

Anchor Carehomes Limited

Wynyard Woods

Inspection report

Wynyard
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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

Wynyard Woods is a care home which can provide personal care for up to 50 people. The care home accommodates people in one adapted building across two floors. One of the floors specialises in providing care to people living with a dementia type illness. At the time of this inspection, there were 46 people living at the service.

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

People felt safe and well cared for by staff who were kind and caring in their approach. Staff had the skills and knowledge to support people. There was a wide variety of activities and opportunities for people to integrate with the community to provide stimulation and avoid isolation.

Staff had been recruited safely and were provided with consistent support. Medicines were managed appropriately, and the service was clean and well-presented throughout. Extensive refurbishment provided a homely environment that people with a cognitive impairment could navigate independently.

Care records were person-centred and risks to people had been considered and reduced where possible. People were fully involved in the planning of their care.

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. People had been deprived of their liberty lawfully.

Systems were in place to allow the registered manager and provider to continuously monitor the quality and safety of the service provided. People were at the heart of the service and their views were listened to.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 3 August 2018) and there was one breach 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 regulation.

There was also an inspection on 1 August 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This was a planned re-inspection because of the issue highlighted above.

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 ●

The service was caring.

Details are in our caring findings 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.

Wynyard Woods

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, a specialist advisor 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

Wynyard Woods is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided and four relatives. We spoke with ten members of staff including the registered manager, deputy manager, team leaders, activities champion, care workers and the chef. We received feedback from two health care professionals. 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.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staffing rotas and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to robustly record the administration of medicines. This was a breach of regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Medicines were now stored, administered and recorded appropriately.
- Staff had received appropriate medicines training and had their competencies in this area assessed.
- People and relatives told us they received their medicines as prescribed. One person said, "Staff give the medication out and they are wonderful. They'll discuss my medicines and any queries; they don't hang about [sorting it out]."

Staffing and recruitment

At our last inspection we recommended the provider reviewed staffing levels and deployment of staff within the service and act to update their practice. The provider had made improvements.

- Sufficient staff were on duty to respond to people in a timely manner.
- People and relatives confirmed staffing levels were sufficient. Comments included, "During the day and at night there is always plenty of staff around. If I need anything at all I just press my buzzer and they come."
- A safe recruitment process was in place and consistently followed to ensure suitable staff were employed.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse and harm.
- People told us they felt safe and staff were attentive to their needs. Comments included, "I feel more than safe," and "Everyone is really well looked after and it is the way staff treat people that make you feel secure – like friends."
- Staff knew what to do and who to speak with if they had concerns to raise.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to identify and reduce risks. Staff completed assessments, which identified any risks

and the measures needed to minimise risk.

- Staff completed regular reviews of risk assessments, to ensure they remained up to date.
- All equipment had been serviced at required intervals. Consideration had been given to people's needs and the support they would require in the event of an emergency.
- Accidents and incidents had been recorded and analysed to reduce the risk of reoccurrence or to identify any trends.

Preventing and controlling infection

- The service was clean, tidy and well-presented throughout.
- The provider ensured infection control audits were completed on a regular basis to maintain standards.
- Staff had access to items such as gloves and aprons to help prevent the spread of infection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to robustly record the food and fluid intake of people in accordance with their assessed needs. This was a breach of regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- People were supported to eat and drink enough. Meals and refreshments were available throughout the day.
- People enjoyed the meals on offer. Comments included, "The food is excellent. It is beautifully cooked, and everything is fresh" and "I have allergies and all staff know what these are. They know what I like and they listen to me."
- Where people were at risk of poor food and fluid intake, appropriate monitoring documents were in place. Professionals were involved, and their guidance was followed by staff.

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

At our last inspection we recommended the provider took action to create a dementia friendly environment in line with best practice guidance. The provider had made improvements.

- The environment met people's needs. The service design and décor had been much improved since the last inspection. Extensive refurbishment been completed throughout the service.
- A dementia friendly environment had been created on the first floor. People's cognitive impairments had been fully considered.

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

- People's needs were assessed prior to their admission. Information was sought from the person, their relatives and from care professionals which informed staff about the care people required.
- Assessments were used to develop care plans which directed staff to provide care in line with people's needs and personal routines.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate skills, knowledge and training to carry out their roles.
- Staff felt supported. Comments included, "The organisation supports us with as much training as we need and more. I am doing my NVQ4 and feel very supported in this. We are like a family."

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

- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.
- People had access to other health professionals when this was needed. The service had excellent links and relationships with other professionals who spoke highly of the staff team and the support provided to people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager acted within current legislation when people were assessed as lacking capacity to make their own decisions. They made appropriate referrals to the local authority when people required DoLS. When these were authorised, they were monitored and requests for renewal were completed in a timely way.
- Staff gained people's consent before providing care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered manager and staff created a caring and supportive atmosphere in the service that allowed people to feel cared for in a person-centred way.
- Staff were kind and compassionate. They were motivated to provide high quality care by the management team who led them by example.
- People were supported in a homely environment where visitors were welcomed at any time. One relative said, "This place is fantastic. I couldn't wish for anything more."
- Staff supported people with their diverse needs. These included people's needs in relation to religion, diet, mobility and their spiritual faiths.

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

- People were at the heart of the service and their views were respected.
- Staff completed reviews of people's care plans, which gave people and their relatives the opportunity to comment on the care they received.
- People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people well, and their privacy and dignity were respected. One person said, "Staff certainly do respect people. They always make sure I have everything I need and help me at my preferred time on a morning to get up and sorted."
- Staff understood and respected when people wished to spend time alone. They were familiar with signs people would display if this was what they wanted.
- Staff communicated with people in a way they could understand which aided independence. For example, re-phrasing sentences to ensure people understood what was being requested to allow them to do this for themselves.
- People were encouraged to maintain relationships and build new friendships. Staff ensured people and visitors were included in activities and general discussions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

At our last inspection the provider had failed to robustly record the care needs of people. This was a breach of regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- People's care needs and preferences were met. Staff knew people's likes, dislikes and preferences and they used this information to care for people in a way they preferred.
- Care plans contained person-centred information. These had been reviewed on a regularly basis to ensure they remained up to date and relevant.
- Staff were responsive to people's needs. Comments included, "I don't need a lot of help but anytime I need help it is sorted straight away."

Meeting people's communication needs

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

- The provider and registered manager were aware of AIS. There were notice boards providing information to people in an accessible format such as photographs of activities, menus and signs.
- People's communication needs were assessed, and information provided in care plans. These referred to how people communicated their needs and any support required.
- People had access to Wi-Fi which enabled them to use technology to communicate with relatives.

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

- There was a wide range of activities on offer to provide people with stimulation and the opportunity to socialise with others. The local community were also encouraged to attend any such events.
- People and their relatives were in control of the activities provision. For example, one person expressed a love of gardening, so the service organised a gardening project that many people enjoyed. Other people enjoyed knitting and gained great satisfaction by knitting hats and blankets for a local hospital's neonatal unit.

- People were supported to be involved with the local community. The local community residents' meetings took place at the service and people were encouraged to participate and share their views.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place and followed by the registered manager and displayed within the service.
- People and relatives told us they knew how to raise any concerns and felt the management and staff team would listen to them.

End of life care and support

- Staff were extremely familiar with people's wishes and choices in relation to end of life care and support. People had end of life care plans in place that had been completed with their input and from relatives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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; Continuous learning and improving care

At our last inspection the provider had failed to operate an effective quality assurance system. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Effective quality assurance systems were now in place. These had identified any shortfalls within the service and were used to drive further improvements.
- Senior management visited the service on a regular basis to monitor performance and offer guidance and support.
- Significant improvements had been made throughout the service since the last inspection. Lessons had been learnt and shared with the staff team. Staff told us the service was much improved. Comments included, "Things are improving all the time, in the months I have been here things have changed for the better regularly. [Registered manager] is a very good manager. She gets things done and she listens."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, relatives and staff spoke positively about the registered manager's approach and commitment to the service. One person said, "The home is very well managed. [Registered manager] has time for you and actually listens. That is a big thing."
- Staff told us they were encouraged to share their views and contribute to decisions about changes within the service. Comments included, "I feel valued as a member of staff. We were devastated after the last inspection but we have all learnt from it and moved forward."
- The registered manager understood requirements in relation to the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were regularly consulted and asked for feedback about the service. Swift action was taken to

action any suggestions made.

- The registered manager and staff team had worked hard to build strong links with the local community including a local children's nursery who visited the service weekly.
- The registered manager was visible around the service and available for one to one discussion. People felt listened to and their views were acted on.
- Staff had developed good partnership working with other professionals and services. One professional told us, "I find the staff informative, helpful and collaborative. They are on the ball. It is a very clean and well-kept home. I would be happy to be here if I needed care."