

Wyncroft Care Limited

Wyncroft House

Inspection report

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Date of inspection visit:
20 June 2016
21 June 2016

Date of publication:
01 August 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 20 and 21 June 2016 and was unannounced. At our last inspection on the 10 March 2015 the provider was rated overall as Requires Improvement. We found that improvement was required in the Safe, Responsive and Well led questions.

Wyncroft House is registered to provide accommodation and support for 38 people who may have dementia. On the day of our inspection there were 36 people living at the home. There were 26 people living in the nursing unit and 10 people living in the residential dementia unit. There was a registered manager in post who was on holiday on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act (2008) and associated Regulations about how the service is run.

People felt they were safe. Staff received the appropriate training to know how to keep people safe from harm. While people received their medicines as they wanted we found that medicines were not being stored as required. Medicines were not managed sufficiently to ensure people's safety.

Staff were not being supported appropriately to ensure they had the right skills and knowledge to meet people's needs. People's consent was sought before they were supported and where they lacked capacity their human rights were protected as required within the Mental Capacity Act (2005).

We were unable to evidence how people's support needs were identified and delivered and how changes to people's support needs were managed. There were no assessments, care plans or review documentation in place.

Staff were kind and caring towards people. People's privacy dignity and independence was respected.

We were unable to see how activities were planned to ensure people were able to enjoy the things they like to do. The provider had a complaints process to enable people to raise any concerns they had. However the provider had no system to log complaints received.

We were unable to see documentation to show us how the quality of the service was checked or audited by the registered manager and how the provider carried out their own checks on the service.

The provider did not ensure that all notifiable events were reported to us as required by the law.

The provider did not ensure that their rating from their last inspection was displayed as is required by the law.

The deputy manager who had started in their role on the day of our inspection was unable to provide us

with much of the information we requested.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People told us they felt safe within the service.

People's medicines were not being managed or stored appropriately.

Risks to people were not consistently managed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not receive the appropriate training to ensure they could support people appropriately.

People's consent was sought before staff supported them. The provider ensured the Mental Capacity Act 2005 was implemented appropriately so people who lacked capacity had their human rights protected.

People were able to eat and drink what they wanted

Is the service caring?

Requires Improvement ●

The service was not always caring.

Staff were kind, caring and compassionate with people. Staff did not always have sufficient time so people were left at times to sleep or just look around aimlessly in the lounge.

People were not always listened to to enable them to decide how they were supported to live their lives.

People's dignity, privacy and independence was respected.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People were not consistently involved in the care planning

process.

People's preferences, likes and dislikes were not consistently used as part of the activity plans. People were unable to socialise and have interaction on a regular basis.

The provider had a complaints process in place but was unable to show how complaints were logged and actioned.

Is the service well-led?

The service was not always well led.

We found that the registered manager and provider were unable to provide evidence that quality assurance audits and checks were being carried out.

The provider did not ensure that all notifiable events were reported to us as required by the law.

The provider did not ensure that their rating from their last inspection was displayed as is required by the law.

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 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection took place over two days 20 and 21 June 2016 and was unannounced. The inspection was conducted by two inspectors.

We asked the provider to complete a Provider Information Return (PIR), which they completed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the Local Authority who have responsibility for funding and monitoring the quality of the service. We received information from them which we used as part of the inspection of this service.

We spoke with four people, one relative and four members of staff including kitchen staff. We also spoke to the deputy manager as the registered manager was on holiday and a health care professional who was visiting the home. We looked at the care records for four people, the recruitment and training records for four members of staff and records used for the management of the service; for example, medicines management, accident records and records used for auditing and monitoring the quality of the service.

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.

Is the service safe?

Our findings

The provider told us in their Provider Information Return (PIR) that they had recently changed the pharmacy they used. We found that the provider had recently moved to a new pharmacy and they had a medicines procedure in place to guide staff when administering medicines. However the procedure had not been updated for some years. We found that medicines were not being stored appropriately. Medicines kept in the medicines room and the residential unit were not being stored at the recommended temperature consistently to ensure the medicines were fit for purpose. We saw on a number of occasions the temperature was recorded well above the required limits and there was no evidence to show what if any action was taken by the registered manager to rectify the situation. We found that the controlled drugs were not being stored consistently between the nursing and residential units. We found that these drugs were being stored alongside stationery equipment and other items on the residential unit, while the controlled drugs cabinet within the nursing unit was full to capacity. We also found that staff were not completing the controlled drugs book as required to ensure two staff counter signed when these drugs were administered to ensure people's safety.

We found that where people were administered medicines a Medicines Administration Record (MAR) was being used to show that people received their medicines as prescribed. However we found that staff were not consistently completing the MAR as they should. There were a number of unexplained gaps on the MAR that should have completed when medicines were administered. We found that at night time staff were consistently not signing the MAR to show when someone had been administered their medicines. After conducting further checks it was apparent that this was a recording issue rather than people not having had their medicines. Staff we spoke with told us this was an on going problem but we were unable to find evidence of any action taken by the registered manager to ensure staff completed the MAR as required. We found that where prescribed medicines were added to the MAR by staff they were not being counter signed by two staff to ensure the information was accurate. Staff we spoke with told us they had not had medicine competency checks carried out. This check would have ensured staff knew what they were required to do when administering medicines. A staff member said, "I have not had my competency checked". We were unable to find any information to show whether staff competence to administer medicine was being checked to ensure people received their medicines safely. This meant that people may not have been receiving their medicines as prescribed.

A person said, "I do get pain relief when I need it and staff give me my medicines how I need them". Another person said, "My Medicines are always on time". A relative said, "He [the person] uses a PEG and I am happy with how it's done". A PEG is a device which allows someone to have nutrition, fluids and or medicines directly into their stomach. The staff we spoke with told us they had received training from the pharmacy before they were able to administer medicines. A member of staff said, "I have had medicines training". We were unable to verify that staff received medicines training as there were no records to confirm medicine training. We found that there was no evidence to show whether staff competence to administer medicines was being checked. Staff we spoke with confirmed their competency was not being checked.

We found that where people were administered medicines 'as and when required' the appropriate guidance

was not consistently in place to ensure staff were able to administer these medicines safely. The nursing unit had the guidance available to show how each person should be supported with these medicines and was fit for purpose, but the staff on the residential unit had no guidance in place, which meant there was a potential for staff not to administer these medicines consistently.

The provider told us in their PIR that risk assessments were being used to promote people's safety. We found that risk assessments were being used to ensure people were supported safely. Risk assessments for managing risks to people's medicines being administered, where people were being supported with manual handling or where people were at risk of falls were just some of the risk assessments we saw. Staff we spoke with had an understanding as to how people should be supported safely using these assessments.

A person said, "I feel safe", while another person said, "The staff are great and I do feel safe". A relative we spoke with told us that their relative was safe and when staff used the hoist it was done safely. Staff we spoke with were able to explain what they would do if a person was at risk of abuse or harm. A member of staff said, "I would report any abuse to the manager". Staff told us they had received training in safeguarding people and we were able to confirm this from the training records seen. Staff had a good understanding of the actions to take where people were at risk of harm.

People we spoke with said, "There is sufficient staff and when I need staff they are available", "Staff attend to us very quickly" and another person said, "I feel there is enough staff". A relative said, "I do feel they could do with another member of staff". A number of staff we spoke with told us there was not enough staff. One staff member said, "There isn't enough staff we could do with one more" and another member of staff said, "I do not think there is enough staff. A lot of people required two staff to help them transfer and during these periods we saw that there were no staff in the main lounge". We saw on a number of occasions that people who were not meant to be left alone were left unsupervised in the residential unit while staff were required to support other people in their bedrooms. We asked the deputy manager what systems were in place to know how many staff were required based upon people's support needs. They were unable to tell us and did not know whether a staff dependency tool was being used to enable the registered manager to have the right levels of staff to keep people safe.

The staff we spoke with all told us they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. This check was carried out to ensure that staff were able to work with vulnerable people. The provider's recruitment process also included references being sought to ensure staff had the appropriate character. Staff confirmed they were able to shadow more experienced staff as part of their induction process and their experiences, skills and knowledge were checked before an appointment was made. We found that where nursing staff were being employed that the appropriate checks were taking place to ensure these staff were appropriately qualified and registered.

Is the service effective?

Our findings

The provider told us in their PIR that staff had access to some training and records seen confirmed this. One member of staff said, "We are able to access training regularly". However it was not clear from the training records we saw as to how staff received training to meet people's specific support needs that would develop staff skills and knowledge. Staff we spoke with told us they were unable to get training to develop their skills and knowledge to meet people's specific support needs. Where people were at risk of choking or falling we did not see any evidence to show that staff received the appropriate training to support people. Staff were also unable to explain what they would do to ensure where people had a fall what the appropriate action should be.

Staff we spoke with gave us mixed responses in respect of being able to get regular support. One member of staff said, "I do feel supported". I do get supervision six monthly, attend staff meetings monthly and get annual appraisals". Other staff we spoke with told us while they did feel supported, they did not get regular supervisions, that staff meetings did not happen regularly and they had never had an appraisal. A member of staff said, "I have not had any supervision in the last 12 months or a staff meeting". We were unable to see any evidence from staff records that supervision sessions, staff meetings or appraisals were taking place. We discussed this with the deputy manager, who was unable to provide any information to show that staff received formal support. They told us they had attended a staff meeting the previous week, but was unable to show any documentation to confirm this.

A person said, "Staff do have the skills. They supported me to lose weight". Someone else said, "Staff look after me well, so they must know what they are doing". A relative said, "I do feel the staff have the right skills and knowledge".

Staff we spoke with told us they went through an induction process which involved them being able to shadow more experienced staff before they were able to support people on their own. No documentation was available to support what staff had told us. The deputy manager told us they were aware of the care certificate but had not yet used it as part of inducting any newly appointed staff. The care certificate sets out fundamental standards for the induction of staff in the care sector. A member of staff said, "I did go through an induction for three days and shadowed staff".

We found that staff were able to share information between each other as part of a handover process. This allowed staff to know where people's support needs may have changed from one shift to another. We found that staff knew what people's support needs were and were able to demonstrate they understood how people wanted to be supported by what we observed.

A person said, "My consent is sought". We saw people's consent being sought and people being able to tell staff whether they wanted support or not. Where people were unable to give consent staff were able to explain that their consent was given by way of gestures or their knowledge of people through relatives involvements or people's preferences, likes and dislikes. We observed staff consistently using hand gestures and sitting down in front of people and talking to them in a slow manner as a way of ensuring people were

able to understand and give consent.

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. The application procedures for this in care homes and hospitals are 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 were being met. We found that where people were assessed as lacking capacity and their liberty was being restricted that a DoLS application was submitted and approved by the supervisory body. Staff we spoke with were able to demonstrate an understanding of the MCA and explain how they supported people who were currently having their human rights restricted. They told us they had received the appropriate training which we were able to confirm.

A person said, "I am able to get snacks and drinks when I want. There is a menu and I can pick from a variety of meals what I want to eat. Staff have supported me to eat healthy". Another person said, "We get a good choice of meals". A relative we spoke with said, "I am able to sit and eat with [person's name]". Staff we spoke with had a good understanding of people's nutritional needs and were able to explain where people were in receipt of supplements or they were diabetic. We saw that the Speech and Language Therapist (SALT) service were involved in giving guidance on what and how people were supported to eat and drink. We observed people during meal times sitting where they wanted in the dining room, using the time to socialise and having a chat and a laugh and generally enjoy meal time together. We saw people were able to have access to appropriate utensils to aid them to eat independently. Where people needed support to eat and drink staff were seen supporting people with compassion and kindness and at the same time people were able to interact and socialise with the staff supporting them.

A person said, "I am able to get regular physio and the doctor will come to the home if needed". Another person said, "I see the chiropodist regularly". Staff we spoke with told us that people were able to get health care when needed. One staff member said, "District nurse visits daily and people are able to access other health care provision from the optician and chiropodist". A health care professional who was visiting told us they were happy with the support people received in the dementia unit and they had no concerns. We found from the records we saw that where people were unwell and needed to see a health care professional that this was identified on their records.

Is the service caring?

Our findings

A person said, "The staff are friendly, caring and nice". Another person said, "They [staff] are more friends than staff, they'll do anything for you". A relative said, "The staff are kind and friendly". Our observations on arrival to the home were that while staff were rushing around supporting people to get up and have their breakfast, they were unable to demonstrate whether they were kind and caring. We saw people in the lounge who were left alone, some people were sleeping or just left to look around aimlessly in the lounge with no interaction. On the afternoon we observed staff spending time with people showing them kindness and compassion. Staff were observed stopping and spending time interacting with people, checking how they were in a way that showed they cared. Having a laugh with people and showing how kind and friendly they were. We saw that people were as a result comfortable and relaxed around the staff.

People told us they were able to make choices and decisions to how they lived. One person said, "I go to bed and get up when I choose". Another person said, "Staff do listen and are very supportive to me as and when I need them. They are very encouraging and the care is brilliant. When I arrived here I couldn't walk and was doubly incontinent. Now I can walk with the support of a frame, feed myself I have exceeded my expectations due to how staff have listened and supported me". Another person said, "We are not listened to, our views are just brushed under the carpet and there are no resident meetings". We found that there was no evidence to show whether there was a formal process in place to show how people were listened to and actions taken.

We saw staff asking people what they wanted to do and some people who wanted to go outside into the garden were supported to do so.

We found where people were unable to verbally communicate with staff we were unable to see whether advocates were used to support them. We saw that where people had families they were involved to support staff better understand how best people could be communicated with. The use of gestures, getting to know the person by way of family involvement were just a some of the methods being used to communicate with people.

People were able to live their lives as independently as they were able. We saw staff encouraging people to do as much as they could so as to enable them to be as independent as possible. We saw people being encouraged to feed themselves so they were able to regain the skills they needed to manage long term.

A person said, "My privacy and dignity is respected by staff. Staff will cover me over when they support me to wash". A relative said, "Staff are respectful of people's privacy and dignity". Staff we spoke with were able to show they understood how people's privacy and dignity should be respected and gave examples as to how this was done. One staff member said, "Being discreet when supporting people to wash and dress and knocking before entering someone's room respects their privacy". We observed staff supporting people during meal times in a professional and dignified manner, for example, staff checked with people before putting food in their mouth.

Is the service responsive?

Our findings

A person said, "I was involved in the assessment and care plan process, but I haven't had a review. I am not sure what information would be on the care plan now". Another person said, "I don't remember taking part in my care plan". A relative said, "I have had reviews that I have attended". Staff we spoke with told us that an assessment and care plan was in place, which they were able to access when needed as part of carrying out reviews. We found no evidence of assessments to identify what people's support needs were or care plans to show how staff would support people to meet their assessed needs. We were also unable to find evidence that reviews were taking place regularly which involved people to ensure that where their support needs had changed, that this could be identified and actioned accordingly. However staff knew what people's support needs were and were able to show us that people were being supported appropriately. We discussed this with the deputy manager who was unable to show us evidence of assessments, care plans or reviews that had been carried out. We found a document that we were told was a care plan being implemented but this was not being used consistently across the home.

We found that people's preferences, likes and dislikes were not written down as part of the care planning process. This would enable staff to know what people like to do as part of a program of activities. One person said, "My preferences were discussed with me when I arrived into the home. I am able to take part in some activities. I can play ball catching and crosswords". Another person said, "I go outside to do the gardening, but there is no planned activities". Staff we spoke with were aware of what people like to do, but also told us there were not many planned activities. A staff member said, "Families inform us of people's preferences, likes and dislikes, which is then used as part of how we socialise and talk to people. We sit and talk, read to people and go out to the park". We were unable to find an activity plan to show the program of activities that were available across the week. We observed people on the first day of our inspection spending most of their time sleeping and staff were not observed offering any activities. While this was identified from our last inspection and we were told there was an activity strategy meeting that had taken place, we were unable to see what improvements had been made to how activities were being planned for people. The provider told us in their PIR the activities that were available from reminiscence days to arts and crafts, but we saw no evidence of this. We found on the second day of our inspection that some people were able to go out into the garden and there were less people spending time sleeping in the lounge.

A person said, "I don't remember being given a copy of the complaints process, but I do know who to complain to". A relative said, "I don't remember if I was given a copy of the complaints process, but I do know who to complain to and I have never had to complain". Staff we spoke with knew the complaints process and who dealt with complaints. One staff member said, "If I was unable to sort out the complaint I would pass it to the manager". We saw on entering the home that the complaints process was clearly displayed and the process was identified in the provider's statement of purpose. We were unable to find evidence how complaints were logged and actioned as the deputy manager was unable to locate this.

Is the service well-led?

Our findings

We found no information to show whether medicine audits or monitoring checks were being carried. To ensure that staff were following the requirements to administer prescribed medicines appropriately and to ensure that the medicines procedure was being followed. We raised our findings with the deputy manager who was unable to provide any evidence to show that medicines audits were taking place.

A staff member said, "I do see the manager walking about. I think she carrying out checks. The provider doesn't visit much". Another staff member said, "The manager does do checks". We were unable to find any documentation on checks and audits that we were told were being carried out to substantiate what staff told us. At our last inspection we found that audits were being done but they were not effective in recognising shortfalls in care delivery. We spoke to the deputy manager who was unable to provide any information to show that audits and or checks were being done by the registered manager. They were also unable to provide information that the provider was also carrying out checks on the care home environment and premises on a regular basis to ensure people were being supported in a safe environment.

We found for those people who were at risk of pressure sores and required regular monitoring at night, that recording of these checks was inconsistent. While there was no one with a pressure sore it is important that people who were at risk are monitored to ensure they did not develop a sore. Night staff were not recording this on the documentation required consistently. We found that the staff who worked nights were not being checked regularly to ensure they were supporting people appropriately.

We found that the provider did not have sufficient documentation to show what people's assessed needs were, or how their support needs were to be met through a care plan. The provider did not have appropriate paperwork to show how reviews were carried out, who attended the reviews and what the outcomes were. We were unable to find any paperwork to show that staff were able to get regular support in the way of supervisions, staff meetings, inductions or appraisals. At our last inspection staff meetings were not in place and we were told that these meetings would be developed to give staff the opportunity share their views, but this has not happened.

The provider had an accident and incident process in place which staff were aware of. We found that where incidents and accidents had taken place and staff had not witnessed this they were unable to explain the actions they would take to get the appropriate support for people. Staff knew that a record of the situation needed to be recorded on an accident/incident form. We saw no evidence of how trends were monitored to ensure accidents and incidents could be reduced where possible.

A person said, "I have never had a questionnaire to complete". A relative said, "I have had a questionnaire". We were unable to check whether questionnaires were being used within the service as the deputy manager was not able to provide us with any information.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us there was a whistleblowing policy in place and they were able to explain how it would be used where staff had concerns about people's safety on an anonymous basis.

A person said, "Manager doesn't stop and chat, they just walk through". Another person said, "I don't know the manager's name but she comes and speaks to us". People had a mixed view as to whether the service was well led. Staff we spoke with told us the service wasn't well led. One staff member said, "Manager tries to be everyone's friend and then issues are never dealt with". We found the home to be warm, welcoming and friendly and staff were relaxed around people.

At the last inspection carried out in March 2015 the provider was given a rating of requires improvement but we found that the required improvements had not been sufficiently demonstrated.

We found on arrival to the home that the registered manager was on holiday and the newly appointed deputy manager did not receive a handover or an appropriate induction into the role. We found that the deputy manager was unable to find the relevant information we had requested as part of the inspection process. This was a concern where the information requested related to the support people received.

We found that the provider did not have their last inspection rating on display in the home as is required. The deputy manager took the appropriate action to ensure the rating was displayed on the day of our inspection. The provider should be aware of their legal responsibilities.

We found that the provider did not notify us where people's human rights were being restricted as a result of the supervisory body's approval. The provider should be aware of their legal responsibilities.

The provider did however notify us of all other notifiable events as is required within the law.

Before the inspection, we asked the provider to complete a provider Information Return (PIR) which they completed.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not ensure the effective governance, including assurance and auditing systems or processes. In addition, provider must securely maintain accurate, complete and detail records in respect of each person using the service and records relating to the employment and support of staff and the overall management of the regulated activity.
Treatment of disease, disorder or injury	