Habilis Operations Limited

Wyngate Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected Wyngate Residential Care Home on 1 December 2015. This was an unannounced inspection. The service provides care and support for up to 26 people. When we undertook our inspection there were 22 people living at the home.

People living at the home were older people. Some people required more assistance either because of physical illnesses or because they were experiencing memory loss.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty

Summary of findings

Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of our inspection there was no one subject to such an authorisation.

We found that there were sufficient staff to meet the needs of people using the service, but at times they were not deployed correctly to ensure people's needs could be met. The provider had not taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe. However, these were not always kept up to date when people's needs changed.

Checks took place to ensure the environment was a safe one to live and work in. However, repair works took a long time to complete, so hindering the safety of individuals.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People had a choice of meals, snacks and drinks. And meals could be taken in a dining room, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it.

The provider used safe systems when new staff were recruited. All new staff completed training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual.

People had been consulted about the development of the home and quality checks had been completed to ensure services met people's requirements.

Summary of findings

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 not consistently safe.

Checks were made to ensure the home was a safe place to live. However, repair work was taking some time to complete.

Staff did not always evaluate risks associated with people's needs when those needs changed.

Sufficient staff were not on duty some of the time to meet people's needs.

Staff in the home knew how to recognise and report abuse.

Medicines were stored safely. Record keeping and stock control of medicines was good.

Requires improvement

Is the service effective?
The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Good

Is the service caring?
The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Good

Is the service responsive?
The service was responsive.

People's care was planned and reviewed on a regular basis with them.

Activities were planned into each day. However there was little one to one activities to help people pursue personal hobbies.

People knew how to make concerns known and felt assured anything raised would be investigated in a confidential manner.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

People were relaxed in the company of staff and told us staff were approachable.

Audits were undertaken to measure the delivery of care, treatment and support given to people against current guidance.

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

Wyngate Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 December 2015 and was unannounced.

The inspection team consisted of an inspector 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 service.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service. We also spoke with other health care professionals during our visit.

During our inspection, we spoke with seven people who lived at the service, six relatives, and five members of the care staff, a cook, a domestic, the activities co-ordinator, the administrator, a visiting health professional and the registered manager. We also observed how care and support was provided to people.

We looked at six people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, staff files, audit reports and questionnaires which had been sent to people who used the service.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living at the home and did not have any concerns about the staff caring for them. When referring to safety one person said, "Better in here than anywhere else." Another person said, "Very safe."

Staff were aware of the signs of abuse and the action they should take if they identified a concern. Staff had received training in how to maintain the safety of people. Notices were on display in staff areas informing staff how to make a safeguarding referral.

Accidents and incidents were recorded in the care plans. The immediate action staff had taken was clearly written and any advice sought from health care professionals was recorded. Any changes to processes which had to be made were passed on to relevant staff. For example, where people had a series of falls and might need more assistance. Staff had reviewed people's care plans to show a higher level of assistance may be required. Staff told us they were informed through meetings when actions needed to be revised.

To ensure people's safety was maintained a number of risk assessments were completed and people had been supported to take risks. For example, risk assessments had been completed to see how well people could manoeuvre. One care plan stated this should have been reviewed every three months, but this had not been completed for over six months. Permissions were not in place if people required bed rails so they did not fall out of bed. Therefore, staff had no way of telling whether the risk assessments in place were now appropriate to each person's needs.

Pressure relieving mattresses and cushions were in place for people at high risk of developing pressure ulcers. Staff told us they felt there was adequate equipment to meet people's needs. They did not have any issues with lack of availability of supplies such as protective clothing and gloves. The last building and rooms risk assessment in June 2015 detailed which new equipment had been purchased. The audit also covered areas required for repair; such as a bathroom floor which we observed had torn flooring which could cause a trip hazard. We pointed this out to the registered manager who took the bathroom out of use until the flooring had been repaired.

We saw that some windows did not have restrictors on them, to prevent people from falling out and other people from getting in the building. The registered manager told us some windows had been replaced and showed them to us. One person told us, "It shuts properly now. It was so drafty and it used to rattle and made such a noise. It is a lot better now." This was described as a "work in progress" and we saw information was being given to the provider through the auditing process. The registered manager was having the work prioritised to ensure the safety of people living at the home.

We had previously had concerns raised about an old swimming pool in the grounds and how safe this was for people walking in the gardens and the smell from stale water. There was still a lot of water in the pool area, but no odour. This area had now been cordoned off. Work had commenced to fill in this area, but the registered manager told us this had stopped due to weather conditions.

People had plans in place to support them in case of an emergency. These gave details of how people would respond to a fire alarm and how they required to be moved. For example being able to walk unaided. A plan identified to staff what they should do if utilities and other equipment failed. Staff knew how to access this document in the event of an emergency.

People told us their needs were being met. One person said, "Well looked after here." Another person said, "They always give us time."

Staff told us there were not always adequate staff deployed at certain times to enable them to meet peoples' needs. One member of staff said, "We are short staffed. We only have two staff on sometimes, it's a push." Another staff member said, "Not enough staff. Afternoons are a problem." A relative also raised the lack of staff in the afternoons and they told us that staff were busy then. We observed that there were less staff on duty in the afternoon. We had difficulty finding a staff member when someone required assistance on two occasions during the afternoon. However, the mornings were quieter and we observed staff attending to people's needs in bedroom areas and sitting in people's rooms and chatting. The registered manager showed us the dependency levels for people living at the home, and how they had calculated the numbers of staff required. A lack of sufficient staff deployed at the right times to meet people's needs could put them at risk of harm if their needs were not being met.

Requires improvement

Is the service safe?

We looked at three personal files of staff that had been recently recruited. Checks had been made to ensure they were safe to work with people at this location. The files contained details of their initial interview and the job offered to them. A new member of staff we talked with said they knew safety checks had been made and references had been received prior to their employment being confirmed. They had completed an application form and attended an interview, which was in their record.

People told us they received their medicines at the same time each day and understood why they had been prescribed them. This had been explained by GPs', hospital staff and staff within the home. Staff were observed giving advice to people about their medicines. Staff knew which medicines people had been prescribed and when they were due to be taken.

Medicines were kept in a locked area. There was good stock control. Temperatures were recorded to ensure the medicines were stored in suitable conditions. This would ensure the stored medicines were safe to use and were stored appropriately and safely. Records about people's medicines were accurately completed.

We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed. Staff stayed with each person until they had taken their medicines. Staff who administered medicines had received training. Reference material was available in the storage area and staff told us they also used the internet for more detailed information about particular medicines and how it affected people's conditions.

Good

Is the service effective?

Our findings

Pre-admission assessments had been completed for people to assess their care and support needs. Each care plan had a personal profile to provide key information about them and contact details of relatives. Each person had a range of care plans providing information on their care and support needs and the effectiveness of treatments.

People we spoke with and relatives told us they thought staff were trained to be able to meet their needs or their family's needs. A relative said, "Carers are well organised and know what they are doing." Health and social care professionals told us that staff had the knowledge to look after people and could follow instructions well.

Staff told us they had received an induction period at the beginning of their employment and this was suitable to their individual needs. This had included such tasks as manual handling and bathing people. This provided the skills they needed to meet people's needs safely. Details of the induction process were in the staff training files. One staff member said, "Induction was suitable to my needs. I was shadowing other staff for about a week."

Staff said they had completed training in topics such as basic food hygiene and manual handling. They told us training was always on offer and it helped them understand people's needs better. Staff told us the training was delivered either by tutors attending the home, distance learning or work books. The training records supported their comments. Some staff had completed training in particular topics such as dementia awareness. This ensured the staff had the relevant training to meet people's specific needs at this time.

Staff told us they could express their views during supervision and felt their opinions were valued. This ensured they had a voice in their workplace and could comment on the running of the home. We saw the supervision planner for 2015. This gave the dates of when supervision and appraisal sessions had taken place. The records included training which had taken place and was planned and any actions to be taken by staff. Staff confirmed these had occurred.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions themselves. The staff were following the MCA code of practice and ensured the human rights of people who may lack mental capacity to take particular decisions was protected. Staff were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. No was subject to such an authorisation at the time of our inspection.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted.

People told us that they enjoyed their meals. One person said, "It's very tasty." Relatives told us they were offered refreshments and could have a meal if they wished.

We saw the meals were presented well. Each person was given a choice of all the options and they decided what they would like to eat. Some people were offered cloth protectors for their clothes to preserve their dignity and others required plate guards so their food did not spill onto the tablecloths. The lunch time period was social with interaction between people eating and staff. There were lots of clean plates at the end of the meal and people told us they had enjoyed their lunch. People ate at their own pace and were not rushed. Staff asked people if they wanted help with cutting food, which was performed discreetly. Menus were not on display, but we observed staff informing people of the menu choices prior to meals being served. Menus were not available in picture or word format. So people could not remind themselves of what was being offered. Throughout the day people were offered hot and cold drinks, biscuits and cakes.

The staff we talked with knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people's dietary needs in the care plans such as a problem two people were having in eating due to medical conditions. Staff had recorded what alternatives had been offered and the kitchen staff were aware of the people's needs. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs. Staff told us each person's dietary

Good

Is the service effective?

needs were assessed on admission and reviewed as each person settled into the home environment. This was confirmed in the care plans. The kitchen also kept copies of people's likes and dislikes.

Kitchen staff had one to one meetings with people throughout the year to discuss their needs and menu planning. We saw the cook speaking with one person about their main meal of the day and offering to cook a different meal that day. People told us the kitchen staff discussed meals with them.

We observed staff attending to the needs of people throughout the day and testing out the effectiveness of treatment. For example, one person was being helped to walk with a frame to help their mobility. Another person was being helped to a communal sitting area and they told us they liked to visit others in the home, as at their own home they had been isolated. We heard staff speaking with relatives, after obtaining people's permission, about hospital visits and GP appointments. This was to ensure those who looked after the interests of their family members' knew what arrangements had been made.

People told us staff tried to obtain the advice of other health and social care professionals when required. In the care plans we looked at staff had recorded when they had responded to people's needs and the response. For example, when people required spectacles to read and when a person's life was coming to a close.

Good

Is the service caring?

Our findings

People told us they were well cared for at the home. One person said, “Well looked after here.” Another person said, “We know we can turn to them at any time”, when they were talking about the staff. Relatives told us that the home was warm and had a friendly atmosphere. Comments from relatives included, “Staff are nice, friendly and helpful” and “The staff are absolutely brilliant.”

We observed care interactions which were kind, patient and sensitive. For example one person was distressed after becoming unavoidably incontinent. Staff discreetly helped the person, put the person at their ease and asked them discreetly whether they would like a change of clothing. We observed staff knocking on people’s doors before entering and protecting people’s privacy if their clothing became dishevelled, showing body parts.

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example, when people wanted to walk independently around the home, but slowly. Some used walking frames, but staff allowed them to do so in their own time.

We observed staff ensuring people understood what care and treatment was going to be delivered before commencing a task, such as helping with a bath and assisting each other to turn some-one in bed. Each action was recorded in care notes.

Relatives we spoke with said they were able to visit their family member when they wanted. They said there was no restriction on the times they could visit the home. They told us staff kept them informed of events at the home and their family member’s condition, if that person had agreed for information to be shared. A visiting health professional told us they visited at different times of the day and that staff were always open and friendly.

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local advocacy service on display.

We observed that when people wished to speak to staff, their relatives and friends they were given the opportunity to see them in a private area, if they did not wish to use their bedroom. Staff had received training in ensuring people were treated with dignity and respect. People told us this was preserved at all times. Staff gave us examples of how they would protect people’s dignity and promote respectful and compassionate behaviour.

Good

Is the service responsive?

Our findings

People told us staff had talked with them about their specific needs. This was in reviews about their care and questionnaires. They told us they were aware staff kept notes about them and relatives informed us they also knew this. One relative told us how they were involved in the care plan process with their family member and how the registered manager gave them time to speak. This was confirmed in the care notes we reviewed. Staff knew the people they were caring for and supporting. They told us about people's likes and dislikes. For example, when they liked to get up in the morning and what food they liked to eat. This was confirmed in the care plans.

Staff also received a verbal handover of each person's needs each shift change so they could continue to monitor people's care. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten. Each staff member had a written handover sheet which gave details of each person and treatment which had to occur daily; such as recording food and fluid intake and monitoring a catheter. We observed the lunchtime handover between staff. Staff were able to ask questions and clarify treatments given and what was required for the next shift.

Health and social care professionals we spoke with before and during the inspection told us staff informed them quickly of any issues. This was helped by the weekly planned visits by health professionals. A list of people's names that were required to be seen were given to the local GP surgery prior to the meeting. Staff told us it helped people as they were often than not required to attend a surgery which sometimes made the people anxious. The surgery would however accept emergency referrals and we saw where these had been recorded in the care plans.

People told us there was an opportunity to join in group events but staff would respect their wishes if they wanted to stay in their bedrooms. There was a happy, family atmosphere about the home. There were photographs on display about events which had taken place inside and outside the home. This included cake making and visits out.

People in their rooms all day were watching the television or looking out of the windows; some had visitors for part of the day and some were reading. Staff interacted with people in their bedrooms and were observed sitting with them and talking to people. People were also helping with housekeeping tasks such as setting the tables in the dining room. They told us this made them feel useful.

The activities described on notices were all of a group nature. Staff explained it was difficult to get people involved in one to one activities as the staff did not always have the time. There were lots of examples of people's art work around the home. The activities organiser did not keep records of events which had taken place but showed us pictorial records. Other staff recorded in the care records which activities people enjoyed and whether they would like to pursue personal hobbies and interests.

We observed people taking part in music and movement exercise with streamers which staff said was exercising their wrists. One person was using a board full of locks, keys and bolts to help improve their coordination after an illness. The main group activities took place in the mornings and there was little provided during the afternoon. We observed a lot of people taking short naps after lunch and staff told us this was not unusual.

People told us they were happy to make a complaint if necessary and felt their views would be respected. Each person knew how to make a complaint. No-one we spoke with had made a formal complaint since their admission. One relative had put a compliant into the provider, but was awaiting a reply. People knew all the staff names and told us they felt any complaint would be thoroughly investigated and the records confirmed this. We saw the complaints procedure on display. This had been reviewed in May 2015. However, this did not refer to outside agencies if people were not satisfied with the provider's complaints process and how their concern had been conducted. This gave people no choice to use other agencies, if required.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People told us they were well looked after, could express their views to the registered manager and felt their opinions were valued in the running of the home. One relative said, "Got on well with the staff from the start." Another person living at the home said, "Very contented."

Staff told us the provider's values and aims were on display in the home, which we saw. However, the statement of purpose telling people how the provider was going to provide services was out of date. This was rectified at the end of the visit.

People who lived at the home and relatives completed questionnaires about the quality of service being received. This covered topics such as catering and food, personal care and support, daily living and activities. The results were positive. Where people had raised concerns about any area, answers and action had been detailed in the report results. Relatives told us they felt involved in the running of the home.

Staff told us they worked well as a team. One staff member said, "I enjoy it." Another staff member said, "It's more laid back here, but people's needs are met."

Staff told us staff meetings were held monthly. They said the meetings were used to keep them informed of the plans for the home and new ways of working. We saw the minutes of staff meetings for June 2015 and July 2015. Each meeting had a variety of topics which staff had discussed, such as, staffing, policies and procedures and care plan reviews. This ensured staff were kept up to date with events. Staff told us they could voice an opinion at any time, but some staff told us they did not always receive feedback as to whether their opinions were valued. Staff were aware of the whistle blowing process and confirmed they would be confident to use it if required.

The registered manager was seen walking around the home during our inspection. They talked with people who used the service and visitors. They could immediately recall items of information about each person. The daily walk rounds by the registered manager were not recorded each day and neither were those of the provider. However people and staff told us the registered manager and provider did interact with them on a regular basis. Records would enable the registered manager and provider to recall at a later date any issues which had arisen and how events had been dealt with at the time.

There was sufficient evidence to show the home manager had completed audits to test the quality of the service. These included medicines, care plans, health and safety. Where actions were required these had been clearly identified and signed when completed. Accidents and incidents were analysed monthly to ensure people were not at risk and staff told us that they amended people's care plans when necessary. Any changes of practice required by staff were highlighted in staff meetings so staff were aware if lessons had to be learnt from incidents.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The manager understood their responsibilities and knew of other resources they could use for advice, such as the internet.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.