

Wymondley Nursing And Residential Care Home Limited

Wymondley Nursing & Residential Care Home

Inspection report

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Ratings

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| Overall rating for this service | Good ● |
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| Is the service safe? | Good ● |
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| Is the service effective? | Good ● |
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| Is the service caring? | Good ● |
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| Is the service responsive? | Good ● |
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| Is the service well-led? | Good ● |
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Summary of findings

Overall summary

About the service

Wymondley Nursing Home is a purpose-built residential care home providing personal care to 53 people at the time of the inspection. The service can support up to 59 people.

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

People and relatives were happy with the care and support they received. Staff were friendly and attentive to people's needs. People and their relatives told us there were enough staff to meet people's needs. Staff were trained and felt supported.

People felt safe and staff were aware of how to promote people's safety. Regular checks were in place to ensure staff worked in accordance with training and health and safety guidance was adhered to.

The environment had plenty of communal space for people to enjoy. Some people enjoyed the activities that were provided, others felt they needed to be improved. There was work in progress to address this.

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.

People were involved in planning their care and they, along with their relatives, felt listened to. People had end of life care plans which helped to ensure they died with dignity, when needed. Complaints were responded to appropriately and people felt confident to make a complaint if needed. Feedback was sought through meetings and surveys.

In November 2018 the home was purchased by a new provider. People, relatives and staff were positive about the change and felt there had been improvements.

Feedback about the manager and staff team was positive. There was an open culture in the home and an expectation that people were supported in a person-centred way. Staff were clear about their roles and the management team engaged well with the team and other agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was Good (published 29 June 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. At this inspection the service has remained rated as Good.

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.

Wymondley Nursing & Residential 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 one inspector and an Expert by Experience. An Expert by Experience is someone who has experience of using this type of service.

Service and service type:

Wymondley Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of applying to be registered with the Care Quality Commission. A registered manager 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 spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager, the registered provider and six members of staff, which included nurses, care assistants and ancillary staff. 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 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 were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

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 has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had their individual risks assessed. Staff were aware of individual risks and we saw them working safely in most cases.
- However, some moving and handling practices needed to be improved. For example, when supporting people to transfer using a sling to ensure it is fitted so that the material is flat and footplates on wheelchairs are always used safely. The manager made immediate plans, which included training, supervision and extended observations, to address this and we were satisfied that appropriate action would be taken.
- The registered manager gave clear guidance for staff and checked on their performance. This included pressure care management, equipment checks and support with mobility. We noted that there were very few people with pressure ulcers and tracking records showed healing was taking place.
- There were systems in place to manage fire safety. Staff had a good understanding of what they needed to do in the event of an emergency. Most staff attended fire drills, some told us these were due.
- Accidents and incidents were reviewed for themes and trends. The reviews checked that all remedial actions had been taken and this included referrals to specialists as needed. However, some bruises and skin tears needed to be reviewed in relation to moving and handling practice. The manager implemented a system during the inspection to help ensure that when reviewing all injuries, moving and handling practice was considered.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I am very safe and secure here and I don't want to be anywhere else, there is always someone to help and they are so nice too." We saw people were comfortable to approach staff and were relaxed in their company. Relatives also told us that they felt people were safe. One relative said, "It's very safe here. It's our only choice, nowhere else, we wouldn't want [person] to go anywhere else."
- Staff had received training on how to recognise and report abuse. They were able to tell us what they would do if they had concerns about a person's welfare.
- Unexplained injuries were investigated appropriately. Staff were vigilant and reported all differences in people's welfare or slight marks on skin.

Staffing and recruitment

- People told us that they felt there were enough staff to meet their needs. One person said, "They are good with call bells generally. Last week I pressed the emergency button by mistake and they all piled in so fast I couldn't have blinked." Relatives agreed there were enough staff. One relative said, "They don't use agency staff, they seem to have a pool of staff. There are always enough staff here even at weekends when we come."

- Staff said there were enough staff to support people in a way they liked. One staff member said, "There's loads of us, shifts are normally covered."
- On the day of inspection, we saw that while people received care when needed and staff responded promptly if anyone requested support. We discussed this with the management team who told us they would monitor for this occurring again.
- Robust recruitment processes were followed. This helped to ensure that staff employed were suitable to work in a care setting.

Using medicines safely

- People received their medicines when needed and in accordance with the prescriber's instructions. One person said, "They sort it all out for me, I never have to worry, that's good."
- Records tallied with stock held and staff had received training.
- There were daily checks on medicines management within the home and a monthly audit.

Preventing and controlling infection

- The home was clean and there were systems in place to manage infection control.
- Staff had received infection control training and we saw this being put into practice.
- People and their relatives told us the home was kept clean. One relative said, "It always smells fresh too."

Learning lessons when things go wrong

- Where incidents, accidents and complaints had occurred, or updates needed, the manager shared this information with the staff team through meetings and supervisions.
- Staff told us that they were kept informed of changes.

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 has 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 had their needs assessed prior to moving into the service to ensure their needs could be met. Any plans and equipment needed were in place when people arrived. Plans were then further developed as staff became familiar with people's needs, choices and preferences.
- Staff took time getting to know people and adapted their approach depending on how people's needs varied when they were settling in the home.
- Staff were kept informed of what was expected of them and this was checked at meetings and during the management teams' observations. Staff told us that the manager was regularly walking around checking that people's needs were met.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were trained for their role. One relative said, "They know what they are doing." They went on to describe how this meant the person had not suffered any pressure ulcers even though they had complex needs.
- Staff had received training in subjects relevant to their role and they told us they felt equipped to carry out their role. One staff member said, "Loads of training, so much more since the new provider, it's much better."
- Staff said they felt supported and had one to one supervision meetings.

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

- People enjoyed a varied and balanced diet. We saw and heard staff supporting people. We heard a staff member say, "I am just wondering if you would like some help to cut that up?"
- People told us that they enjoyed the food and choices were available. Relatives told us the food was good.
- Dietary needs were known by staff and this included if they needed a pureed diet and thickened drinks. ● Weights were monitored, and action taken if people were noted to be losing weight and at risk. One person who was noted to have a reduced appetite was seen absolutely tucking into their lunch. Records showed their weight had increased.

Staff working with other agencies to provide consistent, effective, timely care

- The team worked with the local authority to help ensure people received safe and effective care.
- There was good communication between staff and professionals to help ensure people's needs were being met consistently.

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

- The building had been designed in a way that allowed people to move around freely. There were ample communal areas for people to use and people could use the garden in. New equipment and furnishings had been bought and staff felt this made a difference to the home.
- Bedrooms were personalised, and bathrooms had enough equipment to enable people to enjoy a bath. The environment had been festively decorated for Christmas.

Supporting people to live healthier lives, access healthcare services and support

- People had regular access to health and social care professionals. One person said, "When I go to the hospital, the people here arrange all the transport and one of the carers usually comes with me."
- We saw that when needed referrals were made to specialist healthcare teams, such as the tissue viability nurse or the speech and language team.

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 had their capacity assessed for relevant decisions, and best interest decisions were recorded appropriately. The team acted in the best interests of people and respected their choices. They understood the role of relatives with power of attorney. One person said, "They always ask me if I need help, even if they know I do they still ask, they are lovely."
- We noted that staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do.
- DoLS applications had been made where necessary, and people were being supported in the least restrictive way while these were awaiting authorisation.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors before entering.
- Staff were discreet when speaking to people or about people's needs.
- Records were held securely so to promote confidentiality.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were kind and respectful. One person told us, "You can really talk to people (staff) here, without worrying what you say." The person was seen laughing, and joking with, and teasing staff. Another person said, "They look after me so well, I think the girls are lovely, they are so kind." A relative told us, "The carers here knock spots off any other homes. I've had direct experience of about seven homes and this one is the best."
- Interactions observed were positive. We heard and saw staff being attentive and reassuring to people.
- Staff engaged with people frequently and spent time with them chatting and laughing. The atmosphere in the home was friendly and cheerful and people had developed positive relationships with staff who knew them well. A staff member told us, "I love it here, we are like a family."

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

- People and their relatives were involved in planning and reviewing their care. Relatives told us that staff contacted them about any changes if appropriate.
- Care plans included a record of people's involvement and there were regular reviews.
- Staff asked people before supporting them in most cases. For example, if they were ready to receive care or if they would like a drink.

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 told us they were happy with the care they received. During the day we heard staff asking people if they were ready to receive care and responded straight away when people asked for support.
- The manager told us that they had ongoing training to help people and staff, who had been at the service prior to the new provider, to ensure staff reminded people that they could request care how and when they liked it, as previously it had been quite routine based.
- Care plans covered all areas of people's needs. They were easy to follow and captured what was important to people. Staff knew about what was important to people and how people liked to be supported.
- Relatives told us that staff were responsive to any concerns or worries about a person's welfare.

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 took time to communicate with people who had impaired communication.
- Care plans set out how each person needed to be supported with communication and staff knew people's abilities and how they needed to approach people. One person used a picture book and visual choices to support communication. Staff told us of another person whose face 'lit up' when they spoke to them in simple phrases from their mother tongue. We discussed how this could be captured in their care plan and developed further with the management team.

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 gave us mixed views about if they enjoyed the activities provided. One person said, "Some of the activities are quite boring and I'm tired in the afternoons, there's nothing happening in the morning."
- There was a planned darts activity in the afternoon of the inspection. Some people were joining in. The manager told us there had been a recent development of one to one time for people and this was not yet fully embedded.
- There was an activity poster displayed for people to see and people were asked for suggestions for activities at meetings. We discussed how they might better gather people's suggestions by making a list of prompts or a survey to help people come up with new ideas.

Improving care quality in response to complaints or concerns

- People and relatives told us that they had no complaints about the care and felt confident to raise an issue if one arose. One person said, "I would speak to my [relative] but otherwise I would talk to a staff nurse."
- Complaints recorded were logged to enable monitoring of their progress. The manager responded to complaints verbally and recorded this on their investigation record.

End of life care and support

- End of life care was provided at the service. Staff received training to ensure they had up to date knowledge and people were supported in a dignified and pain free way.
- Care plans were in place for people stating what their wishes were. Plans were developed to give staff guidance on how to support people appropriately and give support to staff at these difficult times.
- Feedback from relatives following the passing of people who lived at the service was positive. One relative stated, "We always felt she was in safe hands and would be looked after, kind loving and professional, the staff were fantastically supportive." Another relative said, "Excellent, always had time, no matter how busy they were, all carers were excellent, praise for cleaner and chef, everything was good, the home cooking, personal care, environment, keep it as it is."

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 has 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

- People and relatives were positive about the manager and the running of the home.
- Staff told us the management team were very approachable and supportive. One staff member said, "Love the structure, she really nice, really approachable, the support I got from her (during a difficult time) was amazing."
- The manager was frequently around the home checking on the standards. They gave guidance to staff and explained the importance of it.
- Since the last inspection the home was purchased by a different provider. Everyone we spoke with was positive about the changes. One staff member said, "Since the takeover, things you didn't notice that needed changing like slings, all brand new things, tables and different heights for wheelchairs."

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 manager was proud of the home, the staff team and was aware of the importance of their role and the need to have systems in place. Staff told us that the manager communicated what was expected. One said, "She is really good, she gives guidance as she walks round."
- Meeting notes showed that issues were discussed. For example, infection control practice, lessons learned, remembering to complete documentation and the manager's dining room expectations.

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

- The manager carried out checks and audits to satisfy themselves that standards were to that expected and regulations were met.
- Where these checks had identified shortfalls, action plans were implemented to address the areas. We found that this had been effective as many of the actions signed off were seen to have been completed.

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

- There were regular opportunities for meetings where people told us they could speak freely. The meeting notes included feedback for people.
- Staff also told us that there were regular meetings and opportunities to speak with the manager.

Continuous learning and improving care

- Incidents and events were reviewed, and meetings discussed any learning as a result.
- The areas we identified as part of the inspection were fed into the homes improvement plan to help them address them. The provider told us that they had taken learning from the inspection process at their other locations too to help them provide a good standard of care for people at this service.

Working in partnership with others

- The management team worked with the local authority and a local care provider's association to address areas they found as needing development and training opportunities.