

Wyncroft Care Limited

Wyncroft House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Wyncroft House is a care home registered to provide personal and nursing care for up to 38 people living in a converted building. The home accommodates people living with dementia at different stages in its progression and people living with a range of complex health care needs. At the time of our inspection there was 37 people living at the home.

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

Risks were not consistently managed, and systems and processes were not always effective for mitigating ongoing risk to people.

The providers quality monitoring systems and processes were not always effective at identifying where improvements were needed and action was not always taken on issues identified in a timely way. Medicine management systems were not always robust in relation to the administration of prescribed creams and the follow up on medicine management queries.

Some people told us more staff were needed to meet their needs. Staff were not always deployed in a way to ensure people's safety was maintained. The provider acted during the inspection to improve the deployment of staff. This gave assurance about people's safety.

There were policies and systems in place, so people would be supported to have maximum choice and control of their lives, however these had not always been implemented effectively when people were supported to make choices about their care.

People said they felt safe and were comfortable around staff. Relatives told us they felt their family members were safe. Staff received the training they needed so they had the skills and knowledge to meet people's needs.

Staff were observed to be kind and caring. Staff spoke to people with dignity and respect and took the time to support and encourage people.

People were supported to access external healthcare professionals to maintain their health and wellbeing. People were supported to have enough to eat and drink and appropriate referrals had been made to healthcare professionals where people had specific dietary needs.

People were supported to plan for and receive appropriate end of life care. There were systems in place for people and relatives to give their feedback on the service.

The provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They

include, age, disability, race, religion or belief etc. Staff members we spoke with knew people they could tell us about people's individual needs and how they were supported.

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

Rating at last inspection and update.

The last rating for this service was good (published August 2018)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to regulation 12 safe care and treatment and regulation 17 good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may return 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

Wyncroft House

Detailed findings

Background to this 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

This inspection was carried out by one inspector and a specialist advisor (who was a qualified nurse) on 04 February. The inspector returned on 05 February to complete the inspection.

Service and service type

Wyncroft House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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:

The inspection was unannounced on the first day and we told the registered manager that we would be returning on the second day to complete the inspection.

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 this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and five relatives to ask about their experience of the care

provided. We used a range of different methods to help us understand people's experiences. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. 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 spoke with nine members of staff, including catering staff, care staff, nursing staff and the registered manager.

We reviewed a range of records. This included six people's care and nine medicine records. We also reviewed the process used for staff recruitment, records in relation to training and supervision, records relating to the management of the home and a range of policies and procedures developed and implemented by the provider.

After the inspection

We asked for further information and assurance regarding staff training and competency of nursing staff

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

Assessing risk, safety monitoring and management

- Risks were not consistently managed, and systems and processes were not always effective for mitigating ongoing risk to people. For example, a person was readmitted to the home from hospital and the reassessment of their care needs was not robust. Although some information about changes in the person's needs had been communicated verbally to staff, risk assessments and care records for staff to refer to were not updated. There had been changes to the person's mobility.
- Staff were not always effectively deployed to ensure people's safety. For example, a person with a known risk of choking was left unsupervised by staff in a communal area to finish their meal.
- Risk assessments had not always been reviewed following a fall, to ensure the measures in place to mitigate further risks to the person remained sufficient. Risk assessment lacked detail about the level of supervision a person needed to mitigate risks and how they may ask for help, for example, if they were able to use a nurse call.
- Risk assessments were not in place for specific health conditions, for example, epilepsy. The risk assessment would inform staff of what action they must take to keep the person safe.
- Bedrails risk assessments lacked detail. They did not include information about safety checks and how these would be completed and when they should be reviewed.
- An incident in relation to the use of bedrails had not been escalated to the registered manager so action could be taken to mitigate any further risks to the person. We identified the incident when reading through care records.
- There were no fluid targets identified for people whose fluids were being monitored or for people with catheters in place. The monitoring of people's fluid helps ensure early warning signs of complications are spotted and responded to.
- A person's blood glucose monitoring had not been tested for three weeks and their care plan stated weekly testing was required.

Using medicines safely

- A person was prescribed a monthly injection, this was now several weeks overdue. The staff told us they had experienced difficulties with the prescribing of this. There was no clear audit trail of the actions taken by staff to address this and staff were not aware of the implications of the person not receiving the injection.
- People were prescribed creams for sore skin or to prevent sore skin developing. This task was delegated to the care staff however there was no records in place to confirm who, where and when the creams had been applied.

Systems in place were not always robust enough to demonstrate risks to people were effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager took action at the time of the inspection to address the concerns we raised with them.

Using medicines safely

- Staff administering medication to people the interaction was good and people were given time to take the medication safely.

Staffing and recruitment

- There were mixed responses about the levels of staffing for the home. Some people and their relatives told us at times staff were very busy and there was not always staff in the lounge area. A relative told us, "I can't fault the staff, but staffing numbers at times are low especially at the weekend."
- Our own observations found staff were not always present when people needed support or supervision.
- The registered manager told us they had a system in place for assessing the staffing levels and this was based on people's dependency levels. They told us there had been some recent occasions when staffing levels had fallen below the assessed minimum level and this had been because of sickness at short notice. The registered manager assured us that systems were now in place to ensure minimum staffing levels would be maintained.
- The registered manager took action at the time of our inspection to improve the deployment of staff. The home had two separate units, and there were plans in place to eventually amalgamate the two units. The registered manager brought forward their plans to do this, so that staff could be deployed more effectively across the home.
- The provider had a recruitment process in place to reduce the risk of employing unsuitable staff to support and care for people. This process had not always been followed. For one staff member references had not been sought from their last employer and their role had been in another care setting. Another staff member's references were provided by work colleagues and not the manager of the care setting. There was no reason recorded for failure to follow safe recruitment practice. This was discussed with the registered manager at the time of the inspection and they took action to request the relevant references.

Preventing and controlling infection

- Our observations showed us that staff did not always follow good infection control practice. For example, we saw handwritten messages on paper in medicine tins, and staff carrying out care tasks not always conforming to the providers policy on not wearing jewellery. The registered manager took action on these at the time of the inspection.
- The home environment was clean with no unpleasant odours. Staff had access to personal protective equipment when required and were seen to be using it.

Learning lessons when things go wrong

- Accident and incidents were recorded by staff. Information was analysed by the management team to identify any patterns or trends. The registered manager told us there had been a recent investigation by the local authority and recommendations were made regarding improvements to documentation of pressures sores and the taking of photographs and these had been fully implemented.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to monitor and manage allegations of abuse or harm.
- People and relatives, we spoke with told us they felt safe living at the home.
- Staff had received safeguarding training and knew what action they needed to take if they witnessed or

suspected abuse. A staff member told us, "The manager is very supportive. Their door is always open. Any concerns would be reported to the manager and I am confident they would be dealt with."

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Although staff had received training of the MCA and DoLS some staff had limited knowledge about who had a DoLS in place.
- A person with fluctuating capacity had consented to aspects of their care. However, the process that had been followed to support the person to make the decision was unclear and evidence of the decision-making process was not recorded.
- We saw on some occasions staff did not communicate with people to obtain their consent before delivering their care. For example, staff helped a person to move using a hoist, they did not ask the person's consent or tell the person what they were doing.
- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.
- There was some information in people's care plans around likes, dislikes and choices.

Staff support: induction, training, skills and experience

- Staff told us they received appropriate training. Most training was completed using training booklets and assessments. A staff member told us, "I am happy with the training. We do the moving and handling as a practical [staff member] does the training in a small group and they watch us and make sure we are using the equipment safely."
- We asked the registered manager how they assured themselves that nursing staff were competent in key areas of training, for example, medicine management and life support. The registered manager told us that medicine competency checks on nursing staff were now due and these would be completed as soon as

possible. They told us they would also be implementing a system to assess nurses' practical skills in key areas, for example, life support.

- The registered manager told us they had implemented a training package and question paper on oral care. Fire and infection control training was scheduled to take place in the next few weeks.

- Staff told us they had completed an induction when they were first employed. All new staff were offered the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- Some people were admitted to the service for a short stay after a period of stay in hospital and prior to moving to a more permanent setting. The home refers to these as pathway three beds. Care records and risk assessments were incomplete and did not ensure that staff had all the information they needed to refer to.

- Staff we spoke with told us information was passed over verbally at handovers and most staff were knowledgeable about people's day-to-day support needs.

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

- There were systems in place, such as daily care records, and regular handover meetings to share information about people's progress.

- People had access to health professionals. People were supported to meet their oral healthcare and to maintain their health.

- A healthcare professional we spoke with during our inspection told us they had no concerns about people's care. They told us staff knew people's care needs.

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

- People received refreshments and a range of different food choices were made available throughout the day.

- People told us the food was good and they were offered a choice. A person told us, "The food is lovely they do ask you the day before what you want to eat. We get a choice of meals and can have a sandwich if we want to."

- People at risk of weight loss were monitored and provided with a fortified diet (extra calories) to help them gain and maintain a healthy weight.

- People at risk of choking had received appropriate assessments from healthcare professionals (Speech and Language Therapist – SALT).

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

- People were supported in an adapted building. Some corridors leading to the one unit were narrow and staff needed to step into door ways, to let people pass by.

- The registered manager told us that some recent decoration had taken place and further work was planned.

- The registered manager told us with the amalgamation of the two units they would discuss with people and staff about how the lounges would be used effectively, and will look at suitable signage for people to orientate

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 the key question has 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 spoke respectfully and with warmth to people and their family members. A staff member told us, "I love to have a chat about people's lives and learn so much about the things they have done. It's really interesting."
- A relative told us, "We are very happy with [person using the service] care, it's taken them a little time to settle in. They are comfortable and well looked after."
- Care plans included some information about people's diverse needs including information about religion and wishes and preferences and life history.

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

- People told us they made choices about their care. One person told us, "I am very happy, the staff are so attentive, and they do involve me with decisions about my care." However, records did not always reflect discussions with people about their care or where discussion with family members, where appropriate, had taken place. The registered person told us they were aware of this and were making improvements, so this information was recorded.
- Relatives told us staff were quick to respond to any requests they made about family members care. Relatives told us they were made to feel welcome and were involved in their family members care. A relative told us, "It feels like home, it's nice and we have got to know some of the other relatives and built up friendships."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect.
- Staff ensured people's dignity and privacy were maintained. People had their own bedroom which enabled private personal space.
- Staff explained how they encouraged people to do some tasks for themselves to maintain some level of independence. A staff member told us, "I always encourage the person to do what they can for themselves. Like brushing their teeth and combing their hair, it's important they continue to do these things."

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

- Staff we spoke to could tell us what was important to each person and knew their likes and dislikes.
- People told us they were satisfied with their care.
- People's care records lacked detail in places. The registered manager told us their own system had identified that improvements to care records were needed and arrangements were in place to make the required improvements.

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.

- People's communication needs were assessed and included in their care plans. This included guidance to staff on how to communicate with the person.
- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). They told us that people were asked about what format information should be provided at the point of assessment and whatever format was required, would be provided.

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

- A range of activities took place and the home had three staff members employed in the role of planning and facilitating activities from Monday to Friday. We saw staff engage in games, bingo a group exercise session and one to one session with people. People responded well to the sessions.
- A few people accessed the local community with family and friends. Staff told us during the warmer month's staff arranged visits for people to the local park and shops. Some people had visitors from local churches, so they could continue to practice their faith. This was arranged on an individual basis.
- A relative told us, "There is lots going on during the week on the entertainment side and [name] really enjoys it. I would say its 'fab' but not much entertainment at the weekend." We discussed this with the registered manager who told us their focus had been to improve activity opportunities during the week for people and at weekends things were more relaxed and less formal as many people had family visiting at this time.
- People's personal beliefs and backgrounds were respected by staff.
- Relatives told us they always felt welcome at the home.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. Records showed complaints had been recorded and responded to.
- People and their relatives told us if they had any concerns they would speak with staff or the manager and they were confident they would be listened to.

End of life care and support

- The provider had policies and procedures in place to ask them about their wishes and to support them through this time.
- People's end of life wishes was discussed and documented.

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 the key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were systems in place to monitor the service. However, these had not always been effective at identifying where improvements were needed as identified during our inspection.
- There were some systems in place to assess, monitor and mitigate risks to people however these were not always robust and followed through consistently. For example, risk assessments were not always implemented for known risks, risk assessments that had been implemented lacked detail about how staff should support the person to mitigate the risk and the control measures in place to mitigate risk were not reviewed following an incident.
- There were systems in place to audit the medicine administration. However, these had not identified the concerns we found during the inspection, including the failure to ensure there was a robust system for the administration of prescribed creams. Systems were not robust for following up on medicine queries.
- Systems in place to audit care records had failed to identify that records did not always contain the required current information. For example, a care plan for catheter care had not been updated with information about when the catheter would next be changed, and no information was recorded regarding potential risks for example, infections. Care records lacked information and detail about people's response to care and reviews of people's care needs were not detailed.

This demonstrated that the provider's systems in place to review quality were not always effective. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded positively to the inspection process and action was taken to make improvements at the service. For example, they took immediate action on implementing risk assessments where needed.
- People admitted into a temporary bed would be allocated a named nurse to oversee their care and ensure care record documentation was completed in a timely way.
- The use of bedrails was reviewed for people during day two of the inspection and safety checks completed.
- Immediate action was taken on the deployment of staff across the home and the two units were combined. The registered manager told us staff members would always be present in communal areas of the home to supervise people's safety and respond quickly to request for support.
- A robust system for the recording and monitoring of creams was implemented by the second day of our

inspection and the registered manager had plans for additional monitoring measures to be introduced to ensure effective oversight.

- The registered manager had implemented a system for monthly weight monitoring and analysis. During our inspection they told us they would be reviewing this process and implementing weekly weighing and closer monitoring of people who were assessed as medium to high risk of weight loss.
- There was no system in place to carry out a root cause analysis (RCA) this is a tool to help managers retrospectively study accidents and incidents to identify the root cause. The registered manager told us they would be implementing this process to improve people's safety.
- The registered manager told us the quality monitoring systems in place currently were not robust enough and was working with the provider to improve these.
- The registered manager understood their role and regulatory responsibilities. The latest CQC inspection report rating was displayed at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager had notified us of important events as required.
- The service had received a five star rating from the local authority for kitchen hygiene.

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

- People, staff and relatives spoke positively about the registered manager. A relative told us, "I see the manager around and they are approachable if I need to ask anything."
- Staff spoke positively about the registered manager and deputy manager. A staff member told us, "Their door is always open, and you can ask them anything."
- Feedback surveys had been completed with people, relatives and staff. Actions taken as a result of feedback included increasing management presence at weekends and providing specific training for staff on catheter and colostomy care training requested

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 provider was aware of their responsibilities under the duty of candour and told us relatives would be informed of any concerns or issues that had arisen. People and relatives, we spoke with told us that staff and managers were approachable and helpful.

Working in partnership with others; continuous learning and improving care

- The registered manager told us they worked closely with health and social care professionals and the local authority.
- The registered manager told us they maintained their own skills and knowledge by completing training, research and they were also the dementia friendly and palliative care champion.
- The registered manager told us that the last CQC inspection highlighted the need to make improvements to the activity opportunities provided to people. They told us they had invested in this and felt this area had really improved and will continue to improve. Our finding during the inspection was improvements in this area had been made.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems in place were not always robust enough to demonstrate risks to people were effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's system in place to review quality were not always effective.