

Dean Care Limited

# Wilbury

## Inspection report

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East Sussex  
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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: Wilbury has 18 bedrooms and is registered to accommodate a maximum of 19 people. Eleven rooms have en-suite facilities. It specialises in providing support to older people who require minimal assistance with their personal care. Bedrooms are located over four floors which are accessible via stairs or a shaft lift. There is level access to the gardens at the rear of the property. At the time of our inspection 16 people were living 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).

People's experience of using this service:

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

People were protected from avoidable harm. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. People told us they felt safe and knew who to contact if they had any concerns. The registered manager continued to ensure there was enough staff to support people safely and they followed safe recruitment processes. One person told us, "I feel really at home here. If I hadn't, I wouldn't have stayed."

People continued to receive their medicines safely and on time and staff were trained in administering medicines. People were protected by the prevention and control of infection and staff wore gloves and aprons when supporting people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. One person told us, "I can't say a word against it' I get up and go to bed when I want, and staff help me when I need help."

People continued to be supported by staff who had the training, skills and knowledge to deliver effective care and support. People were supported to maintain their health and had support to access health care services when they needed. People were supported to maintain a balanced diet and were overwhelmingly positive about the food.

People continued to receive kind and compassionate care. One person told us, "The staff are all very kind and patient. We get to know them all as friends."

People continued to receive personalised care that was responsive to their needs. People could choose how they spent their day and had access to a range of activities across the week. One relative told us, "I know she has a good social life here, as she often isn't in her room when I phone her and that's a good sign". People and relatives knew how to make a complaint and told us they felt listened to and had confidence that the manager and staff would act.

People and staff spoke positively about the culture of the home. There were clear lines of accountability and the provider continued to have effective quality assurance processes in place. People told us they thought the service was well managed. One person told us, "My daughter comes every day at different times, and she is always made welcome."

More information is in Detailed Findings below.

Rating at last inspection: Good (report published 19 May 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service continues to be rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 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** ●

# Wilbury

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out on one day by one inspector and an expert by experience, who had experience of older people. 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:** Wilbury is a Care Home, providing accommodation and personal care for older people with minimal support needs. 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 home 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:** We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 7 people living at the home and three relatives to ask about their experience of the care provided.

We spoke with six members of staff including the provider, registered manager, manager, housekeeper and care workers.

We reviewed a range of records. This included three people's care records and medication records. We also looked at two staff files in relation to recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider continued to have safe systems, processes and practices in place to protect people from abuse. Staff had access to guidance to help them identify abuse and raise concerns in line with the providers policies and procedures to the local authority. Staff received safeguarding training and knew the potential signs of abuse. One member of staff told us, "I would observe changes to the person, if they were withdrawn, not eating and any unusual marks. I would report to the manager straight away or senior carer and they would contact the local authority."
- People living at the home told us they felt safe. One person told us, "I would talk to the Manager, but I don't have any worries about here as its very safe."

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and their safety was monitored and managed, to support people to stay safe. Risks to people were clearly recorded in people's care plans with clear guidance for staff on how to support the person. One person told us, "I never worry about the care I get and feel confident here about everything."
- Risk assessments identified the level of people's risks and the support needed to minimise risk. These covered a range of possible risks and staff spoke confidently about checking and monitoring people's mobility and hydration. Staff updated people's daily notes to keep other staff up to date with any changes to their care and support needs, passing information onto the management team where appropriate.
- Environmental checks of the home continued to be monitored and were regularly undertaken by the registered manager and maintenance person to ensure people's safety.

Staffing and recruitment

- The home continued to have sufficient numbers of suitable staff to support people to stay safe and meet their needs. The registered manager told us they rarely used agency staff and were able to cover annual leave and staff sickness with existing staff. Staff turnover was low with many staff having worked at the home for many years, this meant that staff were consistent and familiar to the people living at the home.
- Recruitment practices remained safe. Staff files included previous work history and written references from previous employers. Records included photos to confirm staff members identity and checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. New staff completed an induction period.

## Using medicines safely

- The provider ensured the proper and safe use of medicines by staff who were trained and competent to do so. Staff followed policies and procedures to support the safe storage, administration and disposal of medicines. Staff received regular training to ensure their practice remained safe.
- There was guidance for administering medications 'as and when' required. We checked the Medicine Administration Records and found these were correctly recorded. People told us, that they received their medicines on time and when required.

## Preventing and controlling infection

- People continued to be protected by the prevention and control of infection. People told us that staff always used Personal Protective Equipment (PPE) such as gloves and aprons and we observed this in practice.
- Staff understood their roles and responsibilities in relation to infection control and hygiene. Staff had received training and information was readily available in relation to cleaning products and processes. One member of staff told us, "I have different aprons for the kitchen, white is for caring and a different colour for laundry." People spoke positively about how the cleaner kept their rooms clean and the efficient way the laundry was taken from them in the morning and back clean later in the day.

## Learning lessons when things go wrong

- Systems were in place to record and identify lessons learned and improvements were made when things went wrong. The registered manager recorded information from accidents and incidents and acted to prevent further accidents, as far as possible.
- Staff understood their responsibilities to raise concerns, record incidents and near misses.



# 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.

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.

- The registered manager carried out a pre-assessment before people moved into the home. The assessment helped form the person's care plan to understand their care and support needs, including their background, interests, hobbies and preferences. One relative told us, "My mum was quite unwell on admission and the progress she has made both physically and mentally here was very noticeable."
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these.

Staff support: induction, training, skills and experience

- People continued to be supported by staff who had the skills and knowledge to deliver effective care and support. One relative told us, "Staff know what they are doing."
- Staff received training in a range of areas essential to the job role and we found details of certificates to confirm this. The registered manager had good systems to monitor training and ensure staff training was up to date. Staff received regular supervision and annual appraisals and staff told us they felt supported.

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

- People continued to be supported to eat and drink enough to maintain a balanced diet. All the food was homemade and people were offered a choice of food and drinks throughout the day. We observed the lunchtime experience and found the atmosphere was calm and not rushed. There was lots of talking and engagement between staff and people. One person told us, "The food is wonderful here with lots of good homemade favourites." Another person said, "I enjoy all the food. I have no complaints. We have morning coffee and biscuits and afternoon tea as well as meals. We are very well provided for."
- People's religious and cultural needs were met and the chef purchased certain types of food to meet people's religious beliefs.
- People's needs were identified in relation to eating and drinking and the manager gave an example where one person had lost a lot of weight. Staff identified that the person did not like eating with others and coming down to the dining room as they had always eaten alone. The person was given the choice to eat in their room and began to put weight on again.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively as a team. Staff's knowledge of people and their good working relationships with

other professionals ensured they received treatment in a timely way, reducing the risk of any further complications to their health. Daily records confirmed visits from healthcare professionals including doctors, district nurses and chiropodists.

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

- We found that the decoration and physical environment of the home had been well thought out to meet people's needs and promote their independence. People's bedrooms were beautifully decorated and personalised to people's individual taste. One person told us, "Its perfect, the maintenance person has put my television on the wall which is much better."
- People had access to a communal lounge and a large garden which people told us, they used a lot in the summer. People and staff told us how one person had a garden party to celebrate their 90th birthday with family and friends.

#### Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, and had access to healthcare services and were supported to receive ongoing healthcare. One person said, "If I want to see the Doctor, I would ask." One relative told us, "The home keep in touch and make me aware of any changes in health care."

#### 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- People living at the home had capacity and no one had a DoLS in place. Where people had given power of attorney to family, this was recorded in the person's care plan and known to staff. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People continued to be treated with kindness and were positive about the staffs' caring attitude. We received overwhelming feedback from people and relatives which supported this.
- Staff had developed positive relationships with people and we observed friendly and warm interactions between the staff and people. One person told us, "Staff are all very kind, I don't have a favourite I like them all".
- Staff spoke affectionally about the people they supported and knew people well to meet their needs. One person told us, "Some of the staff are like family."
- Staff knew people's preferences and used this knowledge to care for them in the way they liked. The registered manager gave an example, where it was important for one person to light candles each year to represent the people they had lost.

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

- People were able to express their views and were actively involved in making decisions about their care, support and treatment on a daily basis. One person told us, "I only have to ask and its done".
- People and relatives continued to be involved in developing their care plans and felt included in decisions about their care and support, involving other care professionals when required. The manager gave an example, where they had accessed a 'befriending service' for one person where a volunteer visits the person once a week.
- People living at the home were able to communicate their needs and choices clearly. We observed staff giving people the time they needed to support them in a compassionate and personal way. One person told us, "I have lived in the home for three years and the staff are excellent, I choose when I get up and when I go to bed. This is my home." The registered manager told us how people were involved in choosing the colour and type of carpet for the lounge area. People got carpet samples to help them decide.

Respecting and promoting people's privacy, dignity and independence

- Care plans continued to include people's preferences with regards to gender, religion and how people wanted to be supported to maintain their identity and personal appearance, in accordance with their own wishes.
- Staff had a good understanding of equality, diversity and human rights and people's differences were respected. One relative told us, "Dad is treated with respect by all the staff and the weekend staff are as great as the weekday staff."

- Care plans provided guidance to staff to promote people's independence and they had a good understanding of the importance of supporting people to remain independent. One member of staff told us, "I encourage people to do as much as possible for themselves". One person told us, "When the daily newspapers are delivered, I take them round to people's rooms. I also help the gardener by watering the plants in the Summer.
- People's private information remained secure. Care documentation was held confidentially and sensitive information was stored securely in the office which was locked when staff were not present.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People continued to receive personalised care that was responsive to their needs. People, their relatives and healthcare professionals where appropriate were involved in developing and reviewing care plans. Care plans detailed people's preferences, needs, goals and interests to ensure staff knew how to deliver person-centred care.
- Care continued to be person-centred and people's healthcare needs were met. Records of referrals to and visits from healthcare professionals were found in people's care files with detailed guidance for staff on how to provide care and support following advice from district nurses, occupational therapists and GP's.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, people's communication needs related to their disability or sensory loss were recorded and known to staff as, required by the Accessible Information Standard.
- People told us that they felt staff knew them and their history. We observed one member of staff talking to a person about their previous job and the accolades they had received. The person was engaged in the conversation and spoke to the member of staff with real enthusiasm and pride.
- People were encouraged and supported to pursue their interests and hobbies and these were detailed in people's care plans. We observed an external facilitator doing 'chair exercises' with people. The session was very positive with 12 of the 16 residents attending, everyone was engaged and appeared to thoroughly enjoy the exercises. One person told us, "We have good activities here like film afternoons, strawberry cream teas, exercise classes, bingo. Some people go to the lounge in the evening to watch television or have a chat."
- People had access to technology such tablets and mobile phones to keep in touch with friends and family.

Improving care quality in response to complaints or concerns

- The people and their relatives we spoke with, had not made a complaint, but knew what to do if they needed to make a complaint or raise a concern. The registered manager told us that the home had not received any complaints or concerns from people and relatives over the past 12 months. The registered manager was able to talk about how they would respond to a complaint; keeping a written record of the complaint, responding in a timely way and documenting if the complaint was upheld and what action had been taken to resolve the concerns. Staff told us how they always encourage people to speak to them if they had any worries or concerns about the home.

End of life care and support

- There was no one using the service who was at the end stages of life. Care plans contained advanced care

plans to ensure staff knew the person's wishes and how to support them to have a comfortable, dignified and pain-free death.

# 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 service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives spoke positively about the provider, registered manager and care team as a whole. The home had a lovely welcoming atmosphere with a real home from home feel. One person told us, "I can only say that this place is first class, you can't want for more." One member of staff told us, "The management team is visible, open and transparent and if there is anything that I am not sure about I will ask."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- Staff understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles. They were held accountable for their performance where required. Each staff member signed to say that they had read people's care plans and the providers policies and procedures. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- The registered manager understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents.
- Quality assurance processes continued to be in place such as annual reviews with people and relatives and audits, to help drive improvement within the service. We saw evidence of competency checks being carried out for medication and regular audits to help the registered manager identify areas for improvement and any patterns or trends. For example, if a person was regularly falling they would involve the falls team to seek advice.

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

- The service continued to involve people and their relatives in day to day discussions about their care in a meaningful way. Annual satisfaction surveys were carried out, to monitor how satisfied people, relatives and

professionals were with the service provided. The feedback found was very positive and included statements from professionals such as, "Referrals and engagement has always been appropriate." Staff attended regular team meetings to discuss concerns and share information.

- The provider acted on people's feedback and gave an example where people had asked for a new television to be brought for the lounge as the existing one was small. The provider replaced the television with a large flat screen TV.

#### Continuous learning and improving care

- The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and had joined the local registered managers forum, to learn from others and share good practice.

- Systems were in place to continuously learn, improve, innovate and ensure sustainability. One member of staff told us, "The registered manager's door is always open and they are open to suggestions to improve the service."

#### Working in partnership with others

- Staff continued to work in partnership with other agencies and had developed relationships with a variety of healthcare professionals to meet people's needs.