

Mylan Limited

Wychdene

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 16 June 2016.

Wychdene is a residential care home providing accommodation and personal care for up to 24 older people some of whom may be living with dementia. The service is built over three floors and has a passenger lift. Nine bedrooms are en-suite and the remainder have a hand basin in them. The service is set in large gardens edged by trees. It is a short walk from Broadstairs town centre and close to Broadstairs beach. On the day of the inspection there were 22 people living at Wychdene.

The service is run by a manager who had been in post since 4th May 2016. They had applied to be registered with the Care Quality Commission (CQC) but they had not yet completed the process. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. Having a registered manager is a condition of the registration of the service.

Risks to people's safety were identified, assessed and managed. Assessments identified people's specific needs, and showed how risks could be minimised. There was not consistent guidance for staff of what to do if an incident happened, for example, if someone at risk of choking choked. Accidents and incidents were recorded, analysed and discussed with staff to reduce the risks of them happening again.

Recruitment processes were in place to check that staff were of good character and safe to work with people. These processes had not been consistently followed, for example, references had not always been requested and not all staff files had an application form.

There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively. Refresher training was provided. There were some staff who had not completed essential training, such as moving and handling, to ensure they knew how to move people safely. The manager did not coach and mentor staff through regular one to one supervision.

There was no robust auditing process to assess, monitor and improve the quality of service being provided at Wychdene.

People said they felt safe living at the service. Staff understood how to protect people from the risk of abuse and the action they needed to take keep people safe. Staff were confident to whistle blow to the manager or other organisations if they had any concerns and were confident that the appropriate action would be taken.

People were consistently supported by sufficient numbers of staff who knew them well. People received their medicines safely and people told us they received their medicines when they needed them. People's

medicines were reviewed regularly by their doctor to make sure they were still suitable.

The manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The manager had sent applications to the local authority in line with guidance.

People felt informed about, and involved in, their healthcare and told us they had as much choice and control as possible. People were able to make choices about how they lived their lives, including how they spent their time. Staff had received training on the MCA and understood the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected.

People were provided with a choice of healthy food that they told us they liked. One person commented, "There is plenty of food. We can always have more if we want it too". If people were not eating enough they were seen by a dietician or their doctor. Staff followed the guidance given when fortified drinks and diets were required.

People were supported to maintain good health and had access to health care professionals when needed. Staff had developed good working relationships with health professionals, such as, the GP's and community nursing team.

People were happy with the care and support they received. People received their care in the way that they preferred. Care and support plans contained information and guidance so staff knew how to provide people's care and support. Staff were familiar with people's life histories and were knowledgeable about people's interests, likes, dislikes and preferences.

People and their relatives were involved with the planning of their care. Care and support was planned and given in line with people's individual care needs. People spoke positively about staff and told us they were kind and caring. Privacy was respected and people were able to make choices about their day to day lives, such as what time to get up or go to bed. Staff were respectful and caring when they were supporting people.

People, their relatives, staff and health professionals were encouraged to provide feedback to the manager about the quality of the service. People said their views were taken seriously and any issues they raised were dealt with quickly. People told us they did not have any complaints about the service or the care and support they received from the staff. They knew how to complain if they needed to.

People enjoyed a range of different activities each day. People made suggestions of new activities they would like to do. Some people preferred to sit and chat with each other or read rather than join in with activities and this was respected by staff.

People, their relatives and staff told us the service was managed well. Staff said they felt supported by the manager and that they were approachable. Staff were clear about what was expected of them and their roles and that the manager worked with them as part of the team. There was an open culture at the service and people, their relatives and staff could contribute ideas and raise any concerns about the service.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. You can see what actions we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risks to people's safety were identified, assessed and managed appropriately. However, there was insufficient guidance for staff to mitigate risks in some cases.

The provider had a recruitment and selection process in place to make sure that staff were of good character. This had not been followed.

People felt safe and were protected from the risks of avoidable harm and abuse. People received their medicines safely and were supported by enough staff to meet their needs.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff were not coached and mentored through one to one supervision and appraisal. Staff were not all up to date with their training.

People were provided with a choice of healthy food that they told us they liked. People were supported to maintain good health and had access to health care professionals when needed.

People were supported to make their own decisions. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Requires Improvement ●

Is the service caring?

The service was caring.

People were happy living at Wychdene. Staff treated people kindly and respected their privacy and dignity.

Staff were aware of people's preferences and needs. People were supported to be as independent as possible.

Good ●

People's records were securely stored to protect their confidentiality.

Is the service responsive?

The service was responsive

Staff knew people and their preferences well. People's choices and changing needs were recorded in their care plans, reviewed and kept up to date.

People received the care and support they needed and the staff were responsive to their needs. People were involved in a range of activities each day when they chose to be.

There was a complaints system and people told us they knew how to complain. People said the staff listened to them and any concerns were acted on.

Good ●

Is the service well-led?

The service was not well-led

There was no registered manager at the service.

Audits were not consistently completed on the quality of the service and actions were not recorded when shortfalls were identified. The manager notified CQC of incidents in line with guidance.

There was an open culture where people, relatives and staff could contribute ideas for the service.

People, relatives and staff were positive about the management of the service.

Requires Improvement ●

Wychdene

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 June 2016 and was unannounced. This inspection was carried out by two inspectors. We did not ask the provider to complete a Provider Information Return (PIR) before the inspection because we inspected sooner than had planned. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

We met more than ten people living at the service. We spoke with five members of staff, the head of care and the manager. During our inspection we observed how the staff spoke with and engaged with people. We spoke with four relatives.

Some people were not able to explain their experiences of living at the service because of their health conditions so 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 looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans. We looked at a range of other records, including safety checks, policies, four staff files and records about how the quality of the service was managed.

We last inspected Wychdene in September 2014 when no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe living at Wychdene. People said, "I am definitely safe here" and "I feel safer here than I did when I was living at home because there is always someone here if I need them". A relative commented, "[My loved one] is very safe and well cared for here at Wychdene".

Recruitment checks were not completed in line with the provider's policies and procedures. For example, information had been requested on application forms about staff's employment history. However, when there were gaps in people's employment history there was no record these had been explored to give an explanation of the gaps. One staff file had no application form. References were not consistently obtained and did not always include a reference from the last employer. Staff files did not all contain proof of identity or a recent photograph. Checks were not consistently completed to make sure staff were honest, trustworthy and reliable to work with people.

Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The provider had not completed the relevant checks to make sure people employed were of good character. This is a breach of Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. For example, some people were identified at being at risk choking. There was no information available to give staff the guidance on what to do if the person choked. This was an area for improvement.

When people had difficulty in moving around the service there was guidance for staff about what each person could do independently. This included what support people required, how many staff were needed to support them safely and any specialist equipment used to help them stay as independent as possible, such as walking frames or wheelchairs. Care and support records included risk assessments of people's mobility, their potential risk of falls and developing pressure sores. People's skin was monitored for any changes and staff were reminded at staff meetings of the importance of people maintaining healthy skin.

Any falls were documented and care plans were updated when anything changed. Accidents and incidents involving people were recorded. Staff told us they discussed the process for recording incidents in staff meetings and records of the most recent meeting minutes confirmed this. The manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents. For example, people were referred to specialist health professionals.

Staff understood the importance of keeping people safe. Restrictions were minimised so that people felt safe but also had as much freedom as possible regardless of disability or other needs. Staff made sure

people had information about risks and supported them in their choices so that they had as much control and autonomy as possible. People told us they stayed as independent as they could and one person said, "I walk on my own but use my frame. Staff sometimes have to remind me to use it". Another person commented, "Their place is always kept tidy so there is nothing to trip over".

People were protected against the risks of potential abuse. People benefited from living in a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and told us how they acted on these to keep people safe. Staff knew the correct procedures to follow should they suspect abuse. The provider had a policy for safeguarding adults from harm and abuse which staff followed. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff told us that they had received regular training on safeguarding people and this was confirmed by the training records.

The manager had a copy of the Kent local authority safeguarding protocols for staff to refer to. The manager had an understanding of what should be reported in line with current guidance. When there had been notifiable incidents these had been consistently reported to CQC and / or the local authority.

There were enough staff on duty to meet people's needs and keep them safe. People told us there were staff there when they needed them. One person commented, "There is enough staff here and you don't have to wait long". Staff said there were always enough staff available throughout the day and night to make sure people received the care and support they needed. Throughout the inspection people approached staff and they had time to sit with people, offering reassurance and advice as required. One staff commented, "Staff levels have been low recently but the manager has increased it". The duty rota showed that there were consistent numbers of staff working at the service. Staffing was planned around people's needs and any support they needed for appointments. The manager regularly reviewed the staffing levels, and confirmed they had recently increased the numbers during the day to make sure people had the support they required.

The manager told us they spoke with people as soon as they arrived at the service each morning to check they had had a 'good night' and to make sure they had received the support they needed during the night. They said this helped them make decisions about the numbers of staff on duty and they could take action immediately should anyone raise a concern.

People said staff supported them to make sure they received their medicines safely and on time. Staff followed guidance in people's support plans to make sure people received their medicines in the way they preferred. People's medicines were managed by staff who had been trained in giving people their medicines as prescribed by their doctor. When people had refused to take their medicines staff had contacted their doctor for advice.

Medicines were stored safely and were administered from a medicines trolley. Medicines trolleys were securely stored when not in use. The medicines trolleys were clean, tidy and not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date.

Some medicines had specific procedures with regards to their storage, recording and administration. These medicines were stored in a cupboard which met legal requirements, and records for these were clear and in order. Room temperatures were checked and when medicines were stored in the fridge the temperature was taken daily to make sure they would work as they were supposed to.

Staff made sure people had taken their medicine before they signed the medicines record. The medicines

given to people were accurately recorded. Some people were prescribed medicines to take now and again on a 'when needed' basis. There were guidelines for staff to follow about when to give these medicines. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Staff were aware of changes to people's medicines and read information about any new medicines so that they were aware of any potential side effects.

People were kept safe from the risk of emergencies in the home. People were supported to live in a safe environment. There were policies and procedures in place for emergencies, such as, gas / water leaks. People and staff knew how to leave the building in the case of an emergency. Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. Emergency contingency arrangements were in place for people to be moved, if needed, to another service nearby to keep people in a safe environment.

Regular checks were completed on things, such as, portable appliance (PAT) tests and legionella tests. Fire exits in the building were clearly marked and regular fire drills were carried out. Specialist equipment was checked to make sure they were in good working order.

Lounge areas and the activities room were comfortable and of a good size and were suitable for people to take part in social, therapeutic, cultural and daily living activities. The service was clean, tidy and free from odours. Staff wore personal protective equipment, such as, aprons and gloves when supporting people with their personal care. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. Foot operated bins were lined so that they could be emptied easily. One person commented, "The rooms are kept very clean and tidy. The linen is regularly changed. I'm very comfortable here".

Is the service effective?

Our findings

People said they had confidence in the staff. One person commented, "The staff know what they are doing. They are very good". Staff were knowledgeable about people, their health and their personal life histories.

Staff said they felt supported by the manager. Staff told us they had staff meetings but that one to one supervision meetings were "Not very regular". Records confirmed that staff were not receiving regular one to one supervision, coaching and mentoring and that some staff had not had a meeting to discuss their performance since 2015. The manager told us they spent time observing staff and discussed any concerns immediately, however, this was informal. The manager said they realised that regular supervision should take place and they would rectify this as it had not been completed.

There were gaps in staff training which the manager was taking steps to address. Gaps included five staff waiting to complete moving and handling training to make sure they supported people to move safely. No staff had up to date fire safety training, however staff knew what to do in the case of an emergency. A training programme was in place which included face to face and on-line learning and completing workbooks. The manager told us once staff had completed workbooks or online training courses their knowledge was tested so they could make sure staff had understood the training. Staff told us what training they had completed and this matched the information on the training schedule held by the manager. One member of staff commented, "I have done loads of training. I try to stay up to date with it". The manager was aware some staff were waiting to complete refresher training and the courses had been arranged.

The provider had not ensured staff received appropriate support and training. This is a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff completed an induction when they began working at the service. Staff told us they shadowed experienced colleagues initially to get to know people and their preferred routines. New staff had completed or were working towards the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. Staff completed additional training courses which were relevant to the care needs of people and included diabetes and dementia. Staff were supported to develop their skills further by completing level 2 or 3 vocational qualifications in social care. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Applications for DoLS had been made in line with guidance and were awaiting assessment from the local authority.

The manager understood their responsibilities under the MCA to submit applications to the 'supervisory body' for a DoLS authorisation when needed. People felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. People were able to make choices about how they lived their lives, including how they spent their time. During our inspection people made decisions and were offered choices which staff respected and supported. One person told us, "I get up whenever I want to. It's my choice. It's never a problem".

When people were not able to give consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the MCA. Most staff had received training on the MCA and understood the key requirements of the MCA and how it impacted on the people they supported. Staff told us how they put these into practice effectively, and ensured that people's human and legal rights were protected. People had signed their care and support plans to show they had been involved and agreed with the levels of support.

When people did not have the capacity to make complex decisions, meetings were held with the person and their representatives to ensure that any decisions were made in people's best interest. People and their relatives or advocates were involved in making complex decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. When people had made advanced decisions, such as, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), this was documented in people's care plans so that the person's wishes could be acted on.

People were provided with a choice of healthy food that they liked. People were offered breakfast at a time they preferred. Some people liked to eat before they were up and dressed and some preferred to eat when they went to the lounge. These choices were respected by staff. For example, one person joined others in the lounge at 10:45 and as staff were settling them in the chair they asked what they would like for breakfast. They asked for tea and toast and this was provided straight away. A four week rolling menu offered people a choice of three dishes at lunch time. There were easy to read menus displayed on the wall with photographs of meals. Staff told us, "If people don't fancy what's on the menu they tell us what they'd like and we cook it for them. We are very flexible. Meals are so important". People spoke positively about the food and told us, "We always have fresh vegetables", "The food is wonderful", "Wonderful cakes and sandwiches" and, "Plenty of food. It's very good".

Tables in the dining room were neatly set with napkins and condiments. There was a relaxed atmosphere throughout lunch with people chatting and laughing with each other. The manager told us, "Since we moved the dining room to the conservatory more people are using it and really enjoy their meals here. They love to sit together. It is very relaxed". People said they talked about the food and if they wanted anything different during resident's meetings. Records of these meetings confirmed food was discussed each time. Action had been taken when people made suggestions. For example, one person had requested that gravy was served in a gravy boat rather than being put on the plate. The kitchen staff made sure this was done to allow people to add the amount they preferred.

The manager and staff worked closely with health professionals to support people's health needs. People's

care records showed relevant health and social care professionals, such as doctors and community nurses, were involved with their care. Care and support plans were in place to meet people's needs in these areas and were regularly reviewed.

Is the service caring?

Our findings

People told us they were happy living at Wychdene. People said, "I get excellent care", "The staff are friendly and kind", "The staff are angels" and, "Staff are happy and willing – if you want anything they do it". A relative commented, "The staff are excellent. The care [my loved one] receives is very good". Staff told us they enjoyed working at Wychdene. A member of staff said, "The care is good. We try our best to do all we can to make sure people are happy".

Staff had knowledge of people's needs, routines and preferences and supported people in a way that they preferred and had chosen. People received care and support that was individual to them. People said they were consulted about the planning of their care and that they felt involved. People said they could remain as independent as they wanted. One person said, "I pretty much do my own thing. I do what I want". People felt listened to with regard to their preferences. People's choices were recorded in their care and support plans. For example, one care plan explained in detail that a person liked to have a particular spread on their toast and that the staff should open the jar and the person would do the rest themselves. We observed that this happened which allowed the person to maintain their independence. This person told us they asked staff to help them if they were having a 'bad day' and were struggling and that staff assisted them when needed.

People were relaxed in each other's company and sat chatting with each other and with staff. Staff spoke with people in a kind, respectful and professional way and, when passing, checked people had everything they wanted. Staff made eye contact with people when they were speaking with them. Staff listened to people, were patient and allowed people time to respond.

People moved freely around the service and could choose whether to spend time in their room or in communal areas and the garden. When people chose to spend time in their bedroom or in a quiet area of the service the staff respected their privacy. One person said, "One of the nice things here is that nobody has their own chairs. We sit wherever we like. Some of us like to sit together and chat. It's lovely". There was clear easy to read signage around the service to help people remember where important places, such as the dining room or bathroom, were located.

Some people had family members to support them when they needed to make complex decisions about their care, such as, undergoing major dental treatment. Advocacy services were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

People said they had friends and relatives visit and that there were no restrictions on times they could visit. A relative commented, "I come and see [my loved one] a few times a week. I come at different times. The staff are always very good. They keep me up to date with how [my loved one] is doing". Staff welcomed relatives when they visited their loved ones and had built good rapport with them. Staff recognised the importance of social contact and companionship. Staff supported people to develop and maintain

friendships and relationships. One person told us that staff regularly supported them to keep in contact with their relatives. It was also noted in this person's care and support plan that staff should provide support to make sure there was no breakdown in communication.

People's religious preferences and needs were supported and staff arranged for clergy from different denominations to visit when people requested this. People told us they were treated respectfully by the staff. Our observations of staff interacting with people were positive. Staff were discreet and sensitive when supporting people with their personal care needs and protected their dignity. Staff gave us a number of examples of how they promoted people's dignity, such as making sure people's curtains were closed and that they were covered as much as possible during personal care.

People's confidentiality was respected; conversations about people's care were held privately and care records were stored securely. Care and support plans were located promptly when we asked to see them.

Is the service responsive?

Our findings

People received the care and support they needed from staff who were responsive to their needs. Staff knew people and their relatives well. One person said, "It's very easy going here. I think we get the right amount of help from staff" and another person commented, "You live here exactly the same as you did at home except there are people to help you if you need it". A relative said, "I don't think we could ask for more. They [staff] have been absolutely amazing in supporting me as well as [my loved one]".

People received the care and support they needed and the staff were responsive to their needs. The staff knew people and their relatives well. People were relaxed in the company of each other and had built friendships. Staff had developed positive relationships with people, their families and friends. Staff kept people's relatives up to date with any changes in their loved one's health. A relative told us staff spoke with them every time they visited to make sure they knew how their loved one was.

People said they had been involved in making the decision to move into Wychdene. Care and support plans included a pre-assessment which was completed when a person was thinking about using the service. This was used so the provider could check whether they could meet people's needs or not. This information was used to begin writing a person's care and support plan and gave staff the information they needed to look after the person in the way they preferred.

Care and support plans were personalised and gave staff guidance on people's preferred daily routines. Each person had a care and support plan which had been written with them and their relatives. An overview of each part of the plan, called a 'personal profile' was at the front of each file. This gave staff a quick summary of things like, communication, preferred name, hobbies and interests, mobility and personal care so they could see the most important things at a glance. For example, one person's personal care noted, 'I like to be as independent as possible in this area of my life. I will wash and dress myself and buzz if assistance is needed' and communication noted, 'I am able to communicate verbally with staff and my fellow peers. Due to [my health condition] it can be hard to always understand me. Please ask me to raise my head and project when I speak. It is essential that you maintain good eye contact and you stand in front of me'. We saw staff communicate with this person in the way they preferred. Care and support plans were reviewed each month and updated when people's needs changed so that staff had up to date guidance on how to provide the right care and support.

During the inspection staff were responsive to people's individual needs. Staff gave people a reassuring hand on the shoulder and chatted with them as they went about their duties. People told us they received the support they wanted when they wanted it. One person commented, "Staff treat us well. They are very obliging. They are very kind".

Staff knew how people liked to spend their time. During the inspection staff kept an eye on the time to make sure they could remind people about the start of a football match. People were supported to sit comfortably with drinks and snacks in time for kick-off. People told us they enjoyed the football matches and there was banter throughout the game between people, their loved ones and staff.

Staff chatted to people in a friendly way throughout the day. People told us there were regular activities. People said, "There are lots of things to do. I love reading and there are books everywhere", "We have chair exercises today which helps keep me fit" and, "Yesterday we had a sing-song and which was fun. We have weekly quizzes". People were asked during residents meetings if they would like to take part in additional activities and people had made suggestions, such as group trips out, which were being organised. Staff told us how they had talked with people about having a summer fair. They arranged music for the fair and people told us they had a "wonderful time" singing and dancing. Staff said that people wanted to do it again and that they would organise another fair.

People's hobbies and interests were taken into consideration. People had told staff they enjoyed gardening they were supported to help plant flowers in the garden. One person showed us around the garden and pointed out the roses they had planted. During the inspection people and their relatives sat in the garden chatting with each other. Some people still enjoyed baking and there were photos displayed of people, clearly enjoying themselves, baking cakes.

People said that if they had any worries or concerns they would speak with staff. People knew how to complain and each person had a service user guide in their room which explained the complaints process. Minutes of residents meetings noted that staff checked if people had any complaints or concerns and made sure they knew what to do if they did. Action had been taken when people had raised a complaint, for example, one person had commented at a recent meeting that they did not always get the right clothes put in their wardrobe. Staff had dealt with this straight away. This person told us that they had no complaints and that staff had sorted out their laundry.

Is the service well-led?

Our findings

People knew the staff and manager by name. People and their relatives said they felt the service was well managed. One person said "The manager is very good. I have a chat with them most days". A relative commented, "[The manager] is very hands on. They seem to have a good team here". A member of staff commented, "[The manager] is very good to work for. They have done our job and know it can be hard work. I would talk to [the manager] about anything".

The service was run by a manager, who had been in post since 4th May 2016, and although they had started the application process to be registered with the Care Quality Commission (CQC), they had not yet gone through the process. The provider had failed to meet the requirements of their registration with the CQC. The provider was aware of their responsibility to have a registered manager because the condition was recorded on their registration certificate.

The provider had failed to have a registered manager in post. This was a breach of Regulation 5(1) of the Care Quality Commission (Registration) Regulations 2009.

There was no robust auditing process to assess, monitor and improve the quality of service delivered at Wychdene. The manager used a daily check list to confirm that tasks had been completed, such as, the allocation of staff roles each day, handovers and the completion of documents. The manager completed a weekly check on each person living at Wychdene to have an overview of people's health and well-being. When the weekly report was completed it highlighted areas of concern but did not show what action had been taken. For example, a weekly report noted 'Losing weight' but did not detail if any referral had taken place to health professionals, such as dieticians.

The provider completed monthly checks. These were brief and did not contain much information. For example, it noted 'interviews with persons working at the home' and listed names of staff. However, it gave no indication of what had been asked and said and there were no comments written in the 'matters arising' box. The same was completed for people living at Wychdene and again there was no information of the questions asked or responses or any actions needed.

The provider failed to assess and monitor the quality and safety of service provided and had not identified shortfalls at the service through effective auditing. This was a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regular checks were done on key things, such as, fire safety equipment, by maintenance staff. When we asked for any information it was immediately available. Records were organised and stored securely to protect people's confidentiality.

The manager spoke with people each morning to check they had a comfortable night and to check if they needed anything. They took action when needed. For example, on the day of the inspection one person had commented they had been uncomfortable on their mattress that night. The manager spoke with the

maintenance team and the mattress was changed straight away. A member of staff commented, "[The manager] spends time talking to people every morning when they come in to see how they are".

There was an open culture where people, relatives and staff could contribute ideas and raise any concerns about the service. Regular resident's meetings were held to give people the opportunity to make any suggestions about things, such as, food activities and the general day to day running of the service. People told us they were taken seriously when they made suggestions and that these had been acted on. For example, at a recent meeting a number of people had suggested going on a trip out. Staff confirmed that arrangements had been made for seven people to go on a trip the following week. People said they were also given the opportunity to talk to the manager in private if they didn't want to raise an issue during a meeting. One person commented. "[The staff] are very good. Some are quite motherly. You can talk to them about anything".

There was clear and open dialogue between people, relatives, staff and the manager. The manager and staff spoke with people and each other in a kind and respectful way. The manager worked with staff each day and monitored them on an informal basis. Staff told us they were able to give honest views and the staff were invited to discuss any issues or concerns that they had at staff meetings and that the manager listened and responded. Staff said the regular staff meetings gave them the opportunity to voice their opinions and discuss the service. Minutes of the meetings were taken to ensure that all staff would be aware of the issues.

Staff were clear of what was expected of them and their roles and responsibilities. Staff took on the responsibility of key worker. A key worker is a member of staff allocated to take the lead in co-ordinating someone's care and support. People told us they knew who their key worker was and that the manager and staff knew them and their relatives well. Staff completed a handover at the beginning of each shift to make sure the next staff were up to date with any changing needs. Also at the start of each shift staff were allocated specific tasks and people they were responsible for during the shift.

Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff said, "I know that the manager would deal with it but I wouldn't hesitate to contact the local authority if I needed to".

Staff worked closely with health professionals to support care provisions and to promote joined up care. These included local GPs and community nurses.

The manager told us they understood their responsibilities in recording and notifying incidents to the Kent local authority and the Care Quality Commission (CQC). All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The manager had notified CQC in line with guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 5 Registration Regulations 2009 (Schedule 1) Registered manager condition The provider had failed to have a registered manager in post.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess and monitor the quality and safety of service provided and had not identified shortfalls at the service through effective auditing.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not completed the relevant checks to make sure people employed were of good character.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff received appropriate support and training.