

Caring Homes Healthcare Group Limited

Wytham House

Inspection report

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Oxford
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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 ●

Summary of findings

Overall summary

About the service:

Wytham House is a care home providing personal and nursing care to people aged 65 and over living with dementia. The care home accommodates up to 40 people across three separate units laid over two floors. There were 37 people living at the service at the time of our inspection.

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

People living at Wytham House received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines safely and as prescribed.

Relatives told us staff were caring. Staff consistency enabled people to receive good care from staff who knew them well. Staff did all they could to promote independency and we saw examples of such practices.

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. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at the home

The home was well-led by a registered manager who was committed to improving people's quality of life. The service had a clear management and staffing structure in place and staff worked well as a team. The provider had effective quality assurance systems in place to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

Rating at last inspection: The last rating for this service was good (published 13 September 2017).

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

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Wytham House

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 team consisted of 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

Wytham 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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. 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 looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We received feedback from the commissioners. We also reviewed the provider's previous inspection reports. We used all of this information to plan our inspection.

During the inspection

We spoke with nine relatives. During the inspection we spent time with people. Most of the people who used the service had communication difficulties and because of this we were unable to fully obtain each of their views about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff to form our judgements. We looked around the home and observed the way staff interacted with people. We looked at five people's care records and three medicine administration records (MAR). We spoke with the registered manager and six staff which included, care staff, domestic staff, activities coordinator and kitchen staff. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. We received feedback from two social and health care professionals who regularly visited people who received care from the service.

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.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt people were safe living at Wytham House. One relative said, "I do think she is safe in every respect." We observed people were relaxed around staff and staff were always aware of where people were to ensure safety.
- Staff had a comprehensive awareness and understanding of abuse and knew what to do to make sure that people who lacked voice were protected. People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "I would report to manager. We also have a whistle blowing policy I could use. I can report to CQC (Care Quality Commission) and safeguarding team."
- The provider had safeguarding policies in place and the team reported concerns accordingly. Where required, investigations were thorough. There was a consistent approach to safeguarding and matters were always dealt with in an open and transparent way.

Assessing risk, safety monitoring and management

- The service embedded a proactive approach to anticipating and managing risks to people who lived in the home, which was recognised as being the responsibility of all staff. Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe.
- People's risk assessments included areas such as mobility, nutrition and medicine management. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. The service regularly reviewed staffing levels and adapted them to people's changing needs. The registered manager told us they were using agency staff when needed and that recruitment was on-going. The provider had initiated an international recruitment drive.
- Relatives told us there were enough staff. One relative said, "They seem to always have enough staff."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. Staff followed correct procedures to protect people with limited capacity to make decisions about their own care, treatment and support, when medicines needed to be given without their knowledge or consent.

Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- Staff understood their roles and responsibilities for maintaining high standards of cleanliness and hygiene in the home. People's bedrooms and communal areas were clean.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented. For example, a falls analysis had indicated most falls happened around 4pm in the afternoon. The registered manager reviewed staff breaks to be taken before 4pm to ensure people had adequate support and supervision. They also introduced hourly checks for people in their bedrooms. As a result falls reduced.

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's care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. People's needs were comprehensively assessed before they came to live at Wytham House.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction, and did not work unsupervised until they and their manager were confident they could do so. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognized standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. The induction included the provider's mandatory training as well as shadowing an experienced member of staff.
- Staff had access to supervisions and appraisals which were used to develop and motivate staff, review their practice and focus on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their managers and agree objectives as well as discuss their performance.
- Staff had access to specific training such as 'Living in my world' dementia training which was relevant as Wytham House supported people living with dementia.

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

- We saw people were supported with nutrition and hydration in a dignified way. The dining environment was pleasant, and food was well-presented.
- People and relatives were involved in decisions about nutrition. Records showed their views and feedback was sought so as to improve the dining experience.
- Relatives told us people enjoyed the food and said, "Food is amazing", "I know that she really likes the breakfasts here" and "Nice home cooked meals with a lot of variety."
- Meal times were set to suit people's individual needs, were not rushed and were supported by enough members of staff who provided personal support. We saw people had an enjoyable dining experience. Some people chose to have meals in the lounge, or their rooms and staff respected that. People had the same pleasant dining experience and support where ever they chose to have their meal.
- Staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative

menus were available, if and when people changed their minds.

- The service protected people, especially those with complex needs, from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affected their health. The provider used tools such as the GULP (gauge, urine, look, plan) dehydration screening tool used to assess the risk of dehydration in older people and ensuring they drink enough. This is most important especially in people living with dementia.

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

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care. Where referrals were needed, this was done in a timely manner.
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.
- Staff told us they followed healthcare professionals' advice and sought further guidance when needed.

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

- Wytham House was a purpose-built home which had been decorated to a very high standard. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. There were memory boxes available for people to put things that were special to them and reminded them of special memories. However, some aspects of the home decoration were not always dementia friendly. The corridors were all the same colour which could easily confuse people living with dementia, making it difficult for them to navigate their way through the home.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had a garden and several sitting areas. The outside space had been assessed for risks and had quiet areas for people to see their visitors.

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 to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We assume capacity in the first instance. We support

residents even with unwise decisions. We support people in their best interest and using the least restrictive way". People were given choices as staff worked to the principles of the MCA.

- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.

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.

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

- The service ensured that people were always treated with kindness. This was reflected in the feedback from people who used the service and their families. People and relatives were consistently positive about the caring attitude of the staff. Relatives told us staff were caring and provided compassionate care. Relatives said, "I love the natural interaction between carers and residents that you see here", "It is like family here-we all get on well, we are on first name terms with most of the carers" and "All the carers are always friendly, the atmosphere is very friendly and they make you feel you belong here and are welcome. You always feel relaxed being here and never feel that you are being rushed or are expected to leave."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were very happy in the presence of staff and other residents.
- Most people living at Wytham House lived with varying levels of dementia. Staff had detailed knowledge of people's histories and how they wished to be supported. On the day of the inspection, we saw interactions were kind and empathetic. One relative commented, "I think the carers here know exactly what they (residents) are capable of and need and what they are interested in."
- The service also took on people who had been given notices in other homes which could not meet their needs. These people had all settled in well and relatives were pleased with the outcomes.
- The provider had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. Staff treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.
- The service made sure that staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way. This included designing appropriate routines, rotas, training, supervision and appraisal arrangements.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and without discrimination. The service supported and encouraged staff to notice and challenge any failings in how people were treated at the home.
- Relatives told us staff treated people respectfully and maintained their privacy. People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent. One member of staff told us, "We guide residents and encourage them to do things they can."
- The service provided sufficient time for staff to develop trusting relationships with people, their families and friends. People received consistent, timely care and support from familiar staff who understood their needs and got along with them. Staff noticed when people were in discomfort or distress and took swift action to provide care and support.
- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

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 received personalised care and support specific to their needs, preferences and routines. Care planning was focused on the person's whole life, including their goals, skills and abilities. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care. People's care plans were regularly updated to reflect people's changing needs.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
- Staff had a good understanding of people's individual needs and made sure those needs were met. For example, one person was cared for in bed and had not had a proper hair wash for some time. A member of staff researched and found a 'blow up tub' which could be used in bed. The person had a hair wash and was very pleased.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to speak slowly and allow time for the person to respond.
- Information was accessible to people in different formats. We also saw staff showed people meals choices during lunch.

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

- Staff ensured that people maintained relationships that mattered to them, such as family, community and other social links. This helped to protect them from the risk of social isolation and loneliness as social contact and companionship was encouraged.
- People had access to a variety of activities which included individual and group activities such as arts and crafts and singing sessions. The home had a dedicated and enthusiastic activities coordinator who made sure people were involved in activities they liked. They told us they focused on promoting sensory

experiences for people. For example, we saw people had aromatic diffusers in their bedrooms to stimulate their senses of smell. The registered manager told us they were recruiting a second activities coordinator to ensure people had activities continuously.

- People also had opportunities for day trips including trips to the local villages and towns which were particularly popular as many people were local.
- On the morning of the inspection we saw people participated in an Arts and Crafts session which was well attended. People actively participated in colouring and drawing and clearly enjoyed the session. In the afternoon we saw a professional singer performing. One relative commented on activities and said, "There is always stuff going on and you can stay as long as you want. I find there is always something different all the time arts and crafts for example, it is all lovely."
- Some people chose not to attend activities and staff respected their wishes. One relative commented, "We know there is the opportunity to do lots of things here but she is a private person and doesn't want to join in". The person said, "I prefer to stay here, to watch the television and I'd rather read a book".
- The home had a volunteer who often supported people with activities. We saw evidence staff and people had been involved in a Christmas nativity play. The volunteer had narrated the story and the play had been a success.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. Since our last inspection, the provider had received one formal complaint which had been thoroughly investigated to the complainant's satisfaction.
- People and their relatives told us they knew how to make a complaint. One person told us, "I made a complaint before and the manager was good. I know they follow things through and you're able to have an open discussion with them." There were many compliments received regarding good care.
- We saw the complaint procedures displayed throughout the home.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The registered manager informed us only one person was receiving end of life support at the time of our inspection. The team worked closely with other professionals to ensure people had dignified and pain free death.
- The team at the home had established close links with a local hospice to provide a dignified and pain-free death that was as comfortable as possible. Staff knew how to support people and families during and after end of life care. Records showed there had been discussions with staff around bereavement and staff support.
- People were supported by staff who understand their needs, were competent and had the skills to assess their needs. This included specific needs, such as those for people living with dementia who were at the end of their life. Staff involved family and friends as well as others with legal authority in decisions about the care provided, to make sure that the views of the people receiving the care were known, respected and acted on.

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

- Relatives told us the home was well led. One relative said, "Manager is approachable and would deal with any issues raised." Another relative told us, "There had been an improvement in communication since the new manager had been in post. She is doing a great job." The provider and the registered manager shaped the service's culture by engaging with staff, people and relatives.
- Staff were complimentary of the support they received from the registered manager and provider. Staff said, "Manager is supportive and encourages development. She gives chances" and "Manager is approachable, available and tries her best with us."
- There was a clear, person-centred vision that included involvement, compassion, dignity, respect and safety. The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- The registered manager had been in post for seven months. The registered manager was supported by a deputy manager. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- Most of the staff had been working at the service since the beginning and this allowed continuity of support and had a positive impact on people's care. Staff understood their roles and responsibilities, were motivated, and had confidence in their management team. They received constructive feedback about their performance and allowed them to develop beyond their roles.
- The provider had clear and effective quality assurance systems in place which were used to drive improvement within the service. These included, audits of care plans and medicine records. These provided

an overview to ensure improvements were made where necessary.

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

- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and meetings. The information gathered was used to improve the service. One relative commented, "I know the manager, she is always at the relatives' meetings and is always positive. We all want good outcomes for our loved ones."
- People and their relatives had opportunities to raise any comments via an open-door policy at any time.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "The manager listens to us and we all work very well as a team." During the inspection we observed effective team working. The atmosphere was very pleasant.
- There were good links to local community resources that reflect the needs and preferences of the people who lived at Wytham House. For example, staff had successfully fundraised for the Alzheimer's Society, an achievement which they were proud of as the charity was closed to their hearts.

Continuous learning and improving care

- The service had a strong focus on continuous learning at all levels of the organisation. Learning was shared across the organisation.
- Staff had objectives focused on improvement and learning. Some staff had been supported to change roles to those that fit them best.
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys.

Working in partnership with others

- The service was transparent, collaborative and open with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.