

Homecroft (Four Oaks) Limited

Wyndley Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 28 September and 1 October 2015 and was unannounced.

We last inspected 13 October 2013. At that inspection we found the provider was meeting all the regulations.

Wyndley grange provides nursing and personal care and support for up to 64 people.

There were two registered managers in post following the recent resignation of the full time manager. The

registered managers were job sharing. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People who could tell us told us they felt safe living at the home. Relatives that we spoke with told us that their family member was safe and well cared for.

There was a positive and inclusive atmosphere in the home and people were protected because staff had a good understanding of the different types of abuse and knew what actions to take if they thought a person was at risk of harm.

Staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's rights were protected and staff ensured that decisions were made in people's best interests and involved people's representatives if they were unable to make decisions for themselves.

People were supported by sufficient numbers of staff that received the training and support they needed to meet people's needs.

People were supported to have food that met their dietary and cultural needs.

People were supported by staff that were generally caring and kind and people's dignity and privacy was respected.

People were encouraged to remain independent and their health needs were met. People were supported to undertake activities of their choice in the home and out in the community.

People knew how to raise any concerns they had and the provider used the information to improve the service for the people who lived there.

People received their medication as prescribed and medication was stored safely.

Systems were in place to monitor and check the quality of care provided and where changes for improvement were required we saw that action was taken.

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 safe.

People said they felt safe. Procedures were in place to keep people safe and staff knew how to how to protect people from abuse and harm.

Risks to people were assessed and managed appropriately and there were sufficient staff that were safely recruited to provide care and support to people.

People revived their medication as prescribed so they remained healthy.

Good



Is the service effective?

The service was effective.

People said they received effective care and support because staff were trained to ensure they had the skills and knowledge to support them.

People were supported to eat and drink well and their health care needs were met when needed.

Good



Is the service caring?

The service was caring.

People said they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support. People's privacy, dignity was respected and promoted.

Good



Is the service responsive?

The service was responsive.

People said they were involved in all decisions about their care and that the care they received met their individual needs.

People were able to raise concerns and give feedback on the quality of the service, and procedures were in place to ensure that the service learnt from people's experiences.

Good



Is the service well-led?

The service was well led.

People said they received a good quality service; the service was monitored to ensure it was managed. well.

The management of the service was open and receptive to continual improvement for the benefit of the people who lived there.

Good



Wyndley Grange Nursing 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.

The inspection took place on 28 September and 1 October 2015 and was unannounced. The inspection team comprised of three inspectors on the first day and one inspector on the second day. We reviewed all the information we hold about the service. We contacted the local authority and reviewed the inspection history of the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. By gathering information from different sources this enables us to have a better understanding about the service provided.

We also asked the provider to send additional information in the form of a Provider Information Return (PIR). This gives the provider an opportunity to tell us about their service. This was returned to us. Some people in the home were living with dementia and had limited verbal communication and were not able to tell us if they were happy with the care they received. We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with 11 people that lived in the home, three relatives and nine staff including nurses, senior care staff, care staff, and an activities organiser. We also spoke with the registered managers. We looked at the care records of four people to check that they received care as planned and some records relating to the management of the home including medicine management, staffing, training and the quality monitoring of the service.

Is the service safe?

Our findings

People spoken with told us they received a safe service and they felt safe with the staff that supported them. One person told us, “This is my home I feel very safe here.” Another person said, “The staff look after us, they treat us very well, I feel I am in safe hands, I have no concern at all.”

There were clear procedures in place to help staff keep people safe from abuse. All staff spoken with told us and records looked at confirmed that staff had received training on how to keep people safe from harm. For example, staff told us that they knew what signs to look out for, such as unexplained bruise’s, changes in people’s behaviour and people’s care needs not been met. One staff member told us, “We know the people who live here very well and would know if something is wrong.” Another staff member told us, “If I had any concern at all I would tell the manager and social services.

People told us and we saw that people were kept safe because risks had been identified and managed and people were supported to take some risks. One person told us, “I take the risk I want to take, I have done so all my life, so I am not going to change now, staff support me, so I am very happy.” We observed that people had access to mobility aids and equipment and some people were able to move around safely. We observed where staff supported people using a hoist; clear instructions were given to the individual so that the procedure was carried out safely. One person told us, “I have got used to the hoist and I do feel comfortable and safe when being moved in this way.” A relative told us, “Yes, mum is safe here with twenty four hour care. She has told me she feels safe including the use of the hoist.” All staff spoken with told us that risk assessments and risk management plans were available in people’s care plans to tell them how to care for people. The nurse ensured that care staff were familiar with the risks when supporting people and the procedures to follow so people were supported safely.

All staff spoken with knew the procedures for reporting new risks and all confirmed that when new risks were reported

prompt action was taken to ensure the person using the service was safe. A senior member of the staff team was on call at all times, so that staff had access to guidance and support in an emergency situation. This showed that the provider had clear procedures in place to ensure that risks to people and staff were identified and managed appropriately to keep people safe. People were kept safe because the provider had assessed staffing levels to identify how many staff were required to meet people’s needs. People told us that there was always staff around to help if needed. One person told us, “They [staff] are never far away, there is always someone in the lounge with us.” We saw that staff responded to people swiftly when people needed support. Staff told us a tool was used to assess the dependency levels of people and staffing numbers to meet people’s needs. The manager told us and staffing rotas confirmed that staffing levels were increased when the need arose. For example, when a person needed an escort to attend an appointment or if someone needed extra support because of illness. Staff spoken with confirmed that the managers would increase staffing levels if needed so people had the support they needed.

People received their medicines as prescribed. People told us and we saw that people were supported to take their medicines at the times required. One person told us, “The staff always make sure I take my tablets, they tell me what I am taking. I always have it at a certain time that’s why I feel so well.” This was confirmed during our observations. For example, we saw that staff told people what they were taking and what the medicines were for. We saw that one person did not want to take their medicine, this was respected, however the nurse tried again a little while later and the person took their medicine without any objections. This showed that people were encouraged to take their medicines to remain healthy. We saw from medication administration records [MAR] and staff confirmed that regular checks were completed to monitor that people had received their medication as prescribed by their doctor. We saw that all allergies were written on the MAR charts so when new medication was given a cross reference was undertaken.

Is the service effective?

Our findings

People told us they thought the staff that supported them were trained. One person commented, “They [staff] just do things so easily so they must be trained never thought of it really, but they are very good at what they do.” Another person told us, “Yes I do think they are trained because it’s like second nature to them. I think staff are excellent,” A third person expressed their surprise at the amount of knowledge the staff had. They said staff made them feel safe and well cared for. The person said, “When I was in pain they [staff] gave me a full assessment and monitored me very closely, Staff were good and reassured me.” This showed that staff demonstrated their skills and knowledge when caring for people and people were assured of their competencies and ability to care for them.

All staff spoken with was knowledgeable about people’s needs. All staff spoken with commented on the training provided to them which enabled them to perform their role. Training records looked at confirmed that staff received training. All of the staff told us that they received supervision and attended team meetings which supported them to do their job. All staff spoken with said all the recruitment checks required by law were undertaken before they started working and that they received an induction into their role. A number of staff talked about having a qualification in care and opportunities that were available for them to develop their skills. One staff member told us, “I have been enrolled on a national vocational qualification [NVQ] this is encouraged by the managers.”

Staff spoken with told us they had training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure

that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The DoLS provide a legal framework around the deprivation of liberty so people’s rights are protected. Our observations showed staff involved people in their care. One staff member told us, “ We make sure that people are given choice, even if they don’t have the capacity to make decisions for themselves, because at some point they can even if it is only for a moment.” We saw where required applications had been made.

People spoken with told us their meals were good. Our observations showed that meals were well presented and people were given choices. Records looked at showed that other health professionals were involved when required such as dieticians in order to assess people’s nutritional needs. Staff spoken with were all able to explain people’s dietary needs in line with their care plans. We saw that staff assisted people appropriately when they required support to eat. This meant that people’s nutritional needs were met.

People we spoke with told us that the staff supported them to see health care professionals such as GPs. One staff member told us, if someone is ill we discuss with them about getting the doctor. Records confirmed and people told us that referrals were made to other healthcare professionals such as district nurses, GPs and dentists. A relative told us that staff always let them know if they had any concerns about [the person name] and felt that they [staff] were very prompt in making referrals if needed. This ensured that people were supported to access appropriate support to remain as healthy as possible.

Is the service caring?

Our findings

People who used the service told us that staff showed enthusiasm and commitment. A relative told us that they were very impressed with the staff that cared for [named person]. One person told us, “They [staff] have done everything for me.” Another person told us, “I have nothing at all to worry about staff are so committed here.” A third person told us, “What can I say staff are brilliant, thoughtful, kind, and above all respectful, ten out of ten.” A fourth person told us, “I have no complaints, they {staff} let me live my life, I make the decisions about my care, staff are very attentive, but I have kept my independence.”

During our discussions with staff they talked with the people they supported in a kind and compassionate way and were passionate and enthusiastic about their work. We saw staff address people with respect and respond to people politely. This showed that people received care and support from staff that were committed to providing a caring service.

People who used the service told us they were involved in discussing their care needs with staff. They were involved in planning their care so they decided how they wanted their care and what they wanted support with. Care records looked at confirmed people’s involvement in planning their care. We saw that staff addressed people by their preferred names. Personal care was carried out in private and staff were discreet when speaking with people about their care. We saw sensitive staff interactions with people. For example, we saw that staff sat beside people to speak with them face to face. One person said, “They are very good. “ Another person said, “I would not say a bad word about them.” People who used the service told us their privacy; dignity and independence were respected by staff. One person told us, “They are kind and respectful.” Another person said, “They talk to you respectfully and treat you with dignity and respect.”

Is the service responsive?

Our findings

Everyone that lived at the home and their relatives felt their needs were being met in a personalised way. Although care plans that we saw were not personalised, people were unconcerned about this as they felt and we saw that staff knew people well and were aware of their individual needs. One person told us, "They call my social worker and we discuss my needs together." A relative told us, "[Person's name] is very happy here and I am quite confident with staff at the home, as they know more than me because they are with [person's name], all the time."

People who used the service told us that the staff always discussed their care with them and they were very much involved in how they wanted this done. We saw that staff continually asked people about their care and the support they wanted. One person told us, "They [staff] make sure it is my wishes and what I want, this may change on a daily basis so staff are very flexible." People told us they were involved in planning and agreeing their care. One person told us, "I like to get up a bit later than the others so I have my breakfast a bit later." People told us they were satisfied with the care and support they received. They also said they were encouraged to make decisions about their own lifestyles.

There was a person employed specifically to arrange social events for people, so people's interests could be maintained. People told us that staff asked them about their interests and what hobbies they liked to do before moving there. We saw that meetings were held so

arrangements could be made for people's chosen social activities both as individuals and as a group. Some external events had been arranged and some people went out with family and friends.

People were able to join in group activities that the home had organised and some people had individual hobbies that they liked to do. One person told us, "I have been to the Zoo and Cadbury world so I do go out. I can also join in the quizzes." Another person said, "Staff are very supportive, if you mention something to them they help" The person gave an example and said "I mentioned that I like ginger and whisky and the next day I had it. It's the same with activities, if you mention something you want to do then it is arranged." This showed people were encouraged to be as active as possible and maintain links within the local community.

People told us they were given information about how to make a complaint. This information was also displayed in the entrance of the building, giving details about who to contact. One person told us, "If I wasn't happy I would tell the manager or staff because they do listen." Another person said, "I don't really have any complaint." We saw that clear processes were in place to investigate and respond to people's concerns and complaints. One relative told us that when they had raised some concerns, he found the manager to be very approachable and the concerns he raised had been addressed very quickly.

We looked at a sample of concerns/complaints that had been investigated by the and we saw that these were investigated and responded to appropriately. Internal audits of complaints were completed that showed complaints were analysed and action taken to prevent reoccurrences.

Is the service well-led?

Our findings

People spoken with told us that there was a good atmosphere in the home. One person told us, "I do feel at home here, it has a warm, friendly feeling when you come in, you are treated like a person which is very important to me." People told us they thought the service was run very well and felt confident they could talk to all staff about any issues they had and action would be taken. People told us that the staff always asked their views about their care. One person told us, "They ask about my family and friends which is important to me, I am very happy living here".

People told us that the managers and all staff were approachable. One person told us, "The managers are very nice I can speak with them at any time." A relative told us, "The management and staff always want to improve things and suggestions are gratefully received."

Surveys were given to people so their views about the service could be recorded and action taken if required. This showed that people who lived there were involved in how the service was run and suggestions for improvement were listened to. We saw minutes of staff meetings and meetings with the people who lived there to discuss the service provided and if there were improvements needed or social events to be organised. We saw where suggestions had been made these were considered and where action could not

be taken people were told of the outcome. There were two registered managers in post that job shared. Staff spoken with were complimentary about both managers and felt that they put people who used the service first. One staff member told us, "I have worked in care homes before and it is a rarity that you see so much commitment from management and staff."

We saw that there were systems in place to monitor the service which ensured that it was delivered as planned. There was a continuous improvement plan. For example complaints, concerns, accidents and incidents were analysed and learning implemented to improve the service. This ensured that the service was able to identify any shortfalls and put plans in place for improvement. Staff told us there was an open door policy and the managers listened to concerns or suggestions about improvements and addressed them. Staff told us the manager and senior staff listen and resolve problems when they can. All staff told us they were able to put forward ideas for improvements to the home during staff meetings or just by approaching the managers.

The service maintained links with the community and other healthcare professionals and use information and feedback to improve the service. This showed that the service was monitored effectively and was continually improving for the benefit of people that used it.