

Wyndham House Care Limited

Wyndham House Care

Inspection report

Wyndham House
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Norfolk
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Tel: 01553631386

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

Wyndham House Care is registered to provide accommodation and personal care for up to 44 people some who may be living with dementia. There were 41 people living in the home at the time of the inspection. The accommodation is over two floors which is served by a passenger lift.

This unannounced inspection took place on 27 October 2016.

We carried out an unannounced comprehensive inspection of this service on 3 August 2015. Two breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. This was because improvements were needed to make the home effective, caring, responsive and well led. We asked the provider to take action to make improvements to ensure that people were receiving adequate nutrition, hydration and had opportunities to take part in activities in the home and in the community. During this inspection although action had been taken to make improvements, further improvement were still needed.

There was a registered manager in post at the time of this 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.

Care plans and risk assessments did not always give staff the information they required to meet people's needs.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider was able to demonstrate how they supported people to make decisions about their care. Where people were unable to do so, there were records showing that decisions were being taken in their best interests. DoLS applications had been submitted to the appropriate authority. This meant that people did not have restrictions placed on them without the correct procedures being followed.

People were provided with a good choice of meals. When necessary, people were given any extra help they needed to make sure that they had enough to eat and drink to keep them healthy.

Staff had received training, which was regularly updated in order to enable them to provide care in a way which ensured people's individual and changing needs were met. Staff knew how to manage any identified risks and provided the care people needed. People's health needs were supported as they had access to a range of visiting health and social care professionals.

Clear arrangements were also in place for ordering, storing, and disposing of people's unused medicines.

However, improvements were required in the administration of medicines to ensure people were protected from cross contamination.

The provider had a recruitment process in place and staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Staff treated people with dignity and respect.

A process was in place to identify record and respond to people's concerns and complaints. Complaints were resolved to the complainant's satisfaction.

Whilst we found audits had been undertaken, these were not all effective.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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.

Risk assessments had not all been formally recorded.

Improvements in medication administration were needed to ensure people were safe at all times.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

There were enough staff available to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were assessed for their capacity to make day-to-day decisions. Appropriate DoLS applications were being made to the authorising agencies to ensure that people were only deprived of their liberty in a lawful way.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People could choose how and where they spent their time.

People's rights to privacy and dignity were valued.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans did not always contain up to date information about the support that people needed.

People were encouraged to maintain hobbies and interests and join in the activities provided at the home and in the community.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

Is the service well-led?

The service was not always well-led.

Audits were not always effective and had failed to identify some of the issues found during the inspection.

People were enabled to make suggestions to improve the quality of their care.

There was a registered manager in post and had developed an open culture in the home and welcomed ideas for improvement.

Requires Improvement 

Wyndham House Care

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.

This unannounced inspection took place on 27 October 2016. It was undertaken by 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. Their area of expertise was in caring for older people and those living with dementia.

Prior to our inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required, by law, to notify us about. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

During our inspection we spoke with ten people. We also spoke with the registered manager, assistant manager and seven staff who worked at the home. These included a head cook, maintenance person, daily activities co-ordinator and team leader.

We looked at four people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Is the service safe?

Our findings

Some people's records had detailed individual risk assessments and care plans which had been reviewed and updated. Risks identified included, but were not limited to: people at risk of falls and moving and handling risks. One person's records did not give clear information and guidance to staff about any risks identified as well as the support the person needed in respect of these. For example, where a person had been deemed to be at risk to poor skin integrity. We saw 'repositioning charts' charts were in place but there was not detailed information or guidance on the risk assessment to say how this was to be managed. Another person had been identified to be at risk of choking. There was no risk assessment in place to provide guidance to staff on how to manage this. Staff we spoke with were able to explain that the person was on a soft diet and how they were to be positioned when being assisted to eat. However, the lack of detail meant that there was an increased risk that staff did not have all the important information for each person available when providing their care and support

Records showed us that staff who were responsible for the management of people's medicines were trained and assessed to be competent. We observed a member of staff supporting people to take their medicines. The staff member did not follow good hygiene procedures. Whilst supporting people to take their medication they used their hands to give it to them instead of using an appropriate hygienic method such as a spoon. They did not wash their hands in between each person's administration. This put people at risk of cross contamination. There were no protocols for medicines that were prescribed to be administered when required, such as pain relief. The member of staff was observed asking people if they required any pain relief. People we spoke with told us about the medicines support they received. One person said, "They [staff] always ask if I would like any pain relief." Another person told us, "I have tablets regularly to control the pain and I can always ask if I need any extra pain relief." A third person said, "The girls [staff] sort out all my meds, they are always on time." Medicines were administered and signed for correctly. Nursing staff made conversation and interacted with people whilst they were supervising them taking the medication. Where people needed extra prompting and time to swallow tablets, this was given. If people had been having difficulty with swallowing, GP advice was sought and liquid medication prescribed.

Medicines were stored securely. The temperature range was noted to be above the required levels on a number of occasions during the month of October 2016. The registered manager ordered an air conditioning unit during the inspection. This would reduce the temperature of the room to keep it within the required range and to help ensure that medicines remained effective. Monthly audits were conducted although these did not include temperature checks and disposal processes. Issues such as missed signatures and cleanliness of the storage were highlighted and appropriate action taken. This showed us that the provider had systems in place, but further detail would ensure that they would be more effective for the administration, storage and disposal medication process.

People we spoke with all told us they felt safe. One person said, "There's always somebody here to help." Another person told us, "Yes I feel safe, they [staff] come when I push my bell, they are very good." A third person said, "It's very safe here, there is always somebody around to help you. I am never worried."

We checked and found that there were recruitment systems in place to check prospective staff before they were deemed suitable to work. One member of care staff told us about the process for when they applied for their job. They explained, "I completed an application form. I had an interview. There was a DBS [Disclosure and Barring Service] check (A criminal record check). I had to provide two references." Another member of care staff also told us that they had undergone a similar recruitment process. Both of these members of care staff said that all the checks were in place before they were allowed to start their job. Staff recruitment files contained the required information which had been obtained before the prospective staff member began to work at the home.

People were looked after by sufficient numbers of staff. One person said, "There are always enough staff." Another person said, "The girls [staff] are always around and come when I call. They are quick to respond." One relative said, "They try really hard to support and please here. There are always a lot of staff around and they always seem to know where everyone is." Another person said, "I always see staff around. I think there is plenty of staff." The registered manager told us that they regularly assessed the number of staff required to assist people care and support needs. They told us that this ensured that the correct levels of staff were on duty to meet peoples assessed needs.

Staff we spoke with told us they had received training to safeguard people from harm or poor care. They showed us that they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, "I would be concerned if a person's behaviour, appetite or mood changed. I would always tell the (registered) manager my concerns." Another staff member said, "If I saw anybody speaking or shouting at a person, I would report to the (registered) manager." One relative said, "I have never heard a carer [staff] raise their voice." There was information available to staff on safeguarding people from harm which included telephone numbers to ring and report their concerns to the appropriate agencies.

The provider had submitted notifications to us when there were occasions of people being placed at risk of harm. The information detailed in the notifications told us that appropriate actions had been taken to protect people from the risk of recurring harm. This included, for example, where an incident occurred between two people who lived at the service. This told us that there were systems in place to ensure that people were kept safe as practicably possible.

Is the service effective?

Our findings

At the previous inspection in February 2015, we found that the provider was breaching one legal requirement of regulation 14 in this area and was rated as requires improvement. During our comprehensive inspection of 27 October 2016, we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of regulation 14. This had been by ensuring that people were protected from the risk of inadequate nutrition and hydration.

People said that they liked the food and had a choice of what they wanted to eat. One person said, "I like to eat my meals in my room. Although staff do always ask me if I would like to join everyone else in the main dining room. Occasionally I will go." During mid-morning and mid-afternoon people were offered biscuits, cakes and drinks. When people needed help to eat and drink, they were given the encouragement and support with these needs. Cultural and specialist diets were catered for, which included vegetarian and soft food diets. One relative said, "I have seen the food and it looks good. The sandwiches look good quality and really fresh." Another relative told us, "[Family member] has always had weight issues and dieted all their life. They weren't eating at home and had lost too much weight. They eat the food here and have put a stone on and look much healthier now."

Menus were available on each table and also displayed on a large notice board near to the dining room. We observed lunchtime in the dining room. We saw that two small plated meals were taken to each person. Staff knelt down so they were level with the person when asking them what they would like to eat. This allowed them to choose which they would prefer to eat. There was also an alternative offered were people did not want either choice. For example an omelette or a sandwich. People were offered a wide choice of drinks including wine, sherry and soft drinks. A member of staff told us, "People can have whatever they want." People's weights were monitored and the frequency of this monitoring was based on people's reviewed and up-to-date nutritional risk assessments. Dieticians' advice was obtained for people where they had been assessed as being at high risk of undernourishment. We noted that where people's intake of food or fluid was being monitored, the records were completed accurately. This was to help identify any change in people's food and fluid intake Specialist equipment was available such as plate guards. These allowed people to eat without assistance.

People, and relatives we spoke with, told us that their needs were met. One person said, "They're [staff] very good. I am well cared for." Another person told us, "Yes. I am well looked after. The staff know what they are doing and they always ask me before doing anything." A relative said "They [staff] are on the ball with looking after [family member]."

Staff members told us that they had the training to do their job. This included training on infection control; safeguarding; moving and handling and fire training. Staff were able to demonstrate how their learning was applied and how they supported people with their moving and handling needs. This was especially for when staff used people's individual hoists and the different slings that were available. This meant that people were supported by staff who were correctly trained to support people's assessed needs.

Staff told us they are well supported and receive regular supervision. One member of staff said, "I feel well supported by [name of registered manager]. If I have any queries or problems I feel able to ask any questions." Another member of staff told us, "Any suggestions I may have about improving people's care I am able to discuss them with [name of registered manager] during my supervision. Although I can speak to them at any time."

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).

The registered manager had made several applications to the local authority when they believed a person was being deprived of their liberty. The applications were based on the assessments of people's capacity to make an informed decision. These included, for instance, decisions where the person was to live and how they were to be looked after. Two applications had been approved by the authorising local authority.

Members of care staff told us that they had attended training in the application of the MCA and demonstrated an awareness of the application of this piece of legislation. One member of staff said, "We can make decisions for people as long as it is their best interest." Another member of staff explained that some of the people were unable to make certain choices because they lacked mental capacity. This included, for example, having their medicines as prescribed.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician, the dentist, opticians and therapists. One person said, "The GP attends promptly if you are unwell." Another person said, "I had my flu jab here." A relative we spoke with said, "[Family member] had a water infection recently and they contacted the doctor and got some antibiotics and then called me to tell me. I was very impressed at how quickly and efficiently they dealt with it." Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

Is the service caring?

Our findings

People told us they knew the staff well and that the staff were all very caring. One person said, "We are well looked after." Another person said, "I'm happy enough here, they [staff] look after me well." A relative said, "It is good here, [family member] is in the best place. They do look after them well. They are kept clean, have their haircut, toenails are cut regularly. They are a lot happier here. They [staff] make the effort to get them out of her room to join in activities." Another relative told us, [Family member] is much better now. [Family member] goes to bed whereas at home they didn't. They are getting better rest. We are happy with the care they are getting."

Pre admission assessments had been undertaken. The registered manager told us this helped in identifying people's support needs. Care plans were then developed stating how these needs were to be met. Some people were able to tell us they had been involved with their care plans; whilst others were not aware of their care plans. Staff told us that where people lacked the mental capacity to participate, people's families, other professionals, and people's historical information were used to assist with people's care planning. One relative said, "I am consulted regarding [family member's] care. I have seen a written plan. Some days [family member] can make decisions and other days they can't so the staff speak to me if they need to."

Staff knew people by their preferred name, how they liked to communicate and how and where they liked to spend their time. Staff used this knowledge to ensure people received the care they wanted and needed.

The registered manager also knew people and we observed people interacting with them and all the staff team openly. Communications between staff and people were warm and friendly with lots of laughter and chatting about the day and the things they liked to do. One person added, "The staff are very caring. They are gentle and make sure I am comfortable before they leave me." We observed that staff gave people choice on where they wanted to sit and made sure they were comfortable before leaving them

Staff checked and asked people for their consent before they provided any kind of personal care or assistance. Staff explained the support they were going to give before providing it to people. If people declined the help offered, staff respected the person's wishes and returned to offer the support again at a time when the person was ready to accept it.

People's right to independence were promoted and maintained. One member of care staff described how they encouraged people to remain independent with washing and dressing. They said, "I will offer the person their flannel so they can wash their face. I then offer help for the harder to reach places such as their back and feet. You just don't rush in and do it for them."

When staff were supporting people with their personal care they gave people time to do what they were able to do for themselves. Staff quickly noticed and offered any support needed if people required assistance, especially when they wanted to move to another area. For example, they gave people instructions in how to use their walking frame to enable them to move safely. Staff always asked people if they would like some help and acted on the person's wishes.

We saw a staff member gently speak to and walk with one person who could not quite decide where they would like to sit. They would sit in one chair and then decided to move to another chair. All of the people we spoke with said when they wanted to spend time in their rooms, their privacy was respected. We saw staff knock on the doors and wait for people to respond before entering the room. They also introduced themselves and explained what they were there for. One person told us, "The staff allow me to make my own decision and I like my own privacy." Staff ensured the doors to rooms and areas where personal care was being provided were closed when people needed any additional help with their personal care. This showed us that staff respected people's privacy and dignity.

Staff we spoke with told us about the importance of respecting personal information that people had shared with them in confidence. The provider had a policy and guidance in place for staff to follow regarding retaining information and disposing of confidential records and information. Staff confirmed they had access to this and understood how it should be applied.

People's care records were stored securely in the office but staff could access them as required. These arrangements helped ensure people could be assured that their personal information remained confidential.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Is the service responsive?

Our findings

At the previous inspection in February 2015, we found that the provider was breaching one legal requirement of regulation 17 in this area and was rated as requires improvement. During our comprehensive inspection of 27 October 2016, we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 17. The provider had made significant improvements making suitable arrangements to provide opportunities for activity and for people to be involved in their community.

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family. There was one person whose sole responsibility was to support people with social activities. These included trips to local places of interests as well as group and individual activities at the home.

Care plans we looked at showed us that they had not all been updated and did not contain all the required information. This therefore did not ensure that staff had all the information they required to be able to provide the care and support people needed. Where a person was cared for in bed it stated that they required two staff and the use of sliding sheet. There were no details on how to manage their pressure care, for example, changes to their position and the frequency of when this should happen. Another care plan highlighted a person required all help with meals and drinks. There were no details on how the person was supported and if they required any specialist equipment such as a plate guard. Other information stated that the person had anxiety and depression and the expected outcome for them was to 'maintain their independence and have a good understanding'. Staff were unable to explain what this meant and how to support them with this goal.

Monthly care plan reviews had been recorded, but these did not reflect the area they were reviewing, for example for one person notes which reviewed nutrition and hydration said, "[name of person] has had a comfortable month. [Name of person] is doing well'. One person's oral hygiene plans were generic and not person centred as they included details on how to manage both their own teeth and dentures. Staff told us that the person actually had dentures. Staff were however, able to explain how they managed the person's oral health care.

When people's needs had changed, staff had made appropriate referrals to healthcare professionals. Examples included referrals to a dietician, dentist and an optician. Although care records had not always been updated appropriately. For example, information that had been recorded in the professional's notes stated 'requested GP to increase a person pain relief' but no further information was available on whether this had taken place. Staff were able to say that the GP had visited although they did not know the outcome of the visit. This meant that people were at risk of receiving care that was not appropriate or based on their most up-to-date needs.

This is a breach of regulation 9 (3) (b) of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

A timetable was available to people showing the regular activities that took place during week days. These included religious services, indoor golf, bingo, music sessions and board games. One person told us, "I enjoy the music man and love to sing along." A relative said, "The activities officer is great. She is always happy and tries to get them [people who use the service] involved in whatever is going on." Another person said, "I don't go out much in the winter. It is nice in the garden in the summer." One relative said, "I came in one day and they had made toffee apples and covered them in chocolate. There was mess everywhere but they loved it and [family member] was proud to show me what they had made". People were seen to be smiling a lot as they enjoyed singing along to the music session taking place on the day of our inspection.

People said that staff met their care needs. One person said, "Staff are kind and I am happy here." People showed they were happy with lots of smiles, chatter and laughter. People on the whole confirmed they were well looked after.

People we spoke with told us they would be confident speaking to a member of staff if they had any complaints or concerns about the care provided. One person said, "I have no complaints and would tell the staff if I had." Another person told us, "If I was not happy with the care I would tell the staff. They do listen to me." A relative said, "I often see the (registered) manager walking round. I have never had to raise any issues with the (registered) manager."

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time at this home. There was a complaints procedure which was available in the main reception area of the home. From the complaints log we saw the complaints had been responded to in line with the policy. People and their relatives we spoke with all told us they would approach the staff and, or, the registered manager if they had any issues. They felt everyone was very approachable.

Is the service well-led?

Our findings

Although there were process in place for auditing the home and areas of the service provided such as incidents and accidents, care plans and medication audits these hadn't identified the issues we found. Risk assessment were not all in place and care records were not up to date and did not contain detailed information for staff to ensure that their care and support was provided consistently. This meant that audits and quality assurance processes were not as effective as they should have been. Records were incomplete and had not been kept up to date.

Records and our discussions with the registered manager showed us that notifications had not always been sent to the Care Quality Commission (CQC) as required. Following the visit we received the required notifications. A notification is information about important events that the provider is required by law to notify us about. This registered manager now had a better understanding of their role and responsibilities.

This is a breach of regulation 17 (2) (a) (c) of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Staff told us that there had been a recent staff meeting. They told us that they are able to contribute and add to the agenda. One member of staff said, "It is a two way meeting, we can have our say and the manager provides us with information. For example recruitment and decoration."

There was a registered manager in post at the time of this inspection. People and their relatives said that they knew who the registered manager was. One person said, "I would speak to the (registered) manager without hesitation." All of the staff that we spoke with felt that the registered manager was approachable and they felt confident they could raise any concerns with them or the deputy. Staff understood their lines of accountability. One member of staff said, "If I had a problem I could go to [name of registered manager] and they would help me as much as they could to help sort out the problem." Information from the local authority told us that the registered manager was an enthusiastic person and that they wanted the home to do well.

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "Everyone here is kind and treat people well. I am confident that if residents [people who use the service] were not being treated well; the (registered) manager would deal with it." Another member of staff said, "Yes I know about whistleblowing. I would feel confident that action would be taken if I raised any issues."

Staff felt there was some good teamwork at the home. One of them said, "We [staff] all get on well together and help each other out." Another staff member said, "It's very friendly and relaxed working here. We [staff] work well as a team and support each other." We saw throughout the inspection that staff asked each other if they were okay and did they need any help and support.

People told us they were given opportunities to influence the service that they received through residents'

and relatives' meetings. Two relatives told us they had recently been sent a survey to complete about the quality of the care. People told us they felt they were kept informed of important information about the home and had a chance to express their views.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training completed to date and to make arrangements to provide refresher training as necessary. Staff told us that the registered manager sometimes worked alongside them to ensure they were delivering good quality care to people.

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 9 HSCA RA Regulations 2014 Person-centred care Not everyone had a care plan which ensured that their care and support needs are met at all times. Regulation 9 (3) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The Registered Manager had failed to maintain accurate and complete care records in respect of each service user. Regulation 17 (2) (a) (c)