

Barchester Healthcare Homes Limited

Wykeham House

Inspection report

21 Russells Crescent
Wykeham House
Horley
Surrey
RH6 7DJ

Tel: 01293823835
Website: www.barchester.com

Date of inspection visit:
27 April 2023

Date of publication:
23 June 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Wykeham House is a nursing care home providing personal and nursing care to up to 76 people. The service provides support to older people, people living with dementia and mental health conditions. At the time of our inspection there were 70 people using the service. Wykeham House accommodates people across four separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

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

Records of the medical decision agreed with people to not attempt resuscitation when it may be clinically futile to attempt to do so were not always clear and consistent. The presence of Do Not Attempt Resuscitation (DNAR) forms did not always correspond with an easy access colour coded system and staff handover paperwork, meaning there is a risk that staff may not have the correct information in an emergency.

People and their relatives told us they had concerns about staffing levels at weekends. Feedback was given to the provider and the registered manager acknowledged there was less administrative staff and management presence at weekends, however we found during this inspection that staffing levels were satisfactory to meet the needs of people.

Incidents and accidents were investigated, and lessons learnt on an individual basis with changes made to people's care plans to manage risk. There was a lack of oversight of trends in incidents and accidents to establish potential service wide improvements. Quality assurance processes were not always effective to provide managerial oversight of systems and drive improvements. Audits of care plans and incidents and accidents were not always thorough. It had not been identified that some care records contained inconsistencies regarding DNAR information. The registered manager told us how they would make improvements on these issues.

People told us they felt safe, and relatives told us they were confident in the care provided to people. People were supported to have choice and control of their day to day lives. Staff supported people in the least restrictive way and in their best interests. Staff, people and relatives were supported to engage with the service. People and relatives told us the management team were approachable and accessible. Staff told us they felt well supported, empowered to develop and that Wykeham House had a positive culture to work within.

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 6 November 2021).

Why we inspected

We received concerns in relation to an incident involving a person using the service and the accuracy of records relating to their care and treatment. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report. The registered manager has told us they have mitigated risks. They have audited all care records and adapted processes to update changes to people's information more promptly.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wykeham House on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation safety monitoring and management, and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Wykeham 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 Health and Social Care Act 2008.

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 completed by 1 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 care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 27 April 2023 and ended on 04 May 2023.

We visited the location's service on 27 April 2023.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we observed the support people received throughout the day. We spoke with 12 people who used the service about their experience of the care provided and 7 relatives of people who use the service. We gathered feedback from 1 health care professional who regularly visited the service. We spoke with 8 members of staff including the registered manager, deputy manager, care staff and kitchen staff. We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks were assessed but we found do not attempt resuscitation (DNAR) decisions were not clear for people. A DNAR is a decision made by a person in consultation with medical professionals to not to be resuscitated when their heart has stopped.
- People were at risk of not being supported in line with their wishes regarding clinical care and treatment in a future emergency. DNAR decisions were recorded in multiple locations and the information was not always consistent across all of them. This meant there was a risk staff may not attempt resuscitation for someone who required that response.

In response to our feedback, the registered manager identified that errors related to recent changes which had not been updated across all areas promptly. A review of all care plans was actioned, and changes were made to the way information is updated to mitigate risk.

- Should staff have reliable information to refer to, they had a good understanding of responding to an emergency. One staff member told us, "Some people have a DNAR, we check this first of all. On the outside of the care plans, if they have DNAR it will be red, if not it will be white so it's so easy." Another staff member told us, "We have on the handovers who has DNAR...On the care plans we know at a glance, white if they do need CPR (cardiopulmonary resuscitation), red if they don't."
- Relatives were confident staff knew advance decisions in place for people. One relative told us, "I filled in the form and chatted to mum about it. She doesn't want to go to hospital unless she had to. I'm confident in the staff." Another relative told us, "I'm confident they know what his preference is."
- Risk assessments were in place and accurately reflected individual's risks and how they were to be supported. There were clear guidelines for dressings and repositioning regimes for people who had risks relating to their skin.

Staffing and recruitment

- The inspection identified staffing levels were satisfactory. Staff rotas reflected staffing requirements and bank staff were used where necessary. However, we received feedback from relatives that they did not always feel there were enough staff at weekends. One relative told us, "If I had one criticism, at the weekends there doesn't seem to be as many people about." Another relative told us, "If I go at the weekends, it is rare. It's definitely a bit emptier staff wise." The registered manager told us, "There is only one person on reception and no management at weekends. Unit managers manage the home. Management carry out

unannounced visits at weekends."

- People told us there was not always enough staff. One person told us, "There isn't always enough cover, they are a bit hard pressed sometimes." Another person told us, "They are always short staffed... They come as quickly as they can if you need them, but they are up against it." This feedback was given to the provider following the inspection.
- The registered manager used a dependency tool to establish safe staffing level. We saw that recruitment of permanent staff was in progress, including a new activities coordinator. One relative told us, "I can tell by the pictures on the wall of the staff, I can see that it's filling up."
- Staff were recruited safely with a thorough induction involving training, shadowing experienced staff and competency checks. One staff member told us, "When someone is recruited, they do the online training, then they observe and don't work directly. After two weeks you will work with someone."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding and knew how to report any concerns. One staff member told us, "If we have something we have to report, we tell our manager who will report it to the safeguarding board. Any incidents or accidents, we record."
- People told us they felt safe. One person told us, "I feel so safe in my room, the staff are lovely and always come to me." Another person told us, "I feel safe here, it's all very nicely done."
- The registered manager demonstrated knowledge of safeguarding. Safeguarding incidents had been appropriately identified and referrals made to the local authority. Investigations included actions taken to reduce risks of reoccurrence.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Peoples legal representatives were clearly indicated in their care plan and decisions made in people's best interests were recorded correctly.

Using medicines safely

- People were supported safely with their medicines. We observed staff to be person centred, respectful and work within good practice. Staff asked for consent to administer medicines and informed people of the medicine they supported people with. One person told us, "I know all the medicines that I take... I know what they are for."
- Staff competencies with medicines were assessed six monthly. One staff member told us, "They check us about 6 monthly, we are well supported as a nursing team and always have training."
- We found medicines were stored safely and recorded accurately.
- Guidance to support people at risk of seizures was accessible and clear for staff to follow.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to welcome their friends and families into the home and to go out with them if they wished.

Learning lessons when things go wrong

- Accidents and incidents had been analysed and considered on an individual basis. Changes were made to manage future risks for people. This included implementing monitoring equipment and added care requirements to care plans on a case-by-case basis.
- Safeguarding investigations were followed up and actions taken to mitigate future risk to individuals such as additional training and competency checks for staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits of incidents and accidents were not designed to identify service-wide trends. Governance meeting minutes did not always include discussions of all incidents and accidents.
- Audits had not identified inconsistent information in care plans. Where we found inconsistency across people's DNAR status, we were told by the management team this was a result of recent changes from hospital admissions which had not yet been updated. Monthly audits had not identified a trend in the delay of information being updated. This posed a risk to people receiving care in line with recent medical recommendations and people's choice.
- There had been a recent safeguarding concern which highlighted the risk of inconsistent records impacting on a person's care and treatment. The provider had not made changes to audits and care plans had not been reviewed considering the concern. The registered manager had not reported the incident to the CQC at the time, as per their regulatory requirement.

Systems had not been established to mitigate risks to the health, safety and welfare of people using the service. As a result, there was a lack of consistency in contemporaneous records which placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed changes were being made to update information more efficiently. The clinical development nurse confirmed they would improve monitoring of trends in incidents and accidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, their relatives and staff spoke highly of the registered manager and staff team. One person told us, "[Registered manager] always has a chat and listens to me rattling away. She is very nice and approachable." One relative told us, "They are like extended family." Another relative told us, "It doesn't matter what staff member is in there, they are always nice and lovely to all the residents."
- We observed staff positively engage with people. One staff member told us, "This is the main thing I am happy here; we are a very good team as staff residents and family." One person told us, "The staff morale is not bad, they are hardworking people and never show their bad side."

- The registered manager had advocated for people who were in liaison with external organisations to have their communication needs met. The registered manager told us, "[Professional] wanted to do an assessment via [video call]. I said it wasn't suitable for the [professional] to be remote. The person needed support."

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

- There were opportunities for people to engage with the service. One person told us, "There are resident's meetings, and if you say what needs to be changed, they really try to do it. At the next meeting they always ask if it happened." People and visitors could refer to a 'You said, We did' poster on the wall which reflected this.
- Relatives were invited to be involved with the service and people's care. The registered manager told us, "We have a yearly questionnaire and get their feedback. We have an open-door policy, so anyone can pop in at any time." One relative told us, "They always ring me once a month and see if I have any problems."
- Another staff said, "I have made suggestions before, about shift allocation, she [registered manager] listened and went ahead with my idea"
- People's communication needs were supported to enable their involvement. The registered manager told us, "We have one resident who has a light writer (text-to-speech device) ... If he wants to call the bank, he will ask me to put it on speaker phone for him and I can translate if needed."

Continuous learning and improving care

- The registered manager had recruited a new activities coordinator and told us, "Life enrichment for people has improved since new activities coordinator has started." Residents have been involved in choosing activities and there was a focus on joint activities across separate units of the home. The registered manager told us, "When we do activities, we encompass residents from all units... We have a gentleman come in with a juke box and everyone goes to the main lounge downstairs. Bringing the whole home together."
- The registered manager had been empowering staff to work together and focus on their own self development. They told us, "I try to empower the staff to take responsibility for their development." One staff member told us, "Everyone is working towards being better."

Working in partnership with others

- The staff and management team worked effectively with professionals. Staff had access to all professional's contact details to ensure timely care and support for people. One relative told us, "[Person] had to go for a scan and they arranged all that, and the transport, I went with [her] and the transport. The doctor goes in every fortnight and if there is anything serious, they get contacted straight away."
- The provider had linked with a local chemist who could support with medicine supplies at short notice. The registered manager told us, "[Pharmacy] can't do short term things quickly like antibiotics, so we use the local chemist down the road for that."
- Staff were proactive in working in partnership with others to improve people's quality of life. One member of staff told us, "We call for help when we can't manage something, like the tissue viability nurse (TVN) and we are always talking to speech and language therapists (SaLT)."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers governance processes failed to identify inconsistencies in their records which limited an oversight to proactively respond to risk. This was a breach of Regulation 17 Good Governance.