

Wilbraham Limited

Wilbraham House

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

Wilbraham House is a residential care home providing personal care to 30 people at the time of the inspection. Wilbraham House can accommodate up to 35 people in one adapted building spread over three floors.

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

People were supported by safely recruited staff, who had the skills and knowledge to provide effective support. People were supported by staff that understood their responsibilities to safeguard people from the risk of harm. People's medicines were managed safely, and staff followed infection control procedures.

Effective care planning and risk management was in place, which guided staff to provide support that met people's needs and in line with their preferences. 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 had access to healthcare professionals and were supported with their nutritional needs. There were systems in place to ensure people received consistent care and support.

People had the opportunity to be involved in activities within the home and the local and wider community. People were supported to maintain relationships which were important to them. Feedback was gained from people, relatives and staff which promoted change within the home. People understood how to make a complaint and could be assured they would be listened to.

Systems were in place to monitor the service, which ensured people's risks were mitigated and lessons were learnt when things went wrong. People and staff were able to feedback about the service which promoted an open culture. Staff and management were committed to providing a good standard of care with people's needs being at the heart of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 12 December 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe 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 ●

Wilbraham House

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and seven relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, a team leader, care assistants, activity staff and one visiting healthcare professional. 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 records. This included three people's care records and multiple medication records. We reviewed staff training records and a variety of records relating to the management 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse.
- People and their relatives told us they felt safe. One person said, "I feel safe here and not worried." A relative said, "Oh yes, [relative] is absolutely safe there."
- Staff were trained to recognise and respond to safeguarding concerns. One staff member said, "Our job is to protect people. We all have a role in reporting concerns and sharing information. I know if I was worried, I could also speak to the CQC."
- The registered manager understood their responsibilities to safeguard people and ensured concerns were reported to the local authority when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks had been individually assessed and regularly reviewed to mitigate identified risks. One relative said, "[Relative] has had a few mobility issues. I feel happy and confident in the way that they [staff] have managed incidents."
- Care plans gave staff guidance to keep people safe. For example, people who were at risk of falls had been assessed to require walking aids, and people's daily notes reflected they were not using their walking frames on a regular basis.
- During our observations we heard staff reminding a person to be careful and encouraging them to use their walking aid.
- The registered manager carried out daily environmental checks to ensure the home was safe and free from any potential hazards.
- Incidents and accidents were recorded and analysed to ensure actions had been taken to reduce the risk of further occurrences. Where needed people were referred to other healthcare professionals, for example, the falls team.

Staffing and recruitment

- People gave a mixed response about the staffing levels. One person said, "They need one or two more staff, but if I call them, they come straight away."
- Relatives told us they felt there were enough staff to support the needs of their loved ones. One relative said, "There seems to be a lot of staff around. [Relative] is always saying they [staff] look after them and regularly check on them."
- The registered manager carried out call bell audits to ensure people who used their call bells did not have

to wait for prolonged periods of time.

- The registered manager used a staffing tool which gave an oversight to staffing levels to ensure they were in line with people's needs.
- Staff were subject to pre-employment checks to ascertain their suitability to work with people, such as with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions.

Using medicines safely

- People told us they received their medicines safely, on time and knew why they were taking them. One person said, "They [staff] give me my tablets and remember to do it and at the right time." Another person said, "They [staff] bring me my medication three or four times a day with a glass of water."
- Staff had received medicine training and were subject to checks to ensure they were competent in the administration of medicines.
- Staff supported people to take their medication in an unrushed way and staff completed electronic Proactive Care Systems (PCS) to show when medicines had been administered.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 and their relatives told us they were involved in the assessment of their care. One person said, "[Name of registered manager] did my assessment. [Name of registered manager] has a copy and also my relative." A relative said, "Yes [relative] had an assessment, we are kept updated through the computerised system."
- At the last inspection the provider was in the process of implementing an electronic care system. At this inspection the electronic care system had been fully embedded into the service. A relative said, "This lets me know what [relative] has done, how [relative] has slept and what they have eaten, it's great. I can put comments on it as well. When [relative] was in hospital, [name of registered manager] asked me to keep them updated. So, I put comments on the system. It's a great way to communicate."
- People's needs were assessed, and care plans implemented which gave staff details about people's needs and choices. Care plans were regularly reviewed, and we saw where care plans had been changed to reflect people's changing needs.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were well trained. One relative said, "I think they are trained enough for residential care, they [staff] know what they are doing."
- New staff underwent a three-month induction process which involved training and shadowing opportunities. One staff member said, "I'd not done any care before I came here. I had a lot of support when I started."
- Staff had been provided with training to enable them to care for people in the most appropriate way and training records we viewed evidenced all staff had undertaken relevant training.
- Staff told us they received an annual appraisal and regular supervisions from the registered manager to allow them to discuss their practice and to identify areas for further development. One staff member said, "We have regular supervisions. If you do the medicines, you complete a competency check every year too. The registered manager also does 'spot checks' on us to check what we're doing."

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

- People gave mixed views about the food. One person said, "When I first came here it was home cooked food and I enjoyed that more than the meals now." Another person said, "The food is good for me. I like it." During the inspection we saw people were offered alternatives if they had not eaten their lunch.
- The management team had consulted with people living at Wilbraham House about the food during the

resident's meetings and through a taster session. During one of the meetings people had requested fish and parsley sauce to be put back onto the menu. We saw this had taken place as one of the choices during the evening meal was, fish and parsley sauce.

- People's nutritional risks were managed, and their weights were monitored. One relative said, "[Relative] is eating much better, they have even put on weight. [Relative] was a picky eater, eating microwave meals. Their eating has improved massively. There is so much variation, they always accommodate [relatives] wishes."
- Where additional support was required to support people with their dietary and nutritional needs, relevant professionals were consulted, and actions taken to ensure people's needs were met. One person said, "I am a diabetic, so I have to be careful with my diet. The staff know about it and they are careful."

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

- Since the last inspection the provider had made some significant environmental improvements to Wilbraham House. These included upgrades and redecoration to the communal bathrooms and toilets, the medication room, kitchen and to people's bedrooms.
- The home was still undergoing some environmental changes, these included new external windows and doors. Further plans were in place to have decking laid in the garden which would create a relaxing outside area for people who chose to sit outside.
- Equipment such as bath seats, toilet seats and grab rails were in place to ensure people were safe whilst promoting their independence within the service. There was a lift and stair lift allowing easier access for people to freely move around the home.
- People and relatives told us they could choose how to have their own personal space decorated. One person said, "I wanted grey and white in my room, and that is what I have." A relative said, "I asked them to paint [relatives] bedroom which they did straight away."
- The décor and signage around the home ensured it was a dementia friendly environment. Pictorial signage was used throughout the home to help people orientate to their surroundings.
- Bedroom doors had been painted in different colours to help people find their own room, and some rooms had memory boxes displayed outside.

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

- People and relatives told us they had access to health professionals to ensure their health needs were met. One person said, "A nurse comes in every Tuesday and there is a doctor across the road who also comes in. A chiropodist comes in and an optician." A relative said, "The home liaises with doctors and sorts out [relative's] glasses with opticians. They support [relative] with hospital visits, I would willingly take [relative] if needed, but it's no problem for them [the home]."
- Care plans we viewed provided evidence that other healthcare professionals were involved in people's care and support. Staff contacted other healthcare professionals when further support was required. For example, the district nursing team were asked to review people when the condition of their skin deteriorated.
- We saw people had regular oral assessments and where needed dental input had been arranged.
- Staff recorded in people's daily notes when they had received visits from their GP and the outcome of the consultation.
- Staff were involved in a handover process each day to ensure they were kept up to date with changes in people's health and wellbeing to enable them to continue to provide effective care and support. One staff member said, "If anything has changed, we find this out during the hand over."
- We observed visiting professionals supporting people at the time of inspection. They told us they had a good relationship with the staff and the registered manager, who were open to the advice provided. They

said, "The relationships are good with the registered manager, they are approachable, and staff have always followed our advice and instruction, there has never been any concerns."

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 Act 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had been asked to consent to their care and information sharing with family and health professionals. We saw where some people were unable to provide written consent they were supported by the registered manager and a social worker where verbal consent was obtained.
- Staff and the registered manager understood their responsibilities to ensure people were supported in their best interests and in line with the MCA.
- The registered manager had made applications to the local authority for DoLS, where people were deprived of their liberty to keep them safe from harm.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 and relatives told us staff were caring. One person said, "Overall the staff are very good and kind. If you have a problem, they [staff] will chat and go the extra mile to help you out." Another person said, "The staff are very friendly and accommodating." A relative told us, "Staff are very good, if I ask them to do something for my [relative], they do it straight away."
- People were treated with kindness and respect by staff. We observed people looked comfortable and relaxed in the presence of staff and heard light-hearted banter between people and staff.
- People were supported to maintain contact with family and friends to promote their emotional wellbeing. One relative told us most of their contact with their relative was done by video calls due to the geographical distance and how staff tried their best to facilitate this means of contact.
- Staff understood the importance of respecting and promoting equality and diversity. Assessments and care plans recorded important information about people's diverse needs, including, gender orientation, marital status, personal relationships and religious beliefs.

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

- People told us there were offered choices in relation to the care they received. One person said, "At night when I get tired, they [staff] ask me if I am ready to go up to my room in the chair-lift and I can go up."
- Where appropriate, people and or their relatives had been involved with developing their care plans.
- We observed staff offering people choices before support was provided. One staff member said, "People become like one of your family. We know what they do and don't like. What they can and can't have."

Respecting and promoting people's privacy, dignity and independence

- People could choose to have their own room key to maintain their privacy. We saw one person carrying their key with them and another putting their key out of reach of others.
- Staff recognised people's right to privacy and dignity. We observed staff ensured care was provided behind closed doors and staff knocked on bedroom doors and introduced themselves before entering. One staff member said, "We support people's dignity by encouraging them to remain as independent as possible. We always ask for people's consent. When we provide care, we make sure the room is private, the door closed and keep them covered up as much as possible."
- The registered manager told us people were given time alone with their visitors and how staff know not to enter the room during the visit.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 received support that met their preferences because staff knew people well.
- Care plans reflected people's likes, dislikes, and preferences. For example, we saw in one care plan how a person preferred a certain type of toothbrush bristle. Another care plan detailed how a person was a keen football supporter and the importance of staff reminding them when a game was being shown on television.
- People's care was reviewed regularly to ensure the support they received reflected their current needs. For example, one person had stopped using their walking frame which placed them at higher risk of falls. Staff were fully aware of this as we observed them reminding the person to use their frame.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- No one living at Wilbraham House at the time of our inspection had any specific communication needs. However, we saw during people's assessments people's communication needs were assessed and their needs were regularly reviewed to identify any changes.
- The registered manager confirmed this, they said, "We do have easy reads available, but no one requires these at present." This demonstrated the provider was meeting the requirements of the Accessible Information Standard.

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 had opportunities to go into the local and wider community. Comments from people included, "I can go out, if I feel all right", "I go to the local supermarket to buy myself some goodies" and, "There is a coffee morning twice a week in separate places, one in the church hall across the road and one in the local community centre. Last week some of us went to Trentham Gardens."
- Relatives told us their relatives could join in with activities in the home or in the local community should they choose to. One relative said, "There are always activities going on, such as baking and bingo. [Relative] can take part in them if they wish to."
- Staff were knowledgeable about people's interests, hobbies and past history. One staff member told us

how they supported people with this, for example, how they had taken people for a drive in the car around their local area so they could reminisce about their past life.

- People's care plans detailed their social history, hobbies and interests and where possible their interests were accommodated. For example, one person had a passion about astronomy and was supported to go to the local library so they could utilise resources related to their interest.
- There was a varied programme of activities for people to choose from. One staff member said, "We are pretty much self-funded and raise money through things such as, raffles. People have been so resilient through COVID-19, when we could only offer in-house activities. We hired a virtual reality headset from a local company, people really enjoyed it. Some people were hesitant but once they watched the others, they were keen to try it for themselves. We've been able to restart bringing in entertainers. Tomorrow we have an Elvis impersonator, people really enjoy his show. We also go out to coffee mornings and bingo with people in the local community. Next week we have someone coming into do a reminiscence session."

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise concerns. One person said, "I wouldn't worry about speaking up if I had a complaint. I think they [staff] would deal with anything." A relative said, "We were given information at the beginning, but if I was not happy, I would contact [name of registered manager] directly, but I can contact CQC as well."
- There was a complaints policy in place which was accessible to people and visitors on entering the home.
- There had been no complaints received at the service since our last inspection.

End of life care and support

- People's advanced wishes had been gained and recorded to ensure people were supported in a way that met their needs and preferences.
- The registered manager and staff were committed to supporting people's wishes and remembering those who had passed with fond memories. The registered manager said, "We have a family garden and with consent from family of those residents who have passed away we put a plaque up with their name, date of birth and date they passed away."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 and relatives were positive about the registered manager. One person said, "[Name of registered manager] is friendly." A relative said, "[Name of registered manager] is really engaging, they ring us loads and keep us up to date. There are loads of Facebook posts showing how [relative] engages in the activities, it makes us feel better. There is a newsletter as well, it's great. It takes the pressure off. [Relative] went in during the middle of the pandemic, it made us feel better that [relative] was made to feel at home."
- Staff spoke highly of the registered manager and the way the home was managed.
- The registered manager promoted a positive and open culture within the home. They said, "I believe the team feel valued because I work with them, they would ask for help and I would give this to them."

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

- Systems were in place to monitor the service and mitigate risks to people. Audits had been carried out, which showed the actions taken to ensure improvements were made to the way people received their care.
- The home had fully embedded an electronic care system to record people's risks and needs. These were reviewed and audited on a monthly basis by the team leaders. The registered manager said, "Following this I randomly select six care plans a month to audit. Any issues or concerns identified are raised with the team leaders."
- The registered manager understood the responsibilities of their registration with us. They had notified us of events that had occurred at the service and their rating was on display.
- An overall service improvement plan was in place to show the improvements identified across the service and when these were scheduled to be completed.
- The registered manager understood their legal responsibilities in relation to the duty of candour. They were open and responsive to feedback and were committed to improve the service people received.

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

- People and relatives were involved in the service. Feedback was sought through feedback forms and 'residents' meetings. Comments from people included, "We have a questionnaire every six months", "There

is a residents meeting, we had food tasting once" and "There is a residents' meeting every three months. They [staff] tell you what is going on. You can ask questions and you have a chance to speak." A relative said, "I was given a feedback form to complete to gain my views."

- People and relatives were kept up to date with changes in the home. A relative said, "We receive newsletters to keep us updated. [Name of registered manager] is great, they arrange a group chat between me and my other relative so that we all know what's happening."
- Staff were encouraged to make suggestions about the provision of care. There was an open and honest culture within the home. One staff member said, "I can make suggestions if I feel I need to."
- The registered manager told us of the importance of ensuring residents and staff feel they can be open and honest. The registered manager said, "I do 'walk abouts' through the home to make sure everyone is okay, we do residents meetings, issue newsletters to residents and their relatives and surveys. We also have a number of staff WhatsApp groups and messages are put on there. This ensures all staff within those groups receive the same message at once."

Continuous learning and improving care

- The registered manager had implemented a continuous improvement plan which detailed actions needed to ensure their governance systems were effective in monitoring all areas of the care provided.
- Staff meetings and supervisions took place and staff told us these were useful to discuss any updates in procedures and development opportunities. One staff member said, "We have our appraisals and supervision every three months and [name of registered manager] will ask if there is any specific or extra training we need and ask if we are struggling with anything."
- Through the incidents and accidents analysis process the registered manager had recognised people's risks of falls had increased. They said, "I looked at why they were happening and found this was down to staffing levels. We looked at the dependency of residents and following that staffing levels were increased which had a positive impact on people and reduced the number of falls."
- The registered manager met with the directors on a monthly basis where time was spent going through the homes audits to ensure continuous improvement and good practice was maintained.

Working in partnership with others

- The registered manager had developed good working relationships with a range of external organisations and professionals. The registered manager said, "I feel these are very good, I have a good understanding of the residents and if I ask for a GP visit it is because they are not well. The nurse comes into the home every Thursday and will ask if there is anyone on the list. Although if someone is not well, I will not wait until the Thursday for them to be seen, I will contact them and request they come before."
- This ensured people received their support in a consistent way and their health and wellbeing was maintained.