

# Community Integrated Care Wickham Hall

## Inspection report

Knightshill Crescent  
Wigan  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Wickham Hall is an extra care housing scheme for older people, comprising of 35 individual flats in one large building, located approximately a mile from Wigan Town Centre. The building contained large communal areas on the ground floor and an onsite restaurant. People who lived at the service had separate care and tenancy agreements.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, the service supported 26 people with personal care.

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

People told us they felt safe living at Wickham Hall and were supported by staff who knew them and with whom they had or were developing good working relationships. Enough staff were deployed to meet people's needs, provide agreed support and keep them safe. Accidents and incidents had been documented, with action taken to prevent a recurrence. Staff had received training in safeguarding and knew how to identify and report concerns. People received support to manage their medicines by staff who had been trained and assessed as competent.

Staff received sufficient training and supervision to carry out their roles effectively. Assessments were completed prior to people's admission, to ensure the service was suitable. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care files contained detailed information about the people who used the service and how they wished to be supported. People told us they were directly involved in their care and support and deciding what they did each day. People were supported to complete social and recreational activities in line with their wishes, albeit the current COVID-19 pandemic had impacted on what people could safely do at present. People told us they had no complaints or concerns but had been provided with details on what steps to take, should they need to.

The service had a clear management system in place. Due to the registered manager currently being responsible for other services owned by the provider, day to day management of Wickham Hall was the responsibility of the service leader. Staff and people spoke positively about the service leader and the support they provided. Both the service leader and registered manager were reported to be open, honest and approachable. A range of systems and processes were used to monitor the quality and effectiveness of the service. Actions had been identified and added to the home's continuous improvement plan, which was regularly reviewed.

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 (and update)

The last rating for this service was requires improvement (published 25 March 2020) and there were multiple breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 28 February 2020 when breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective, responsive and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wickham Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Wickham Hall

## 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

One inspector carried out the inspection.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was to ensure the registered manager and service leader were available to support the inspection. The notice period also allowed staff time to ask people using the service if they would be prepared to speak with us and allow access to their flats. Inspection activity started on 19 April and ended on 26 April 2021, by which time we had reviewed all additional information sent following the visit. We visited Wickham Hall on 20 April 2021.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with the registered manager and service leader.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, audits and training data were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, staffing information and evidence of person-centred care. We also completed telephone interviews with three support workers.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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

At the last inspection the provider had failed to ensure risk management systems were robust enough to protect people from avoidable harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been assessed and documented within care files.
- Each person had a risk log, which detailed any risks and the control measures in place to minimise risks and keep them safe. Each risk was rated before and after measures had been introduced to assess their effectiveness.
- Where people required equipment, such as a hoist to support transfers, specific risk assessments had been completed along with written and pictorial guidance for staff to follow to ensure they could use the equipment correctly and safely.
- Accidents and incidents had been logged correctly using the provider's online system. Reflective practice was used following any incidents to review what had happened and consider how to prevent a reoccurrence.

Using medicines safely

At the last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely by staff who had received training and their competency assessed.
- Each person had a medicine profile which listed all medicines prescribed, what these were taken for and any side effects. Information was also available about any allergies the person had and the level of support they required with managing their medicines.
- Medicine administration records viewed had been completed correctly. Running balances were used to keep track of how many medicines had been given and what remained. This helped with auditing.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Wickham Hall and in the company of support workers. One person stated, "Yes definitely [feel safe]. No concerns there, the staff are great."
- Staff were provided with training in safeguarding and knew how to identify and report concerns. One staff told us, "I have done training, which gets refreshed every year or so. If I had any concerns I would report these to [line manager] and document it on an event tracker."
- The home used a log to record any safeguarding concerns, all of which had been reported in line with local authority procedures.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service and seeking references from previous employers.
- Enough staff were deployed to meet people needs and provide agreed support. People and staff we spoke with confirmed this. Comments included, "Yes, there are enough [staff]. I get support when I want it" and "Yes, definitely enough staff. We asked for one extra in the morning to help out as more people had moved in and this was sorted straight away."
- Staff rotas were based around people's agreed support. The service ran a number of different shift patterns, to ensure the correct staff were available at key times. Staff were available 24 hours a day in case of emergencies.

Preventing and controlling infection

- Robust infection control policies and procedures were in place. Although oversight of the premises was the responsibility of the housing provider, the service worked closely with them to ensure cleanliness was maintained.
- Current COVID-19 guidance around PPE usage, frequent touch point cleaning and risk assessments was being adhered to.
- Staff had received training in infection control and the safe use of PPE.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At the last inspection we recommended the provider considered current guidance on seeking consent and carrying out mental capacity assessments and updated their practice accordingly. The provider had made improvements.

- Staff had received training in the MCA and deprivation of liberty and knew how to apply the legislation to their role. One staff stated, "The MCA is about capacity. You have to assume a person has capacity, unless proven otherwise through an assessment."
- People using the service had capacity and had been involved in making decisions around their care and support. They had also signed consent forms to allow staff access to their flat in order to support them as per their agreed care plan.
- Where people's ability to make certain decisions had deteriorated, for example due to living with dementia, multi-disciplinary meetings had taken place to ensure decisions made where in the person's best interest.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments had been completed with people, to ensure the service was suitable and could meet their needs.
- Support plans had been created with the involvement of each person. One person told us, "I was involved in planning my care and deciding when I wanted support and what I wanted staff to do."

Staff support: induction, training, skills and experience

- Ongoing training and support were provided, to ensure staff had skills and knowledge to carry out their roles.
- Training completion was monitored via a spreadsheet, which we viewed. This confirmed staff training was up to date. Alongside training considered mandatory, staff were offered the opportunity to complete additional sessions in areas of interest and specific sessions to ensure they could meet people's specific needs.
- Supervision meetings, referred to within the service as 'You Can's', had been completed quarterly in line with the providers policy, although staff could request additional meetings as required. One staff told us, "We have these regularly, it's good to have dedicated time with [service leader] to discuss concerns and other things we wish to talk about."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to a range of healthcare professionals, with support provided to arrange and attend appointments as required.
- The service worked closely with other stakeholders, such as the housing provider, local authority and community groups, to ensure people were supported in line with their wishes and could achieve planned goals.
- People's main meals were supplied by the housing provider as part of their tenancy agreement. However, where necessary support workers assisted people to purchase and prepare their own meals and snacks. The service encouraged people to follow a balanced diet, however respected their right to choose.

# 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 requires improvement. At this inspection this key question has now improved to good. 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

At the last inspection we found staff had not maintained accurate, complete and contemporaneous records and care was not always planned in a person-centred way. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- People received care which was personalised and met their needs and wishes.
- Care files contained a range of person-centred information, including one page profiles, which detailed key background information, what was important to that person and how best to support them. Support plans had been created with the person and clearly explained the support they wanted and how staff were to provide this.
- People had been supported to set and achieve specific goals and outcomes. For example, one person had wanted to re-access the community and increase socialisation. They had been supported to break down their goal into smaller steps and work through these until their goal had been achieved.

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.

- The service was meeting the requirements of AIS. People had communication plans in place, which explained any difficulties they had and how best to communicate with them.
- For people with impaired verbal communication skills, clear guidance had been created to explain what specific facial, hand and behavioural gestures meant, to ensure staff provided the correct support. The service had also created bespoke picture cards to support people with progressive memory impairments to remain orientated to their surroundings.
- Information was available in a range of formats, to cater for people's varying needs, including easy read and large font.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in social and leisure activities of their choice in line with their commissioned hours.
- For example, we saw people with an interest in Rugby League had been supported to apply for volunteer positions at the upcoming Rugby League World Cup, this would allow them access to players, stadiums and to be an integral part of the event.
- A staff member told us, "We support people with activities on a daily basis. It's up to the person what they do. This could be going for a walk, going shopping, attending appointments."

Improving care quality in response to complaints or concerns

- The providers complaint policy and procedure were provided to each person upon admission and was contained within their care file. This had been written using simple text and images, to ensure it was accessible to all.
- The service had a complaints log to document concerns raised and the action taken to address these, albeit none had been submitted within the last 12 months.
- People told us they were happy with the care and support provided and had no concerns but would feel comfortable raising any issues with support workers or management. One told us, "I know how to complain. I would speak to [service leader]. Wouldn't need to do anything else, as they would sort it as they are so efficient."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider's auditing systems were not robust enough to effectively monitor the quality of care provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- The provider, registered manager and service leader used a range of audits and monitoring systems to assess the quality and performance of the service and support provided. We found these were robust and had been used to generate actions and drive improvements.
- The home used a continuous improvement plan to document any identified shortfalls from audits or observations. This detailed the area for improvement, who was responsible, agreed timeframes and outcomes. A rating system was used to prioritise the order in which actions were taken, to ensure those which may impact on people's safety were addressed first.
- The provider and registered manager understood their regulatory requirements. The previous inspection report was displayed within the service and online. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

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

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People had no concerns about the openness of the service or its staff. Effective communication was maintained through daily interactions with support workers and the service leader.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We found the service to be an inclusive environment. People's views were captured through ongoing

discussion about their care and support, planned reviews and annual questionnaires.

- People and relatives were complimentary about the service and its impact. A relative told us. "The service is top notch. If not for the staff here [relative] wouldn't be alive and I'm not exaggerating. They went above and beyond when [relative] was unwell and turned their life around. I can't praise them enough."
- Staff also spoke positively about the service and said they enjoyed working there. Comments included, "It's a good place to work, I really enjoy it here" and "I love my job. [Service leader] and [registered manager] are both very approachable, you can ask them anything. I really feel supported."
- The recent staff survey supported this feedback. Positive responses had been provided about the service, working conditions and support provided.
- The provider used an awards programme to recognise achievements of staff and teams across all of its service. We noted the whole staff team at Wickham Hall had received the employee of the month award for April 2021.

#### Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people using the service. These included a local college and school, as well as an organisation which supported people to form relationships.