

Trust Care Ltd

# Wrawby Hall Care Home

## Inspection report

Vicarage Road  
Wrawby  
Brigg  
Lincolnshire  
DN20 8RP

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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

Wrawby Hall Care Home provides residential care to up to 34 people, some of whom are living with dementia. At the time of the inspection, there were 30 people living in the home.

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

There were sufficient numbers of skilled, competent staff to care for people safely. Staff knew when and how to raise safeguarding concerns and kept people safe from avoidable harm. Risks to people had been assessed and measures put in place to reduce identified risks.

People received personalised care and support based on a thorough assessment of their needs and preferences. They 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.

Staff were kind and cared for people as individuals and with compassion. They supported people to be as independent as possible. They gave people the information they needed to make informed decisions about their care and support.

Staff knew people well and cared for them in a way they preferred. People were supported to maintain their interests and to pursue hobbies. The registered manager welcomed feedback from people and their families and acted to make improvements where possible. Staff teams worked collaboratively to deliver high-quality care.

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 28 February 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

### 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. will usually lead to cancellation of their registration or to varying the conditions the registration.

## 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 ●

# Wrawby Hall Care 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Wrawby Hall Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, regional manager, senior care worker, care

worker, activity co-ordinator and chef. We also spoke with a visiting social care professional.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and safety checks.

# 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 kept safe from risk of neglect, abuse and ill-treatment.
- There were effective safeguarding systems in place to address any concerns. Staff had a thorough understanding of abuse and knew what to do to make sure people were kept safe. They were confident the registered manager would promptly address any issues.
- The registered manager has a good working relationship with the local authority and understood their responsibilities to report concerns.

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

- People were protected from avoidable harm. Risk assessments were comprehensive and person-centred. Information about risks were consistently and reliably communicated to staff. Staff carried hand-held devices which informed them about any risks to people at the point of care.
- People had access to the equipment and support they needed to move safely around the home.
- There was an open culture of learning from incidents and accidents and other safety related events. The registered manager monitored and regularly reviewed incidents and took action to minimise risks.

Staffing and recruitment

- Staff were recruited safely and there were enough skilled staff to keep people safe.
- The registered manager regularly reviewed staffing levels to meet people's changing needs.

Using medicines safely

- Medicines were managed consistently and safely. People received their medicines as prescribed.
- Staff followed correct procedures to protect people with limited capacity where medicines needed to be given without their knowledge or consent.

Preventing and controlling infection

- Staff followed good infection control and prevention processes. They had access to and used personal protective equipment to limit the spread of infection.

# 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

- Care and support was planned and delivered following a thorough assessments of people's needs and preferences. This was regularly reviewed and updated to ensure people continued to receive the right care and support.
- Staff applied their learning effectively and followed best practice which led to good outcomes for people.

Staff support: induction, training, skills and experience

- Staff had the right skills, competence and support to care for people. People told us staff were competent in their roles.
- Staff completed a thorough induction before the started working at the home. They continued to undertake additional training to meet people's needs.
- The registered manager met regularly with staff to review their practice and development and to discuss any concerns. Staff told us, "I am well supported my managers" and "[There is] nothing I can't say to them."

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

- People had enough to eat and drink throughout the day. They were given choice and those with complex needs received the support they needed.
- Staff found creative ways to ensure people had enough to drink. For example, the chef made appealing, jelly-like sweets to help keep people hydrated. They told us people enjoyed these and staff could easily monitor how much fluid people had taken.

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

- Staff supported people to maintain good health and well-being. Where necessary, they made prompt referrals to other health professionals and followed recommendations to good effect.
- The provider had developed a 'hospital passport' for each person which included important information about people's communication, support needs and preferences for care.

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

- People lived in warm, homely environment. They had space to sit together and socialise and access to private areas where they could spend time with family and friends.
- People's bedrooms were distinctively personalised to meet their needs and preferences. One person told us, "This is my home."

- People has access to a large outdoor space which looked onto fields to the rear of the home. A staff member told us the garden was well used and people had recently played football on the lawn. One person told us they were growing tomatoes.

#### 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.

- Staff had a good understanding of MCA and DoLS and were confident about using the Act. They followed the correct procedures in assessing people's capacity and best interest decisions were always made in accordance with legislation and people's wishes.
- Restrictions were regularly reviewed and only imposed as an absolute last resort.



# 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 told us they were well-looked after and happy living at Wrawby Hall Care Home. Good relationships had been fostered between staff, people and their relatives. Comments included, "Staff are friendly" and "It's very nice."
- Staff were compassionate and treated people with kindness. They showed a genuine, caring attitude and asked permission before offering support.
- Staff cared for people as individuals. The registered manager recognised diversity amongst people using the service and led by example.

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

- Staff had time to spend with people to provide person-centred care. They knew people well and understood when they needed the support of their families and others to make decisions about their care.
- Staff gave people the information they needed to make decisions about their care and support and they did this in a way people understood.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and confidentiality. Care records were stored securely, and staff supported people with personal care discreetly and compassionately.
- People were supported to maintain their independence. The registered manager told us they mentored staff in empowering people to do what they could for themselves. They told us, "I am a big believer in letting people to do things for themselves. [Staff] can see the benefit of that."

# 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 personalised care and support. Staff knew people's likes, dislikes and preferences and they used this information to care for people in a way they preferred.
- Staff carried hand-held devices and recorded care at the point of delivery. Care records were uniquely tailored to each person and allowed staff to keep an up to date picture of people's needs. A staff member told us they "loved" the new technology. They told us this supported effective communication between health professionals.
- Staff received additional training and guidance from other health professionals to understand and meet people's needs.

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.

- Reasonable adjustments were made where appropriate to meet the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. Staff shared this information with other health professionals to ensure people received continuity of care.

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

- Staff supported people to access the community, take part in activities they enjoyed and to pursue their hobbies and interests. One person told us they enjoyed birdwatching and staff regularly took them to feed the birds.
- Staff supported people to maintain relationships with people closest to them; family and friends were welcome to visit the home at any time.

Improving care quality in response to complaints or concerns

- The provider welcomed and acted on feedback received by the home. Complaints investigations were thorough, lessons were learnt and improvements were made where possible.

End of life care and support

- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.

- People's care plans included their preferences for end of life care.

# 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 good. At this inspection this key question has remained the same. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a warm, positive culture within the service and clear vision to provide high-quality person-centred care. A staff member told us, "Everybody works to the same goal – that's the residents."
- Staff were clear about their roles and responsibilities. They acted as champions and supported each other to make sure people experienced good healthcare outcomes and a good quality of life.
- There was a strong governance framework in place, with clear lines of accountability and processes to drive quality. Managers gave open and honest feedback to staff and this led to improvements in care.

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; Continuous learning and improving care

- The provider and registered worked in a transparent way. They worked with people and their families when things went wrong and made improvements where they were able. Learning was shared with staff to ensure improvements were sustained.
- There was a strong focus on continuous learning. Quality assurance arrangements were robust and highlighted potential concerns and areas for improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager was a visible presence within the home and engaged openly with people, their families and staff.
- The service worked effectively with all partner agencies such as the NHS and local authority to coordinate the care and support people needed.
- There were good links with the local community. Children from a local primary school visited the home and engaged in activities with people. A staff member told us people benefitted hugely from the time they spent with the children. They told us, "Its so nice to see."