Care Quality Commission

Mylan Limited

Wychdene

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
Wychdene is a residential care home without nursing for 24 older people. At the time of this inspection there were 16 people living in the service.

People's experience of using the service and what we found
People and their relatives were positive about the service. A person said, "I like the staff and we're a bit like a family here." Another person who lived with dementia and who had special communication needs smiled and pointed in the direction of their bedroom when we used signed-assisted language to ask them about their home. A relative said, "I think Wychdene is lovely and homely."

People were safeguarded from the risk of abuse. People received safe care and treatment in line with national guidance from care staff who had the knowledge and skills they needed. There were enough care staff on duty and safe recruitment practices were in place. People were supported to take medicines safely and lessons had been learned when things had gone wrong. Good standards of hygiene were maintained and people had been helped to quickly receive medical attention when necessary.

People were supported to have maximum choice and control of their lives and care 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 accommodation was homely, people's privacy was respected and confidential information was kept private.

People were consulted about their care and given information in an accessible way. People were offered some support to pursue their hobbies and interests and this was about to be increased with the appointment of a new activities coordinator. There were arrangements to quickly resolve complaints and people were treated with compassion at the end of their lives so they had a dignified death.

Quality checks had been completed. People had been consulted about the development of the service and their suggestions had been implemented. Good team work was promoted, regulatory requirements had been met and joint working was promoted.

For more details, please read 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 at our inspection (published 9 November 2018).

Why we inspected
This was a planned inspection based on the previous rating.

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? The service was safe.	**Good**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was well-led.	**Good**

Care Quality Commission

Wychdene

Detailed findings

Background to this inspection

The 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 checked whether the registered provider was 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.

Inspection team:
The inspection was completed by one inspector.

Service and service type
Wychdene is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission 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
The 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 and professionals who work with the service. We used information the registered 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people living in the service using sign-assisted language when necessary.

We spoke with two care staff, two senior care staff, the chef and the registered manager.

We reviewed documents and records that described how care had been planned, delivered and evaluated for four people.

We examined documents and records relating to how the service was run. This included health and safety, the management of medicines and staff training and recruitment. We also looked at documents relating to learning lessons when things had gone wrong, obtaining consent and the management of complaints.

We reviewed the systems and processes used by the registered manager to assess, monitor and evaluate the service.

In addition, 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 cannot talk with us.

Good

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.

Assessing risk, safety monitoring and management
• At our inspection on 29 March 2018 there were significant shortfalls in the arrangements to provide people with safe care and treatment. At our inspection on 12 November 2018 the shortfalls had been addressed but we needed to be assured the improvements would be sustained. Therefore, we rated this key question as, 'Requires Improvement'.
• At this inspection the improvements had been sustained and risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. People who needed extra help due to having reduced mobility were assisted to transfer in the right way. This included care staff assisting people to transfer by using hoists and supportive handling belts.
• People were helped to keep their skin healthy. This included people being provided with special air mattresses that reduce pressure on a person's skin making it less likely they will develop pressure ulcers. Also, care staff used special low-friction slide-sheets when a person needed to be helped to change position in bed. Slide sheets reduce the risk of a person's skin being chaffed.
• People were helped to promote their continence by correctly using aids prescribed by community nurses. Care staff regularly checked to ensure people had not developed a urinary infection.
• A person said. "I need quite a bit of help and the staff are always there to help me." We saw care staff checking another person who was cared for in bed to make sure they were comfortable.
• People had been helped to avoid preventable accidents. Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely.
• The service was equipped with a modern fire safety system to detect and contain fire. The fire safety system was being regularly checked to make sure it remained in good working order. Care staff had been given guidance and knew how to quickly move people to a safe place in the event of the fire alarm sounding.

Systems and processes to support staff to keep people safe from harm and abuse
• People were safeguarded from situations in which they may be at risk of experiencing abuse. Care staff had received training and knew what to do if they were concerned a person was at risk. A person said, "Yes I do feel safe here – no concerns."
• There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Using medicines safely
• People were helped to safely use medicines in line with national guidelines. There were suitable arrangements for obtaining medicines from the pharmacist. This involved care staff checking the medicines

held in stock for each person so they could be re-ordered when necessary.
• Medicines were stored correctly in clean and temperature-controlled conditions.
• Senior care staff who administered medicines had received training. We saw medicines being administered in the correct way so each person received the right medicine at the right time. A person said, "The staff give me my tablets like clockwork."
• There were additional guidelines for administering variable-dose medicines. These medicines can be used on a discretionary basis when necessary. An example of this was medicines used to provide pain relief.
• The registered manager regularly audited the management of medicines so they were handled in the right way.

Staffing and recruitment
• The registered manager had calculated how many care staff needed to be present given the care needs of each person. Records showed planned shifts were consistently being filled.
• There were enough care staff to ensure people promptly received the assistance they needed to undertake a range of everyday activities. These included washing and dressing and using the bathroom. A person said, "The staff always have enough time for you even though they can be a bit busy sometimes."
• Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done. This was so the registered manager could identify what assurances needed to be obtained about applicants' previous good conduct.
• References from past employers had been obtained as had disclosures from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks helped to ensure that only trustworthy and suitable people were employed to work in the service.

Preventing and controlling infection
• There were suitable measures to prevent and control infection. Care staff were correctly following guidance about how to maintain good standards of hygiene. A relative said, "This place is homely and lived-in but clean at the same time."
• Care staff wore clean uniforms and used disposable gloves and aprons when providing people with close personal care.
• There was an adequate supply of cleaning materials. Fixtures, fittings and furnishings were clean as were mattresses, bed linen, towels and face clothes. Some of the plastic glasses used in the dining room were badly scratched, looked unsightly and could not be cleaned effectively. We raised this oversight with the registered manager who assured us the glasses would immediately be replaced.

Learning lessons when things go wrong
• Accidents, near misses and other incidents were analysed so lessons could be learned and improvements made. An audit tool identified what had happened and what needed to be done to reduce the likelihood of the same thing reoccurring. An example was identifying the times of day when people had fallen so the reasons for this could be identified.
• When things had gone wrong suitable action had been taken to reduce the likelihood of the same thing happening again. This included consulting with a person's relatives and requesting assistance from healthcare professionals. An example was arranging for a person to see their doctor if they appeared to have become unsteady on their feet due to being unwell.

Good

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.

Adapting service, design, decoration to meet people's needs
• At our inspection on 29 March 2018 there were shortfalls in the accommodation. At our inspection on 12 November 2018 the shortfalls had been addressed but we needed to be assured the proper maintenance of the accommodation would be sustained. Therefore, we rated this key question as, 'Requires Improvement'.
• At this inspection the accommodation continued to be well maintained so it provided people with a homely setting meeting their needs and expectations.
• Each person had their own bedroom. People had been encouraged to personalise their bedrooms by decorating and furnishing them as they wished.
• There was enough communal space in which there were signs so people could find their way around.
• Most of the accommodation was well decorated. Some areas requiring minor further work were being refurbished. A relative said, "It's not posh is it but it's homely and that's why we chose this place."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The registered manager and/or deputy manager met each person before they moved into the service. This was to establish the care needed and to ensure the service could meet the person's needs.
• The assessment also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. An example of this was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of care staff who provided their close personal care.

Staff support: induction, training, skills and experience
• New care staff received introductory training before they provided people with care. Care staff had also received refresher training to keep their knowledge and skills up to date. Care staff regularly met with the registered manager to review their work and to plan for their professional development.
• Care staff knew how to support each person in ways right for them. An example of this was a member of care staff responding appropriately when a person became upset and was at risk of placing themselves and people around them at risk of harm. The person was anxious because they could not recall when a family member was due to visit them next. The member of care staff quietly reminded the person when they usually received a visit resulting in the person becoming settled and smiling.
• Another example was care staff supporting people to maintain good oral hygiene by cleaning their teeth and attending regular dental check-ups. A relative said, "I do think the care staff are on the ball as they tell me how things are going when I call to the home."

Supporting people to eat and drink enough with choice in a balanced diet

• People were helped to eat and drink enough. Kitchen staff prepared a range of meals that gave people the opportunity to have a balanced diet. People had been consulted about the meals they wanted to have. A person said, "The food is lovely and plenty of it. The chef is excellent, she makes cakes and biscuits and meat pies. We have fish on Fridays."
• People were free to dine in the privacy of their bedrooms and those who needed help to eat and drink enough were assisted by care staff.
• People's weights were monitored so significant changes could be noted and referred to healthcare professionals for advice. Care staff also recorded how much people had to eat and drink to check enough nutrition and hydration was being taken.
• Speech and language therapists had been contacted when people were at risk of choking. Care staff were following the advice they had been given including blending food to make it easier to swallow.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to receive coordinated care when they used or moved between different services. This included care staff passing on important information when a person was admitted to hospital.
• Arrangements were promptly made for a person to see their doctor if they became unwell. People had also been assisted to see dentists, chiropodists and opticians. A person said, "I am taken out to see a dentist and an eye specialist. Someone comes in for my nails and my hair."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 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 make 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 with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

• People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being supported to choose what clothes they wanted to wear and what they wanted to do each day.
• When people lacked mental capacity the registered manager had ensured that decisions were made in each person's best interests. This included consulting with relatives and healthcare professionals when a significant decision needed to be made about the care provided. An example was the registered manager liaising with a person's relatives when it was necessary for them to have rails fitted to the side of their bed so they were at less risk of rolling onto the floor.
• Applications had been made to obtain authorisations when a person lacked mental capacity and was being deprived of their liberty. There were arrangements to ensure that any conditions placed on authorisations were implemented. These measures helped to ensure that people only received care that respected their legal rights.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question 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; Promoting people's privacy, dignity and independence

• People were positive about the care they received. A person who had special communication needs smiled and held the hand of a member of care staff when we used sign-assisted language to ask them about their care. Another person said, "The carers are super, top notch, they are kind and caring and always there for you."
• People received care that promoted their dignity. They had been assisted to wear neat and clean clothes. They had also been supported to wash and comb their hair. People were supported to be as independent as they wished. A person said, "The staff don't take over and leave me to potter about in my bedroom."
• People's right to privacy was respected and promoted. Care staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When providing close personal care staff closed the door and covered up people as much as possible.
• Communal bathrooms, toilets and most bedroom doors had working locks on the doors.
• Care staff recognised the importance of providing care in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. This included people who had been supported to meet their spiritual needs by attending religious ceremonies held in the service.

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

• People were supported to be actively involved in making decisions about things that were important to them as far as possible. An example was a member of care staff showing a person two items of clothing they often liked to wear so they could choose between them. A person said, "I choose how I want to spend each day. I get up when I want and go to bed when I want."
• All the people had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. The registered manager had developed links with local lay advocacy resources. Lay advocates are independent of the service and can support people to weigh up information, make decisions and communicate their wishes.
• Private information was kept confidential. Care staff had been provided with training about managing confidential information in the right way. Written records that contained private information were stored securely when not in use. Most care records were electronic and access to these was password-protected.

Good

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 good. At this inspection this key question remained the same. 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 staff had consulted with each person, their relatives and healthcare professionals about the care to be provided and had recorded the results in an individual care plan. The care plans were being regularly reviewed in consultation with each person so they accurately reflected people's changing needs and wishes.

• People received personalised care responsive to their needs. We saw people being supported to safely move about their home with assistance from one or two care staff depending on their needs. Call bells were placed next to people who were cared for in bed so they were easy to use.

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.
• People had information presented to them in an accessible manner. Some parts of people's care plans were written in a user-friendly way using an easy-read style with pictures and graphics.
• There was a written menu and the chef chatted with each person to help them decide what meal they wanted to have.
• Important documents presented information in an accessible way. There was a leaflet that explained the role of the local safeguarding of adults authority and which gave the authority's contact details.
• The complaints procedure used graphics to explain how concerns could be raised and how they would be investigated.

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 had been supported to keep in touch with their families. A person said, "The carers are kind and will do anything for you. If you want a birthday present for someone they will go out and buy it." With each person's agreement the registered manager and senior care staff contacted family members to let them know about any important developments in the care being provided. A relative said, "I like being kept up to date even if I can't get to the home every day." The service had an internet connection and so people could use emails and other media platforms to keep in touch with their families.
• People were supported to pursue their hobbies and interests. There were entertainers who called to the service and people were invited to join in regular armchair exercises. There was no activities coordinator and so care staff helped people enjoy activities including reading and word search puzzles. The registered

manager said a new activities coordinator had just been appointed and would consult with each person about how they wanted to develop the calendar of social activities available in the service.

Improving care quality in response to complaints or concerns
• The complaints procedure reassured people about their right to make a complaint. A relative said, "There's an open atmosphere here and if I need to raise something it's quickly been put right."
• There was a procedure for the registered manager to follow when managing complaints. This included establishing what had gone wrong and what the complainant wanted to be done about it. The registered manager told us no complaint would be considered as closed until the complainant was satisfied with the outcome.
• Records showed the service had not received any complaints since our last inspection visit.

End of life care and support
• There were arrangements to support people at the end of their life to have a dignified death. This included asking people how they wished to be assisted and comforted. Each person's choices had been recorded so there was information to which care staff could refer.
• At the time of our inspection visit no one was receiving end of life care.

Good

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.

Continuous learning and improving care
• At our inspection on 29 March 2018 there were significant shortfalls in the systems and processes used to monitor and evaluate the running of the service. At our inspection on 12 November 2018 the shortfalls had been addressed but we needed to be assured the improvements would be sustained. Therefore, we rated this key question as, 'Requires Improvement'.
• At this inspection the improvements had been sustained. Quality checks had been completed in relation to the delivery of care, management of medicines, learning lessons from incidents, health and safety and the maintenance of the accommodation.
• People and their relatives considered the service to be well run. A person said, "The place seems to run smoothly enough and it must take a bit of organising."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People had been invited to comment on their experience of living in the service. There were regular residents' meetings at which people had been supported to suggest improvements to the service. Suggested improvements had been implemented including changes to the menu. A person said, "We had a residents' meeting about three weeks ago. They took on board what we said. For example, we had too many roast dinners so we now only have one on Sundays." People had also been invited to give feedback on an individual basis.
• Relatives had been invited to complete quality assurance questionnaires. Their feedback showed they were satisfied with the care their family members had received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Care staff had been supported to understand their responsibilities to meet regulatory requirements. There were up-to-date written policies and procedures to help care staff consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
• There was a member of the management team on call during out of office hours to give advice and assistance to support staff.
• Care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team.
• Care staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat

people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

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
• The registered manager had established a culture in the service that emphasised the importance of providing people with person-centred care. A relative said, "I think things are sorted here and the residents come first."
• The registered manager understood the duty of candour requirement. This requires the service to be honest with people and their representatives when things have not gone well. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied. This helped to ensure that people with an interest in the service and outside bodies could reliably be given the information they needed.
• It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. Our most recent rating was conspicuously displayed both in the service and on their website.
• Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others
• The service worked in partnership with other agencies to enable people to receive 'joined-up' support.
• The service was part of a local initiative run by health and social care professionals to reduce the need for people to be admitted to hospital when it is easier and more comfortable for them to be treated at home.