

Christchurch Court Limited Wycliffe House

Inspection report

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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

Wycliffe House is a residential care home providing personal care to four people at the time of the inspection. The service can support up to five people with personal and nursing care needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Staff had built positive relationships with the people they were supporting and demonstrated a good understanding of people's preferences and needs. People were supported to take part in regular activities that were of interest to them. We found that people were also supported to maintain relationships with their relatives.

We found there were robust systems in place to keep people safe, accidents and incidents were reviewed and monitored. People received their medication safely by trained and competent staff.

The home was well managed, people, their relatives and staff spoke positively about the registered manager.

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People received person-centred support to achieve positive outcomes. Staff had received training about people's right and choices, and this was promoted in their practice.

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

Rating at last inspection

This service was registered with us on 10/11/2017 and this is the first inspection

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

This service was caring.

Details are in our caring section below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wycliffe 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Wycliffe 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan

our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, team leaders and support workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and staffing rotas.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse, staff had received training in this area and understood how to report any concerns to the registered manager, provider and relevant professionals.
- Risks to people were assessed and measures had been put in place to reduce any risks identified. This ensured people received care in a safe and consistent way.
- Incidents and accidents had been reported and reviewed, appropriate action and support had been offered to people where they had occurred. When a medication error had happened we saw evidence that changes had been made to the medication system which would reduce the chance of reoccurrence.
- The provider had sourced additional training for several staff to become safeguarding champions. The safeguarding champions had their photographs displayed on noticeboards in the home, as people who could be approached for an additional source of support and information.

Assessing risk, safety monitoring and management

- There were risk assessments in place to reduce known risks to people using the service. For example; one person who was at risk of falls had a risk assessment in place directing staff to ensure a leg splint was in place before supporting a person to stand up.
- Staff were knowledgeable about people's risk assessments, we found that people's risk assessment matched their support needs and provided clear information for staff to follow.
- We found that maintenance checks had been regularly carried out to the home's environment which included fire safety and water checks to ensure it was safe.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure the people they recruited were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references
- There were enough staff to keep people safe and meet their individual needs. The staff team were also supported by a neighbouring service also operated by the same provider. This ensured continuity of care if there was staff absence.

Using medicines safely

- Medication was stored securely and appropriately, staff monitored the fridge temperatures the registered manager had identified that there had been shortfalls in the recordings and had addressed this.
- Staff had completed the necessary training and had had their competency assessed to administer

people's medication safely.

- Regular checks were completed of the medication stock and records, we reviewed these records and observed medication practice, we found that people had their medication administered safely and in line with the prescribing instructions.

Learning lessons when things go wrong

- The registered manager and provider had systems in place to monitor accidents and incidents. This information was analysed by the management team.
- The registered manager shared the outcomes of audits with the staff so appropriate action was taken to ensure people's safety and mitigate any risks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

- The people using the service had their needs assessed prior to admission by the providers own Multi-Disciplinary team. This ensured the registered manager had information on a person's likes, dislikes, preferences, needs and known risks.
- People's needs, and choices had been identified in their care plans. For example, one person preferred a quiet environment, we saw this had been accommodated.
- People's individual lifestyle choices had been identified and were respected by staff.

Staff support: induction, training, skills and experience

- Staff training was suitable for the needs of the people they were supporting. Staff had completed the care certificate as part of their induction.
- Staff said they felt supported by the registered manager and team leaders. Staff had regular supervision's and staff meetings. This meant important information was shared with the staff team, who then had the opportunity to discuss this as a group and suggest any improvements to the service.

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

- People had choices at mealtimes. One person told us, "I buy my food from the shops, and if I need help to cook then the staff help me." Another person told us, "The food choice is whatever you want"
- People were encouraged and supported to cook their own meals and people were involved with planning what they would like to eat.

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

- People received support from the providers multi-disciplinary team (MDT) of health professionals. This included occupational therapists, speech and language therapists and psychologists. The MDT provided detailed assessments and reports which were regularly reviewed. An outcome from this, was that people had agreed independence goals in the care plans and they were supported by the staff team to achieve these.
- People had up to date health records in place, which detailed their appointments with external professionals. Recommendations had been followed up and implemented by the staff team.

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

- The home had made some adaptations in the communal area to facilitate social distancing during the

COVID-19 pandemic.

- The people living at the home were encouraged and supported to add to the decoration, the registered manager told us about how one person was making a mosaic for the garden.

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).

- Staff had received training in the principles of the MCA and DoLS. This training was reoccurring, so staff were able to refresh their knowledge and understanding.
- Mental capacity assessments were carried out where applicable, these were detailed and completed correctly.
- The staff we spoke too had a good understanding and working knowledge of the principles of the MCA. One person using the service told us "I can get up when I want and go to bed when I want"

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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 registered manager had information to refer people to an advocacy service when they needed support to make decisions. Advocates are independent of the service and support people to decide what they want and communicate their wishes.
- People were supported and encouraged to make decisions regarding their day to day routines. Staff showed patience and understanding when speaking with people.

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

- People could express their views about the care they received. Monthly meetings took place for people to share their ideas and there was also regular informal coffee and chat meetings. People had suggested ideas for activities, and this had been actioned.
- People were given the opportunity to be involved in their care planning and how they wished to be supported. People were given the opportunity to regularly review their care plan to see if any changes needed to be made.

Respecting and promoting people's privacy, dignity and independence

- Independence was promoted. People's needs were assessed by a multi-disciplinary team in the first four weeks of residing at the service. On the day of the inspection, an occupational therapist was supporting a person with cooking skills as detailed in their care plan.
- One person told us they had a one cup automatic coffee making machine, so they were able to make their drinks independently.
- Staff had received training in equality, diversity and person-centred care. Care plans contained information about people's lifestyle choices and personal relationships and the support staff were to provide to ensure people's individual needs were met.
- The registered manager was undertaking additional training to become a dignity champion for the service. A dignity champion is passionate about promoting people's human rights, treating people with dignity and respect, they will take actions within a service to ensure this is promoted and achieved.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

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; we saw this was promoted in their care plans. For example, one person whose first language was not English, was able to make day to day decisions with the support of visual aids and a translating application. However, it was clear in the persons care plan if more complex decisions were required then an interpreter and advocate would be required. We saw this had taken place.
- Staff had built positive relationships with the people they were supporting and demonstrated a good understanding of their preferences and needs. One staff member told us "I have an adaptable approach; I appreciate that everyone is different and they like things done differently."

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.

- We found information on display in the service had been produced in people's preferred accessible format.
- People's care plans detailed their communication requirements and the support needed to ensure these were met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, one person was supported to access public transport to travel and meet with a relative.
- People were supported to take part in activities that interested them, either individually or as a group. We could see that the service had facilitated regular activities within the home and in the local community.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and the registered manager had a good understanding of this and the actions that would be taken in the event of a concern or complaint being raised.
- People using the service knew how they could complain. People's relatives told us they had regular communication with the registered manager who was responsive to their queries.

End of life care and support

- Staff had completed a nationally recognised training course of how to support people nearing the end of their life, to ensure their needs and preferences were met.
- People using the service were given the opportunity to express their wishes for the care they would like to receive at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated Well-led.

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

- The registered manager worked on shift and knew the care needs of the people living within the home. Staff had a positive, open and person-centred approach.
- The registered manager and staff said they were proud of the service, they spoke enthusiastically about the people they supported, and the outcomes people were achieving.

Continuous learning and improving care; 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 had identified areas that required improvement in relation to fire drills and medication administration. We saw evidence that this had been addressed and actioned. Additional safety checks had been implemented to the medication system and the improvements required to fire drills had been discussed with staff.
- The registered manager was knowledgeable about the duty of candour, they had not had to put this into action, however they were able to explain the steps they would take.
- Information had been correctly shared with other agencies, such as the local authority when concerns about a person's safety had been raised.

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

- Staff told us they felt supported in their roles and staff spoke positively about the registered manager. A staff member told us. "She is interested in our opinions; she is very fair and approachable"
- The staff team worked together to support people to achieve good outcomes. Staff communicated all relevant information at handover meetings to ensure continuity of care and support.

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

- The registered manager gathered regular feedback about the quality of the service through surveys and discussions with the people using the service, their relatives and the staff team.
- The registered manager had a supervision schedule in place to ensure staff had a regular one to one meeting. Regular staff meetings were also in place, so staff were kept updated with important information and changes.

Working in partnership with others

- The service worked in partnership with other professionals such as GP's, psychologists and occupational therapists to support people to access healthcare. The relatives we spoke with told us they were kept updated with their relative's health and wellbeing.
- The service had shared information with external agencies and relatives of people using the service during the COVID-19 pandemic.