

Wyndham Court Limited

Wyndham Manor Care Home

Inspection report

Wyndham Street
Cleator Moor
Cumbria
CA25 5AN

Tel: 01946810020

Date of inspection visit:
01 October 2019
03 October 2019

Date of publication:
28 October 2019

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

Wyndham Manor Care Home provides accommodation and care and support for up to 68 people. The home is a purpose built modern detached building set over three floors. The home supports people who have needs associated with ageing or are living with a dementia related illness. At the time of our inspection 64 people were living at the home.

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

People felt safe and described staff as kind, friendly and caring. They were happy about the care and support they received and with the way the home was managed. Staff were caring and committed to supporting people in ways which upheld their dignity and promoted their independence.

Staff had the required skills and expertise to meet people's needs effectively and provide good outcomes that promoted well-being and a good quality of life. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff understood how to protect people from abuse. People received their medicines when they needed them from staff who had been trained and had their competency checked. People's care needs and any risks were assessed prior to them living in the home.

Health and social care professionals were very positive about partnership working developed with the home to promote people's health and well-being. People enjoyed the meals and were offered choices. They were supported to eat a nutritionally balanced diet and had access to various healthcare professionals, when needed for their more complex nutritional support needs. People took part in activities and entertainments and links with local community groups were well developed to enhance people's lives.

The quality of the service was monitored, and appropriate action was taken to improve the service when needed. People's views about the quality of care provided were used to make improvements to the service. Staff felt valued and supported and enjoyed working at the home.

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 April 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.

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 caring?

Good ●

The service was caring.

Details are in our caring 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.

Wyndham Manor 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 two inspectors 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

Wyndham Manor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 17 people living in the home and with six relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, deputy manager, seven care staff, the cook and the activity organiser.

We had a tour of the premises and looked at a range of documents and written records. This included six people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervisions. We reviewed a variety of records related to the management of the service, including policies and procedures, maintenance records and checks on the quality and safety of the service.

After the inspection

We continued to seek clarification from the registered manager to corroborate evidence we had found and received information from them about staff training.

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 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 continued to be protected from the risk of abuse and their human rights were respected and upheld. The registered manager had ensured effective safeguarding systems were in place.
- The registered manager had worked in co-operation with the local authority during safeguarding investigations. This ensured people in her care remained protected and safe.
- People told us they received safe care and had no concerns about their safety. One person said, "You don't need to worry about me I am safe and very happy."

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

- The registered manager ensured that a person-centred risk-taking culture was in place so that people were supported to take risks while safely promoting their independence. Each person had relevant risk assessments and these included the risk of falls and risks arising from moving and handling, skin integrity and nutritional needs. Senior care staff kept these under review to ensure staff had access to information to support people safely.
- The provider had carried out environmental risk assessments in areas such as fire safety, the use of equipment and the security of the building.
- The registered manager carried out a monthly analysis of accidents and incidents, including falls, to minimise future occurrences. Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

Staffing and recruitment

- The provider ensured suitable staffing arrangements were in place to meet the assessed needs of people in a timely way. Staff were visible to the people in their care and provided the support and attention people required. One person said, "There is always someone around when needed. I never feel alone they are always checking on me." and a relative told us, "We always see staff around and we are in everyday."
- Recruitment was safe and well managed. One recently recruited staff member confirmed appropriate checks had been made to ensure they were suitable for the role for which they had been employed.

Using medicines safely

- Medicines continued to be managed safely and people received their medicines when they should. Medicines were clearly recorded within people's medication administration records and showed people had received their medicines as prescribed.
- Staff received training in administering medicines and their competency was checked. A senior member of staff was designated to carry out regular audits of medicines to ensure people's medicines were in good

supply and to reduce any errors.

Preventing and controlling infection

- The provider had effective infection control procedures. Staff received training and were provided with appropriate protective clothing, such as gloves and aprons. Appropriate hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins were strategically placed around the home. This meant staff and people they supported were protected from potential infection during the delivery of personal care.

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 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

- People's needs were being well met. The registered manager carried out assessments of people's needs before they moved into the home to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care for people.
- Staff considered people's protected characteristics, such as age, religion or belief.
- Management and staff applied their learning along with expert professional guidance. This led to good outcomes for people and supported a good quality of life. Such as with the management of nutrition, skin integrity and falls.

Staff support: induction, training, skills and experience

- People were supported by a staff team who were competent, knowledgeable and who carried out their roles effectively. The registered manager ensured each member of staff had a thorough induction and then on-going training, regular supervision, appraisal and regular team meetings where they could discuss any care and practice issues.
- Healthcare professionals told us of being impressed with the knowledge of the staff team. One told us, "I was impressed with the staff skills of positioning of people, the use of slings, the bed work and hoisting."

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

- People's nutritional needs were well managed to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Staff monitored whether people were at risk of poor nutrition and involved healthcare professionals as needed. Catering staff received training on the nutritional needs of older people. They were knowledgeable of people's food allergies and dietary preferences.
- People told us they enjoyed the meals. One person told us, "I look forward to the meals. The cook comes around to check we like the food and to ask what we would like for a change." A relative told us, "The food is very good (relative) has put on weight which they needed. The staff have done a good job encouraging them to eat, with lots of tasty titbits when they've been off colour."

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

- People were well supported to stay well and receive timely healthcare. Staff had developed a close-working relationships with GP practices and with other social care and healthcare professionals. One told, "The manager has set up triage systems and staff are skilled enough now to know what really needs to be referred to us and those were they can take action themselves. We work well together and people are getting a good co-ordinated service."

- Staff shared appropriate information when people moved between services, such as being transferred to other services, admission to hospital or attendance at health appointments.

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

- The provider ensured the design and layout of the home was suitable for people living there. Communal areas were comfortable, and bathrooms were suitably equipped. There was access to safe, well maintained gardens. Plans were available for ongoing redecoration and refurbishment.
- People had personalised their bedrooms with their own furniture, decorations, pictures and ornaments.

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.

- People's rights were protected. People's capacity to make decisions was recorded in care plans, with details of support in making best interest decisions. Staff made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible.
- The registered manager understood when an application for a DoLS authorisation should be made. At the time of the inspection 16 had been authorised and we found these complied with the agreed restrictions. Staff received training and demonstrated an understanding of the principles of the MCA.

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 now 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

- Staff treated people with kindness, care and respect. Staff respected people's equality, diversity and human rights. There was a clear person-centred culture in the home with highly motivated and skilled staff who created a relaxed and sociable atmosphere for the people.
- People told us staff went the extra mile and had developed positive and warm relationships with them. Staff had arranged 100th Birthday parties and wedding anniversary parties where family, friends and the local community had been invited. Staff we spoke with expressed warmth and affection about the people they supported and a great understanding of them and their lives so far.
- People were complimentary about the care and support they received. They said, "The staff take an interest in you" and "The girls are great they look after me and nothing is too much trouble." A visiting professional said, "It was lovely to see what thought and care had been devoted to the well-being and welfare of all residents, especially recognising the diversity of needs."

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

- Staff understood people's rights and had training in protecting and promoting them. We observed people were treated very much as individuals and were able to make choices and decisions. Staff encouraged people to make decisions about their day to day routines and supported them in bigger decisions. A healthcare professional told us, "I was impressed with the care shown to the clients and the way they knew their clients and were able to interpret the different client's needs. I like how they stand up to other services on their client's behalf."
- Staff encouraged people to express their views as part of meetings, daily conversations and customer satisfaction surveys. Information was readily available about local advocacy contacts, should someone wish to utilise this service. Advocacy ensures people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy and dignity. There were policies and procedures about caring for people in a dignified way. People told us they could spend time alone in their rooms if they wished. Staff encouraged and supported people to maintain their independence whenever possible.
- People told us that staff made a real effort to promote their dignity. One person told us, "The staff do my hair nicely, ask me what I would like to wear each day and my room is always kept beautifully. This is really important as I can receive visitors in the knowledge I always look smart and well turned out."

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's care and support was being met in line with their choices and preferences. The registered manager and staff understood people's needs well and recognised the importance of appropriately supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences.
- People's care plans described their health, care and support needs and included their preferences and routines. Daily records were written in a respectful way. The registered manager and staff kept people's care plans under review to make sure they received the correct care and support.

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

- The home was well established within the local community and forged strong links with community groups. Good friendships had developed within the service and people were supported to continue with friendships and relationships important to them. One person told us, "A lot of us all know each other. We have been neighbours and friends and we know a lot of the staff personally. There's always visitors everyday who have a chat with everyone."
- People were provided with a wide range of activities and entertainments. People enjoyed activities such as chair exercise, dancing, games, regular entertainers and singers, and visiting petting animals.
- The registered manager had developed strong links with local community groups. People were supported to attend local churches and shops and to maintain contact with their friends and family. The home had a multi-denominational chapel for people and their families to use. Churches Together often gave sermons and holy communion.

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.

- Staff understood about the AIS. People's communication needs were identified and recorded in their support plans and shared appropriately with others.
- Staff described how they supported people to communicate, including the use of picture cards and clear signage and adapted materials for people living with dementia.

Improving care quality in response to complaints or concerns

- The provider had systems to monitor any complaints, compliments or concerns. They used the information to understand how the service could be improved or where they were doing well. People were encouraged to discuss any concerns during meetings and during day to day discussions. They also participated in a satisfaction survey where they could air their views about all aspects of the service.
- People told us they were confident in talking to staff or the registered manager if they had a concern or wished to raise a complaint. We noted that some informal and verbal complaints were not recorded. We discussed this with the registered manager who agreed to do this in future to ensure these types of complaints were captured and also used to improve the service.

End of life care and support

- The staff team had experience of caring for people at the end of their life. Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care. At the time of our inspection, the service was not supporting anyone with end of life care.
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs, where possible, had been explored and recorded.

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 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

- Management and staff continued to plan and promote person-centred care to ensure good outcomes for people. The registered manager ensured the culture of the service was caring and focused on ensuring people received high standards of person-centred care that met their needs in a timely way.
- Staff were committed to providing high standards of care and support and they in turn felt valued and supported. Staff told us they enjoyed working at the service and described the registered manager as approachable, hardworking, dedicated and kind.
- External professionals working with the home described it as being well run and were positive about the outcomes for people. One healthcare professional told us how their assessment had been assisted by the efficient running of the service. They told us, "I have been impressed by the care given. For example, I have recently had to look at some files regarding frequency of personals care during the night and the home was able to give me the information right off from their files."

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 management team understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Good relationships had been developed between management, staff and people using the service and their family members.
- There was evidence management had spoken with people when things went wrong. Any incidents were fully discussed with staff during meetings or in one to one support sessions.

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

- The provider ensured there were effective systems to monitor the quality of the service and the registered manager's practice. There was evidence improvements were actioned when shortfalls were discovered. The providers' regional manager regularly visited the service and received reports each week which gave them good oversight of the service.
- The registered manager was knowledgeable about their legal responsibilities. They were aware of their responsibilities to report significant incidents and events to CQC and, when appropriate, other agencies.
- Staff understood their individual responsibilities and contributions to service delivery. One staff member told us, "We all take responsibility for looking after people to the best we can. We pull together but you know what's expected of you."

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

- The quality of the service was monitored regularly by speaking with people to ensure they were happy with the service. There was clear evidence people had been listened to and changes introduced.
- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence. People, their relatives and staff told us the registered manager was visible, approachable and supportive. Staff told us they were kept up to date and they felt communication was good.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged a culture of continuous learning and development within the service. Staff meetings were utilised to ensure continuous learning and improvements took place.
- The registered manager and staff had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. For example, they attended local meetings and training presented by local commissioners and health providers. A healthcare professional told us, "Wyndham Manor freely offered us space to provide the training for all homes in the area and they are happy to do this again in the future." Another said, "Staff are very interactive throughout residents consultations, they are keen to adopt different approaches to continence care to help promote skin integrity, dignity and comfort."
- Staff used relevant legislation and best practice guidelines to drive improvement. For example, the home had put in place the recent Oral Care good practice guidance for supporting people in care homes.