

# Wykewood Health Care Limited

# Wykewood

## Inspection report

Huddersfield Road  
Wyke  
Bradford  
BD12 8AA

Tel: 01274046900  
Website: [www.exemplarhc.com](http://www.exemplarhc.com)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

### About the service

Wykewood is a care home providing personal care and nursing care to up to 40 people. The service provides support to people living with a range of physical, neurological, and mental health issues, including brain injury and dementia. At the time of our inspection there were 14 people using the service. 3 out of the 4 units were being occupied and used in the home. The fourth unit was not in use.

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

Systems were in place to keep people safe from abuse. We found medicines were being managed safely however we recommended the provider reviewed the process for administering medication covertly with prescribing professionals. Risk assessments were in place which linked with care plans however we found not all risks to people were being effectively monitored. We found examples where people were not on ABC charts despite having some behaviours which challenge and could pose a risk to themselves or others. Staffing levels according to the dependency tool were sufficient however we made a recommendation for staff deployment to be reviewed to ensure there were always enough staff to complete the 15-minute observations required. We saw evidence of lessons learnt where things had gone wrong.

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 did not always provide sufficient choices of nutritious food for people, we saw a lack of vegetables and choice offered on the day of inspection. We recommended the service review this as well as reviewing the availability of foods to meet people's specific dietary requirements. Pre assessments done prior to people being admitted to the home were detailed and specific. People were supported by staff who had received sufficient training and support to fulfil their roles.

The service was responsive to people's needs and requirements. Care plans were detailed and contained person centred information and guidance for staff. The provider had assistive technologies to meet people's specific communication needs. We saw evidence of activities and excursions for people which were planned specifically to meet their preferences and interests. Staff were trained to deliver end of life care and care plans were completed in line with these requirements.

Many of the shortfalls identified on the last inspection had been improved or rectified by the registered manager. The provider had effective audit systems in place which were driving the quality in the service. The registered manager was completing daily audits, walk arounds, and oversight in the service had improved. The provider was engaging with people, relatives and staff through a range of different methods to gain feedback on ways to improve the service. Staff told us the management team were supportive and visible on the units.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 1 November 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

At our last inspection we recommended the provider reviews staffing arrangements to make sure staff are available, at all times, to meet people's needs. We also recommended the provider reviews catering arrangements to make sure people have choice in how and when they receive their meals. At this inspection we found the provider had acted on these recommendations and improvements had been made.

This service has been in Special Measures since 1 November 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16, 21, 28 September 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, medicine management and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, responsive and Well led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wykewood on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** 

# Wykewood

## 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 Health and Social Care Act 2008.

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 2 inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Wykewood is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wykewood is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We received feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 2 people and 8 relatives about their experience of the care and support provided. We also spoke with 11 staff members, including the registered manager, clinical nurse lead, nurses, care staff and other members of staff who worked in the home. We reviewed a range of records. This included 3 people's care records in detail including supplementary daily notes, and a sample of 2 other people's care records. Multiple medication records were reviewed.

We looked at 3 staff files in relation to recruitment and induction and a variety of records relating to the management of the home, including training records, audits and policies.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure systems were in place to keep people safe. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were in place for people and did provide detailed information to staff on how to support people and keep them safe. These were clearly linked and reflected in the care plans. However, not all documentation showed effective risk management. We found examples where people did not have antecedent behaviour charts (ABC) in place to monitor and review people's behaviours for triggers and changes in behaviours.
- People's weights were being monitored with regular weights being completed. However, we saw 1 example where someone had lost weight and no action was taken despite their care plan stating they were at risk of malnutrition. Supplementary care notes showed this person regularly had refused food. There had been no effective monitoring or oversight in this instance.
- Care documentation was completed robustly, and daily notes showed person centred entries being made by care staff. These detailed personal cares being received and showed effective monitoring of bodily functions and hygiene needs being met.
- The environment was safe and well maintained. Maintenance records showed buildings and contents were monitored and assessed, and regular audits and servicing took place to ensure equipment was safe for use.
- Accidents and incidents were managed effectively and efficiently by the registered manager. There was an effective reporting system in place which the registered manager reviewed and audited regularly. This automatically created actions and tasks which showed on the system until completed to avoid missing vital responses.

### Using medicines safely

At our last inspection the provider had failed to ensure systems for managing medicines were safe. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Issues identified at the last inspection had been addressed and we found medicines were being managed safely across the home.
- Medicines were stored securely. People were supported by staff who had received medicines training and were assessed as competent.
- Staff recorded the use of powder used to thicken fluids when given to people at risk of choking and aspiration.
- Instructions for medicines that were given when required were available however we recommend the service ensures that the information contained in the instructions are person centred.
- The registered manager carried out regular audits of medicines and we saw that issues had been identified and acted on.
- When medicines needed to be crushed before administration, for example to be given covertly in food and drink, or to be administered via a Percutaneous Endoscopy Gastrostomy (PEG) tube, there was not always up to date instructions from an appropriate healthcare professional to ensure these were given in a safe way.

We made a recommendation to the service for them to ensure any instructions to crush medicines are reviewed by an appropriate healthcare professional.

The registered manager responded immediately following the feedback and confirmed actions had already been taken to complete this.

### Staffing and recruitment

At our last inspection we recommended the provider reviewed staffing arrangements to make sure staff are available, at all times, to meet people's needs. The provider had made some improvements however we made a further recommendation.

- The provider used a dependency tool to assess and calculate safe staffing levels in the home in line with people's needs and requirements. However, on inspection we found deployment in the home was not always effective or suitable on 1 unit to ensure people on 15-minute observations were always able to receive these from staff on the unit. One staff member told us, "When we go on break then we have to ask a staff member from another unit to complete our observation, or if family members are here, we will ask them to watch over the person we are observing. It's not ideal."

We recommend staff deployment is reviewed on this unit to ensure there is always sufficient staff.

- Staffing levels on other units appeared to be sufficiently staffed to meet people's needs.
- People and relatives told us they felt there was enough staff, one relative told us, "They seem to be a lot better, that was a massive issue before, but they do have more now."

### Systems and processes to safeguard people from the risk of abuse

- The provider had safe systems for ensuring people were protected from harm and abuse. Where appropriate the provider had reported incidents to local safeguarding teams.
- Staff had received their safeguarding training and knew what and how to report concerns of abuse.
- People and relatives told us they felt safe. One relative told us, "Yes [relative] is definitely safe. Since [registered manager] has been here it has got better."

### Learning lessons when things go wrong

- There was evidence of lessons learnt and actions taken where things had gone wrong. Accidents, incidents and safeguarding events had been fully investigated, reviewed and actions taken to mitigate future risk of occurrence.

### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were 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.

### Visiting in care homes

- The provider was supporting relatives, friends and other professionals to visit people safely.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection the provider had failed to maintain accurate records in relation to MCA and DoLS. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had a tracker which detailed DoLS application and conditions which was up to date and accurate.
- Where people had conditions attached to their DoLS the provider maintained evidence they were being effectively monitored.
- Where people were being restricted and unable to consent to for example, the use of bedrails and observations, we saw best interest decisions and mental capacity assessments were in place.

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

At our last inspection we made a recommendation that the provider reviews catering arrangements to make

sure people have choice in how and when they receive their meals. The provider had made improvements however there were still improvements to make.

- We observed at lunchtime there was a lack of choice of food being offered. There was only one vegetable available to people with their lunch, no other choices.
- Some people's care plans detailed their need to be offered high calorie snacks. On the day of inspection, we did not see these being offered. On reviewing the previous nutritional intake records we did not find evidence high calorie snacks were being offered consistently to people between meals.
- One person's supplementary care records showed they had not been offered supper as the provider did not have suitable food options available to them due to their medical condition. This was discussed with the registered manager who immediately took action to ensure this would not happen again.

We recommend the provider reviews the choices of nutritious food available for people in line with the specific dietary requirements of people to ensure people's needs and preferences are met.

- Catering staff knew about people's individual dietary needs, such as diabetics, textured, halal and also fortified food.

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

- The online care system did not show people and relatives involvement in care planning or consent. We discussed this with the registered manager who will be reviewing ways to improve this on the system. We did observe staff offering choices and gaining consent from people throughout our inspection.
- Pre assessments had been completed robustly to ensure the service was suitable and could meet people's needs prior to admission. There had been no new admissions since the last inspection.
- Care documentation was robust, and person centred and included a range of detailed risks assessments.

Staff support: induction, training, skills and experience

- Staff completed an induction programme and received a training programme to support them in their roles.
- The provider had a training matrix which shows good compliance by staff with maintaining their training.
- Staff told us they felt well supported and received regular supervisions. The provider supervision matrix confirmed this. One staff told us, "Supervisions are roughly once a month but if I needed to I can always go to [registered manager]. It's nice to keep in touch with managers, the management are very open and understanding."

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

- Care records showed involvement of health care professionals such as GPs, district nurses and speech and language therapists to meet people's needs.
- The service supported people to access local healthcare support.

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

- The service was purpose built, well maintained and equipped to enable support and treatment to people in a way to meet their needs and requirements.
- People had access to pleasant communal lounges and dining areas within their own unit of the home.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Care plans were detailed, and some contained very person-centred information relating to their religious and spiritual needs. However, some care plans were not always fully reflective of people's current needs despite them being reviewed regularly. The registered manager explained they would review the specific details in care plans and ensure they were brought fully up to date.
- Relatives told us they were involved in the care planning process and have seen up to date care plans since. One relative told us, "I can see the care plan at any time."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Assistive technologies were available where people required them to support them with communicating.
- Nonverbal communication boards were available to support staff identify whether people were in pain, with pictures used when assessing people's mental capacity.
- For one person a list of commonly used words and phrases were detailed in the care plan in a different language, for staff to use when supporting this person.

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

- Care plans and supplementary notes detailed activities people were involved with and any excursions taken out of the home.
- On the day of inspection, we saw multiple activities occurring during the day, with 1 on 1 activities, small groups and larger groups all organised.
- The registered manager shared plans to integrate people back into the community where safe to do so, with activities specifically designed with them based on their own likes and interests.

Improving care quality in response to complaints or concerns

- Complaints made to or about the service had been investigated, responded to and contact had been made with the complainant to confirm they were happy with the outcome and actions taken.
- Relatives told us there were lots of complaints made prior to the new registered manager starting. Since there has not been as many concerns. One relative told us when they raised a complaint the registered

manager immediately investigated this with staff.

#### End of life care and support

- Peoples wishes for end-of-life care had been considered and was documented in their care plans. Where appropriate we saw involvement of family members in these discussions.
- Where people had 'Do not resuscitate' plans in place we saw information about this was included in care files.
- At the time of the inspection there was no one actively on end-of-life care. However, staff had received mandatory and additional training to enable them to provide this care when required.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 ; Continuous learning and improving care

At our last inspection the provider had failed to ensure they had systems to assess, monitor and improve the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had effective audit systems in place which had identified some shortfalls in the service. These audits were routinely completed for all aspects of the service and the governance system created actions to be completed because of shortfalls identified. Actions taken to improve the service could be seen clearly.
- Regular audits were in place and completed by the registered manager in relation to record keeping. These were effective and addressed concerns raised at the previous inspection.
- Accidents, incidents and safeguarding's were documented and reviewed regularly showing actions taken and lessons learnt.
- The provider had an up-to-date duty of candour policy which can be seen to have been followed where complaints were received and where things had gone wrong in the service.
- The management team were open, honest and transparent throughout the inspection process and had already identified areas of service delivery they were working on improving next. Improvements made were driven by the registered manager and were sustainable with the oversight they had in the service.
- Relatives and staff told us they had seen a positive difference and improvement in the service since the new registered manager took over. Staff told us, "A lot has changed since [registered manager] took over. [Registered manager] knows all the systems that the company uses and has a very good oversight of what is happening. [Registered manager] meets with the nurses monthly and is very visible on the floors."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were complimentary about the management team. One relative told us, "We are always asked our opinion on the care and the service", with another stating, "We are given questionnaires,

asked for our feedback, and I have also been to a relative meeting."

- Staff told us, "[Registered manager] is very approachable and very supportive to all staff. I am asked for my opinion every day. There is an open culture, the managers' doors are always open, [registered manager] encourages that."
- We saw evidence of regular staff and people meetings being held to gain feedback and drive improvement in the service.

Working in partnership with others

- The management team continued to work effectively with the local authority to ensure compliance and to maintain a drive in the quality delivered.
- The registered manager explained how they are networking with local community groups, universities and other supportive groups to ensure people can be integrated into the community but also to share good practice.