed on all windows; however, they did not have the recommended tamper proof screws. We shared this with the registered manager who said they would take action to replace them.
- The provider had identified a person was having an increased number of falls, their care was reviewed, and they were offered a bedroom on the ground floor, to enable staff to complete more frequent observations. The person was encouraged to attend exercise and yoga classes which benefited their physical health resulting in a reduction of falls.

### Using medicines safely

- People were supported to receive their medicines safely. Staff received regular medication training and had their competency assessed.
- Further development was needed with bowel monitoring protocols, whilst we saw no impact to people, more detailed information was required to ensure timely action could be taken if people required further assistance.
- Staff demonstrated good knowledge of what medication they were administering to people and what it was prescribed for. Where errors had been made, these were assessed, and staff had completed additional competencies and revisited training.
- Medicines were stored safely in locked cabinets located in people's own rooms. Each person had a medication folder which had a pictorial front page and a description of their medication. Audits were completed monthly to ensure people received their medicines as prescribed.
- Relatives told us they were informed of any medicine changes with their loved ones and felt involved with any changes in medicines decisions made by the GP.

### Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. The provider had systems and processes in place to protect people from harm.
- Staff had received safeguarding training and told us what they would do if they suspected a person was being abused. One staff member told us, "I would inform the safety manager and care home manager, if I was not happy. I would take it to the next level". Staff said they felt their concerns would be listened to and acted upon.
- People were involved in 'feeling safe meetings' where they had the opportunity to express any concerns

they had. Relatives told us their loved ones were safe. One relative said, "My loved one is so much safer at Wishmoor than at home the staff know them so well".

#### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff and operated safe recruitment processes
- The provider carried out the relevant recruitment checks before employing new staff. These checks included proof of identification, references, the right to work in the UK and Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives told us, "Each time I visit there are plenty of staff and I have seen the carers supporting my loved one talking to them". Staff are very diligent and aware of my loved ones needs and will readily update me when I attend or ring up".

#### 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

- People were able to receive visitors without restrictions in line with best practice guidance, relatives told us they were able to visit their loved ones without restrictions.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The registered manager reflected on this with carrying out meetings with care staff on what was working and not working at the service. We saw actions had been taken where things had not been working well. For example, where it had been highlighted people were not being offered enough baths/showers, and documentation not being completed within recommended times.
- The provider followed a procedure for reporting accidents and incidents, this was reviewed regularly, and actions had been taken. The provider reflected on these incidents through a documented lessons learnt process and micro teaching sessions.



# 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.

At our last inspection we rated this key question good. The rating for this inspection has remained 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's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes.
- Care plans and risk assessments were detailed and person centred. They included information about people's life history's, support needs, interests and choices.
- Care plans were regularly reviewed to reflect changes in people's support needs and choices. Families were involved with care planning and were regularly informed of any changes. There was evidence the provider had sought consultation from others to ensure care plans incorporated best practice guidance.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff had completed a range of training relevant to their roles and told us they were encouraged to continue with their learning and development. New staff completed both online and face to face training and undertook a period of shadowing before they commenced their roles.
- Staff had regular supervisions and staff meetings; they told us they felt supported by the management team. One staff member told us, "We work as a team and share knowledge, this always brings better results for our residents".
- Relatives spoke positively about the staff team, one relative told us, "There is staff on duty 24/7 and are fully trained in supporting people living with dementia".

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

- People were supported to eat and drink enough to maintain a balanced diet and were involved in planning meals with the chef.
- We discussed with the registered manager further developments to people's digital recordings of fluids, ensuring only people which require monitoring are recorded to represent accurate information.
- People had access to regular drinks and snacks. Menus were displayed in visual format to enable people to make choices about their meals. We observed people enjoying a range of homemade cakes and meals which they told us they enjoyed.
- Feedback about the home's food was gathered from people and relatives during meetings. Relatives visited the home to join their loved ones for themed nights once a month.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment. People were supported to access healthcare professionals where required.
- Care records demonstrated where people required healthcare monitoring and visits from external professionals. For example, GPs, district nurse's, audiology, dentists and chiropodists.
- The service had regular visits from an ANP which provided continuity for people. The service had established good methods of communication which enabled them to share any concerns about people's changing needs with external professionals.
- We saw referrals had been made for advocacy services, befriending services, counselling and adopt a grandparent scheme.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- The dining room was well signposted with signs on the doors. There were food related pictures hung on the walls to orientate people to their environment. The main dining area was named 'The Beacon Bistro'; residents and staff referred to this as the bistro and clearly knew what this meant. The signage was dementia friendly, clear and easy to read.
- The main lounge was decorated with music related items and had a piano which was used by visiting performers, residents and staff. This piano belonged to a current resident who was able to bring it with them when they moved into the home.
- Corridors and certain areas of the building were themed in terms of decoration. For example, London and nature. Some of these were designed to be sensory corridors for people who walked around the home, particularly when sun downing. Although we did not see residents using these corridors during our inspection.
- We saw several noticeboards displaying positive messages and images. One board described 'community links' and had photos and narrative to explain when residents had taken part in activities with different community groups. For example, the Malvern Dementia café and a health and fitness group in the community.

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 authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act and where needed, appropriate authorisations had been made to deprive a person of their liberty.
- Mental capacity had been assessed and best interest's decision were made where people lacked mental capacity.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported by staff who were kind, caring and compassionate.
- We observed positive interactions where staff clearly knew people's care needs. People were engaged and responded well.
- Relatives told us their loved ones were treated well and staff respected their equality and diversity. One person enjoyed a themed day with relatives which celebrated a cultural event which was important to them.
- The provider and registered manager had a proactive approach to promote diversity. A Pride related event was described as being educational and socially engaging to those who attended, with residents engaging in discussion about the LGBTQI+ community.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care
- The provider sought feedback from people living at the service through resident's meetings and activity support time, where they discussed activities, safety, maintenance issues, management support and the care they receive.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. The service had promoted some staff to become dignity champions.
- Some people chose to spend time in their rooms for periods of the day, this was evidenced in people's care plans. We observed staff knocked on doors and gained permission before entering.
- One person has expressed a wish to become more independent and access the community unsupported. The registered manager assessed and accommodated their wishes to visit the hairdresser without staff. The relevant provisions were put into place to enable them to fulfil their wishes to be more independent.
- Staff assisted some residents with 'dignity cloths' to protect their own clothing whilst having meals. The cloths were made of other clothing such as shirts, so resembled clothing in themselves. Residents could choose which cloth they wished to use.
- Relatives told us staff promoted people's dignity and independence, one relative told us, "My loved one loves walking and has freedom to walk around the corridors and are not restricted. A few of the residents have formed a walking group and after lunch they walk freely along the corridors".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Care plans were detailed and highlighted people's preferences and support needs. Some further development was needed to ensure the information detailed in the care plans was consistent throughout. We shared this with the provider who agreed to review the relevant care plans.
- The provider had supported a person to engage with Doll Therapy. Staff sought guidance and training to ensure this was introduced correctly. This helped the person with their behavioural support needs where it was evidenced there was a reduction in incidents and the use of PRN medication.
- A person living at the service expressed a wish to change their bedroom colours, staff supported them with pictorial aids to choose their preferences and furnishings of their choice.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standards. People's communication needs were understood and supported.
- The provider held a communication day where people were able to explore different communication aids. Where these benefitted people, supportive aids were purchased and implemented to enhance people's communication needs.
- Staff had devised communication cards for a person to use on a daily basis. This supported their consent or decline to engage in activities of daily living as the person did not communicate verbally. For example, consenting to oral care and bathing. The person also had a sensory nightlight which had been brought to provide extra lighting and prevent falls.
- The provider produced easy read guidance for people which included, fire procedures, how to use a call bell, covid and how to use mobility aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.

- We reviewed activities that had taken place throughout 2023. We saw these covered a range of different types of activities, such as arts and crafts, exercise, animal therapy and days out. Staff ran activities linked to cultural, social and religious events such as a painting and education session around Pride month, a special meal for Diwali, pumpkin carving for Halloween and events around Remembrance Sunday. The management team identified the impact of these activities on residents; for example, the event whereby, residents were invited to carve pumpkins; not all attendees could carve. However, some residents enjoyed taking part in other ways such as appreciating the scent.
- The activity co-ordinator completed 4 sessions of activities per day at the home. Activities included hand massages, music, exercise, and watching documentaries.
- Residents could access trips outside the home. Staff supported approximately 4 trips per month to the local theatre, and other trips to places such as the nearest beach or town. Some of these trips were specifically catered to the 'resident of the week'. For example, one trip was to visit Ludlow as this is where the resident being focussed on had previously lived.

#### Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- The provider had a complaints procedure in place. Where complaints had been raised, this had been investigated and responded to.
- An external professional told us, "I feel confident to approach the registered manager, they will investigate any concerns, challenge them appropriately and quickly, making sure they obtain all the information first, but is confident to go to the highest levels to get clarity or answers".
- Relatives told us they knew how to raise a complaint and felt they would be listened to. One relative told us, "I have no complaints, I have completed questionnaires and feel fully updated on my loved one's care".

#### End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- Care plans demonstrated people's end of life wishes and choices had been considered with the person and their relatives.
- A visiting professional told us, "Their end of life and palliative care is outstanding, it is so person centred, respectful, safe and caring".

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- There was a positive and open culture at the service. The provider had systems in place to provide person centred care which achieved good outcomes for people.
- The registered manager was invested in promoting a culture of care which was valued by people, staff, relatives and professionals.
- Relatives shared their views, these included, "The manager has an open-door policy and the home in my opinion is well run and is client led" and "The atmosphere of the home is very homely and our family are welcomed at every visit, you are greeted with tea and homemade cake and made to feel part of the home".
- Staff encouraged residents to bring their home life with them. For example, one resident had a pet cat which lived at the home. The registered manager had devised a specific risk assessment to cover this. The cat had access to the garden through a cat flap and was permitted to engage with other residents who enjoyed spending time with her. A 'PAT' [Pets As Therapy] dog also visited the home regularly for those residents who liked dogs.

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 provider understood their responsibilities under the duty of candour.
- The registered manager had systems in place to monitor when things went wrong and follow up any actions or learning required by staff. This was shared in regular staff meetings.

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

- The provider had a clear management structure which monitored the quality of care to drive improvements in service delivery. The service had a registered and deputy manager who provided consistent management.
- The provider had several internal quality audits to monitor, review and improve the service to meet their regulatory requirements. There were some inconsistencies in care plan information and bowel monitoring which we shared with the registered manager. They told us these would be reviewed without delay.
- We observed relationships with managers and people, where they clearly knew people well and had knowledge of their support needs. Managers supported people with facilitating and attending social events.
- Staff spoke positively about the support they received from managers, one staff member told us, "The manager is a lovely person, if I have any concerns, I can communicate with them, and they give good

solutions".

- Relatives told us "The manager is very hands on, when I visited the other week the manager was talking to one of the residents who was a little upset, the manager comforted them and walked them back to the lounge, they have a very caring approach".

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics
- The provider sought feedback from people, relatives and professional's, the information gathered was used to help drive improvements at the service. For example, people had voiced in a resident's meeting they would like to ensure a certain food type was offered at each meal, this had been shared with the chef.
- Actions had been taken where people had shared concerns about their laundry items going missing, this had been revisited the following month where people said the issue had been resolved.

Continuous learning and improving care: Working in partnership with others

- The provider had created a learning culture at the service which improved the care people received. The provider worked in partnership with others.
- The provider had good working relationships with external professionals and demonstrated effective communication which had good outcomes for people. They had devised cards with QR codes for professionals to share their feedback about the home.
- A regular visiting professional described the home as "extremely person centred, responsive and extremely well led by the manager".