

Habilis Operations Limited

# Wyngate Residential Care Home

## 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

At our last inspection on 3 March 2017 our overall assessment of the service was 'Good'. However, we found that improvements were needed to ensure that the service was consistently safe. At this inspection we found that the improvements we had identified as being needed had been made. We have therefore revised our rating of this aspect of the service to 'Good.'

- People received safe care and were protected from avoidable harm, discrimination and abuse. There were sufficient staff to meet people's needs and safe staff recruitment procedures were in place and used.
- People received their prescribed medicines safely and these were managed in line with best practice guidance.
- People lived in a clean and hygienic environment and were given appropriate support to manage their lifestyles and behaviours in the least restrictive way.
- People's needs were assessed, monitored and reviewed and staff had the knowledge and skills to provide the right care and support for people.
- People were enabled to have maximum choice and control over their lives and the approaches to care delivery supported this practice.
- Staff were well supported to carry out their roles and had developed positive relationships with the people they cared for.
- Staff understood people's needs, preferences, and what was important to them. People were supported to maintain and develop their interests and to enjoy a varied social life.
- There was an open, transparent culture within the service and care was personalised for each individual.
- People were encouraged to give their views about how the service was run and there were systems in place to monitor and keep improving the quality of the service provided.

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

Rating at last inspection:

Good (report published February 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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.  
Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our Well-Led findings below.

Good ●

# Wyngate Residential Care Home

## **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 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:

This inspection was carried out by one inspector.

Service and service type:

Wyngate Residential Home 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 (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service employed a manager who was registered with the CQC. This means that they and the registered 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 and took place on 26 February 2019.

What we did:

Before our inspection, the registered provider had completed and returned a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they planned to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the registered provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. In addition, we contacted and requested information from commissioners who had a contract in place with the service.

During our inspection visit we undertook a tour of the premises and spoke with eight people who lived at the service and a visiting relative. We also observed how people and staff interacted with each other and how people were being supported using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who were unable to communicate with us direct.

We spoke with the registered manager, two senior care staff, five care staff, the kitchen manager, a kitchen assistant, the housekeeper and a local doctor. The day after our inspection visit we also contacted the service's activity staff member by telephone.

In addition, we reviewed specific parts of the care records of two people who lived at the service. We also looked at the management of medicines and a range of monitoring and audit information the registered provider maintained about how they ran the service.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- People told us they felt safe. One person said, "I feel safer than when I was at home." Another person told us they had recently moved into the service saying, "I feel safe and want to stay here."
- Staff had received training to enable them to identify and take any action required to protect people from abuse. A staff member commented, "Safety is our number one priority."
- Where incidents or allegations of abuse had occurred, the registered manager had followed local safeguarding procedures and had notified us and the local authority of the action they had taken.

Assessing risk, safety monitoring and management; Staffing and recruitment:

- At our last inspection we found improvements were needed as although checks were made to ensure the service's environment was safe some repair work identified as needed had not been fully completed. We had also identified staff had not always evaluated risks associated with people's needs when those needs changed and sufficient staffing levels had not been maintained to meet people's needs consistently.
- At this inspection we saw that the necessary improvements had been made. For example, the registered manager had produced an environmental action plan detailing the improvements needed at the service and when these had been completed. We saw re-decoration and any repairs had been undertaken in those internal parts of the service where this had been needed and window restrictors had been fitted to all of the windows to help promote people's safety.
- We saw some external work planned for the garden area of the service had been delayed but the registered provider told us they had identified a timescale for completion of this work.
- Risks to people had been assessed and records kept updated to reflect how people were supported to minimise risk. This included risks related to supporting people when they needed to be cared for in bed and when people were helped to move around safely.
- Staffing levels were maintained through an ongoing programme of recruitment. The registered manager had used a calculation tool to identify how many staff they needed to support people who lived at the service and people and staff we spoke with told us they felt there were enough staff available across each shift to meet identified needs. We saw that staff were available when people wanted them and they responded to people's requests quickly.

Using medicines safely:

- People told us they were supported to take their medicines when they needed them. One person said, "I get my medicines on time. The girls bring it round."
- Staff were knowledgeable about people's medicines and had received training about managing medicines

safely and had their competency assessed.

- Audit checks were carried out by the registered manager to check that medicines were being managed in the right way.
- An additional audit was carried out by an external pharmacist to give the registered manager assurance in the process they had in place.
- We noted that Medicines Administration Records (MAR) did not have photographic identification to help staff to be clear about the person the medicine was linked to. The registered manager told us the system in place was part of a package they had in place with a pharmacy company who were due to visit to take the pictures. The registered manager followed this up during our visit and confirmed timescales for the pictures to be added to the MARs. Following our inspection visit the registered manager confirmed this action had been completed.

Preventing and controlling infection:

- Staff had received training and understood about how to prevent the spread of infection, by using the appropriate equipment and personal protective clothing such as gloves and aprons when required. People were protected against the spread of infection. Domestic staff were employed and regular cleaning took place. Staff had received training and understood about how to prevent the spread of infection, by using the appropriate equipment and personal protective clothing such as gloves and aprons when required.
- We spoke with a staff member who the registered manager had assigned as the lead for encouraging good practice in relation to infection control. They told us how they regularly attended meetings with the local authority infection control team so that they could keep learning from and developing the staff teams skills in this area.

Learning lessons when things go wrong:

- The registered manager had reflected on accidents and incidents they had reported to external agencies. Their analysis of such events enabled them to learn lessons and make any improvements identified as needed. An example of this was demonstrated through the registered managers action in reviewing and strengthening the security arrangements in the service following an incident to enhance people's safety.

## 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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving into the service to ensure staff could support and care for them appropriately. Care records were then produced in order to show the care tasks required to ensure staff gave effective care.
- We noted one person was supported to minimise the risk of them experiencing pressure damage to their skin. A repositioning record was in place for staff to complete to show when support had been given and staff told us that their regular checks had resulted in the person not developing any pressure sores.
- However, the record was unclear in that it did not include any guidance for staff on exactly when and how often the person needed to be checked. We discussed this with the registered manager who undertook an immediate review of the record and sought additional guidance from external health professionals so that the records fully reflected what was needed and staff were clear about the timings of interventions.

Staff support: induction, training, skills and experience:

- The registered manager had a training plan in place which they kept updated so that this could be checked to confirm when training was due and when it had been completed by staff. Staff told us training outcomes were checked through a structured process of supervision and appraisal. A staff member said, "We sign our supervisions sheets because the meetings are a two-way process. I feel really well supported as a staff member and like working here."
- Staff told us their induction when they started to work at the service coupled with their on-going training equipped them for their roles. One staff member said, "We have the key training and some of this is done here which is good. We are having health and safety training today and I am looking forward to it."
- In addition, staff were supported to undertake nationally recognised qualifications in care so that they could keep on developing their skills and learning.

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

- People had access to a varied diet and drinks were available for people to help them to keep hydrated. One person told us, "The meals are good." Another person said, "Some people have bacon and egg. It looks good but I have porridge in the morning, a good lunch and then something smaller in the afternoon. There are always drinks around and the staff are always encouraging us to sip water to keep our fluids up."
- Meals were planned in advance by the kitchen staff through consultation with people and any specific dietary needs and preferences were met.
- Staff assessed people's nutritional needs and any related risks. They monitored people's weight and if



needed, when they were at risk of losing weight staff sought the advice of specialist healthcare professionals.

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

- Care records documented people's healthcare requirements, and any appointment's they had planned, including those to local doctors. A local doctor who visited the service during our inspection told us the registered manager and staff worked well with them and that communications between them were both positive and consistent.
- Community nurses visited the service to provide any medical assistance with care related needs. For example, one person received insulin to help them manage a health condition and this need was met by the community nurses who visited.
- We observed any calls from people for assistance were responded to quickly and people's needs met. One person told us a range of other healthcare professionals visited the service to provide support including; opticians and chiropodists. They added, "If we need to go to a dentist, even in an emergency its always arranged quickly by the carers [staff]."

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

- Although the service had not been purpose built, people and a relative we spoke with told us they felt it was set out in a way which met their needs. One person said, "It's got lots of room to move about here. A television lounge, a meeting place where we can have visitors and the lounge dining room here is great. It's all on one level, which I really like."
- We saw the service was clean, and an on-going programme of refurbishment work was being undertaken to maintain and improve the facilities available to people. One person told us, "I have just had my room decorated. Its cream and I like it because its bright and airy."
- The registered manager told us they employed a maintenance staff member who carried out any routine maintenance as and when this was required.

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.
- Staff had received training about the MCA and demonstrated their understanding of how to apply this when they supported people with their decision making. People's care records continued to set out what support if any, people needed to make decisions about key areas of their lives.
- 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 MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of this inspection seven of the people living at the service were subject to a DoLS authorisation and the conditions were being met. Two further applications had been made to the local authority by the registered manager and the registered manager was awaiting the outcome of these.

## 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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

- The registered manager told us, and we saw that wherever possible care records had been created and kept under review together with the person and if appropriate their circle of support. Where people had been directly involved records were signed by them to indicate they consented to the arrangements in place for their care. Where people had chosen to share these details, care records included summaries about people's life history so that staff could help people maintain links with anyone who was important to them and so they understood the person and not just the care needs they had.

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

- Peoples individual and diverse needs and choices were fully respected. Staff told us how they had received equality and diversity training as part of their introduction to working at the service.
- Throughout our inspection we observed people were treated well by staff who were both caring and supportive in their approach. At meal times staff were attentive and gave help to people to enable them to be independent with their meals and one to one support for those who needed additional help to eat and drink was provided.
- Staff were also responsive to the needs of people who lived with dementia and took personalised approaches when they communicated with people, both verbally and non-verbally. In addition, people who had sensory needs were supported to have access to equipment to help them to remain as independent as possible. One person had a document with pictures and symbols in their room to enable them to communicate with staff and make their own choices about the food they wanted.
- People were able to maintain any spiritual beliefs they had. Religious services had been arranged regularly for those who wished to attend them. One person said, "I attend them because I am a believer. You don't have to do this though. It's our choice. I see it as a good social event and it respects my individual beliefs."

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

- People told us the staff always respected their decisions about their care and that they were able to express their views. One person told us how they felt staff were caring and said, "I spoke quietly to a staff member this morning because I have got a slight sore on my ankle. We discussed at and we agreed they would get the doctor out to have a look at it this afternoon."
- People were supported to spend their time where they had chosen to, either with other people in communal areas or on their own. At lunch time we also saw where people had chosen to have their meals in other parts of the service, this was fully respected.
- The registered manager showed us they and care staff had the contact details and knowledge needed to help people to access lay advocacy services if they needed this type of support. Lay advocacy services are

independent of the home and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

Respecting and promoting people's privacy, dignity and independence:

- People told us staff respected their right to privacy and that their dignity was maintained by the approaches staff took. We observed staff were mindful of the need to ensure care was personalised and delivered in private for people when this was needed.
- A person told us, "I was independent before I came to live here and the staff have helped me try to maintain it. In fact, I can now undress myself at night whereas before I needed help. There are no restrictions here."
- The registered manager told us how two people had been supported to move from the home to live independently in the community and that the service had maintained contact with them and that they had stayed in touch.
- Staff understood the importance of keeping people's personal information confidential. People's care records were stored securely and computers used by the management and administration teams were password protected. Staff had access to the provider's guidance on confidentiality, and that they were very clear about the importance of not disclosing people's personal information. Staff team meeting records showed this subject had been covered at a recent meeting and one staff member told us, "We are very clear about maintaining confidentiality."

## Is the service responsive?

### Our findings

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People had a range of care and support plan records which reflected their individual needs and wishes. The information was kept under review and updated to reflect any changes needed.
- People told us they were able to maintain and develop their interests and contact with the local community. One person said they knew someone who lived in another care service nearby and that they were supported to receive visits with them and to keep in touch by telephone.
- Activities were planned by the service's activity staff member who maintained a record of the activity each person had chosen to undertake. In addition to group and one to one activities, entertainers and events were available for people to attend and take part in.
- One person told us, "We are planning a coffee morning and we have craft sessions. I enjoyed making lanterns for the Chinese New Year." Another person said, "We have our own mini bus here. We go out when the weather is nice. We go to the seafront for fish and chips and we go for meals. It's really good to get out."

Improving care quality in response to complaints or concerns:

- People told us they were confident any concerns they raised with staff or the registered manager would be responded to quickly and resolved. A relative told us, "The staff respond if anything is raised. We did raise a concern about the lights being a bit dim and they sorted them so they are now brighter."
- The registered provider had produced information, including a statement of purpose, which was available for people to access to tell them about what services were provided and guidance for people on how to raise any concerns they had.
- Although they told us they had not received any formal complaints during the last year the registered manager had processes in place which enabled them to respond to any concerns of more formal complaints they may receive.
- The registered manager confirmed the documentation could be produced in different formats. These included, large print or braille. This meant that people's needs around accessing information had been considered in line with the Accessible Information Standard (AIS). The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

End of life care and support:

- As part of the assessment process the registered manager told us how they worked closely with people and their circle of support in considering any individual advanced decisions people had made in regard to their end of life wishes so these could be respected. Information was also available in the service for people to access regarding external agencies who provided support to people who experienced the loss of a loved one.
- At the time of this inspection the registered manager confirmed although they currently were not providing

any specific care packages for people who were at the end of their life, they and staff were consistently clear about their approaches to this type of care so that they were prepared at any time should they be needed.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered provider employed an established registered manager to run the service.
- The registered manager was supported by a senior staff team to make sure the approach to managing the day to day services was consistent.
- Staff we spoke with told us the registered manager promoted an approach to care that was centred around the people who lived there. Staff also said that they enjoyed working at the service and we observed interactions and communication between the staff and the registered manager were open and conversations were two-way.

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

- The registered manager and staff were clear about their and the individual responsibility each had for maintaining the quality of care provided. Staff told us they respected the registered manager and one staff member commented, "She is the best manager I have worked with. She comes out of the office and works the floor if needed. We are a team."
- Staff knew how to escalate concerns either by using the provider's whistle-blowing processes or to the local authority and the CQC if they felt they were not being listened to or their concerns acted upon. Information was available for staff to refer to if they needed to do this.
- The registered manager informed us of any events or untoward incidents or which happened within the service. This was in line with their responsibilities under the Health and Social Care Act 2008 and associated Regulations.
- The registered provider had a business continuity plan in place which was reviewed regularly. Fire safety checks and tests were routinely undertaken and records showed and how people would be supported to evacuate the building in the event of a situation such as a fire.
- We saw our latest CQC inspection report, summary and rating was on display and available for people to read in the home. In addition, the inspection rating and a link to the report was available on the registered provider's website. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care:

- The registered manager used information from audits and checks on the processes and systems in place to run the service to inform changes and improvements to the quality of care people received.
- Monthly management meetings were held between the provider and the registered manager to discuss audit results and how the service was being led. They also included attendance from the manager of another service owned by the registered provider. Records of the meetings showed topics had included; staffing, training, finance and utilities. The registered manager told us how the meetings helped maintain consistent approaches across service provision.
- People had been asked to share their views regarding the services provided and how they were being developed. Survey's had been undertaken periodically to obtain people's views. The last one completed in April 2018 resulted in new menus being implemented and changes to the housekeeping rota to strengthen the cleaning arrangements in place at the service.
- Staff team meetings were held regularly and staff were kept updated with any important information they needed to know about and practice developments through these meetings. Records of the meetings were retained for those staff who were unable to attend them.

#### Working in partnership with others:

- The registered manager had developed and maintained partnership working with external agencies such as local doctors, specialist healthcare services and local authority commissioners.
- The registered manager also confirmed they were a member of a local support forum for care homes which they said they attended periodically and which they had found useful in keeping them updated with service and care practice developments.