

July VII Limited

July VII Limited t/a Wykenhurst Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 31 August 2016 and 1 September 2016 and was unannounced.

Wykenhurst Residential Home provides accommodation and personal care for up to 25 people with mental health needs. There were 23 people living at the home when we visited.

A registered manager was in post and present during our inspection. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

Staff lacked knowledge of the implications of the Mental Capacity Act 2005 for their work with people. The provider had not fully assessed whether people living at the home were being deprived of their liberty in order to make associated applications to the local authority.

People were protected by staff who had been trained in how to recognise and report abuse. The risks to people had been assessed, recorded and managed. The provider organised their staffing requirements based upon people's needs and followed safe recruitment practices. Systems and procedures had been put in place to ensure people received their medicines safely.

Staff participated in an ongoing programme of training, and had the necessary skills and knowledge to meet people's needs. People had the support they needed to eat and drink, and any associated risks had been assessed and managed. Staff helped people to maintain good health, and requested professional medical advice and treatment as necessary.

Staff adopted a caring and compassionate approach towards their work. People were able to express their views about the care provided on a day-to-day basis. Staff treated people with dignity and respect.

People received care and support that was tailored to their needs. People's relatives were involved in the care planning process. People knew how to complain and benefitted from the key worker system in use. The provider actively sought feedback on the service and responded to this.

The provider promoted an open and inclusive culture within the service. People and their relatives found the management team approachable. Staff felt well-supported by the management team and able to challenge practice. The registered manager understood their responsibilities. The provider had developed and implemented quality assurance systems to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had been trained in how to recognise and report abuse. The risks to people's safety had been assessed, recorded and plans developed to manage these. The provider followed safe recruitment procedures. People received their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff lacked knowledge of the Mental Capacity Act 2005. The potential need for applications under the Deprivation of Liberty Safeguards (DoLS) had not been fully considered by the provider. The risks associated with people's eating and drinking had been assessed and managed. Staff supported people to maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff adopted a caring and compassionate approach towards their work. People were supported to express their views and wishes. Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was tailored to their needs. The provider had developed formal procedures to ensure that complaints were dealt with appropriately. People's feedback on the service was encouraged and acted upon.

Is the service well-led?

Good ●

The service was well-led.

The provider promoted a positive culture within the service. Staff benefitted from consistent leadership and management. The provider had developed quality assurance systems to drive

improvement at the home.

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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.

This inspection took place on 31 August and 1 September 2016 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection, we looked at the information we held about the service, including the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We also contacted representatives from the local authority and Healthwatch for their views about the service.

During the inspection, we spoke with 13 people who used the service and six relatives. We also talked to nine members of staff, including care staff, senior staff, the registered manager, the responsible person and the care director.

We looked at three people's care plans and risk assessments, the provider's policies and procedures, two staff files, staff training records, medicines-related records and records associated with the provider's quality assurance systems. We also spent time in the communal areas of the home to observe how staff supported

people.

Is the service safe?

Our findings

We looked at how the provider protected people from harm and abuse. People told us they felt safe living at the home. They described how the security of the home, use of the call bell system and having someone there at all times contributed to their feelings of safety. People's relatives were also satisfied their family members were safe. One relative complimented the management team on the manner in which they had responded to a potentially abusive relationship involving their family member and a person outside of the home.

People told us they knew how to speak up if they were worried about their safety or treatment by others. One person told us, "We're never afraid to ask them (staff) for anything. They're there and they're friendly." Staff described how they encouraged people to raise concerns through building a rapport with them. One staff member told us, "You build strong relationships with the residents, so that they feel they can come to you with anything that's concerning them."

People were protected by staff that had been trained in how to recognise and respond to abuse. Staff gave us examples of the potential signs and symptoms of abuse they looked out for. They understood the need to report any concerns of this nature to the management team without delay. The provider had developed written procedures to ensure that any allegations of abuse were promptly reported to the relevant external agencies. Our records showed that the provider had previously made notifications in line with these procedures.

The risks to people had been assessed and recorded by the management team. The management team had considered the risks linked to the overall operation of the service, as well as those associated with people's individual care and support needs. Written plans had been put in place to manage these risks, in order to keep people safe. The management team told us that they encouraged the involvement of people and their relatives in decision-making about risks, as necessary. These plans covered, amongst other things, people's health, their mobility, any behavioural issues and the support they needed in the event of an emergency at the home. Staff spoke with an understanding of the guidance provided in these plans. During our inspection, we saw examples of staff following this guidance when, for example, supporting people to move around the home safely. Staff indicated that communication within the home was good, and that information on risks was readily shared.

In the event that people were involved in an accident or incident, staff ensured that these events were recorded and reported to the management team. The registered manager confirmed all accidents and incidents were monitored, on a continual basis, in order to identify the action needed to minimise the risk of reoccurrence. They described the steps taken to safeguard a person who had suffered a recent, documented fall at the home. This person now had additional staff support with transfers to their chair.

The provider assessed and planned staffing requirements based upon people's individual care and support needs. Use of agency staffing was kept to a minimum to ensure continuity of care. Attention was paid to the skills mix of the staff on duty at any one time. People and their relatives felt that there were enough staff on

duty throughout the day and night to safely meet people's needs. One relative told us, "Staff are not obtrusive, but they're there. You know if you need someone they're about." During our inspection, we observed that people's needs were met in a timely manner by the staff on duty.

The provider carried out checks on all prospective employees to ensure they were suitable to work with people. Staff confirmed that they have been required to undergo a Disclosure and Barring Service (DBS) check and to supply written references before starting work at the home. The DBS helps employers to make safer recruitment decisions.

People were happy with the support they received from staff to take their medicines safely. One person described how they self-administered their medicines with help from staff. We looked at how medicines were being stored at the home, and reviewed the medicine-related records kept. We also observed how staff administered people's medicines. The provider had developed systems and procedures to ensure that people's medicines were handled, administered and disposed of safely. We saw that staff made appropriate use of these. Staff had been trained in how to handle and administer people's medicines safely. They understood what to do in the event that people refused their medicines or a medication error occurred.

Is the service effective?

Our findings

We looked at whether the provider met the requirements of the Mental Capacity Act 2005. The Mental Capacity Act (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.

The provider had not given all staff effective support to understand their responsibilities under the MCA. The staff we spoke with lacked knowledge of the MCA and what this meant for their day-to-day work with people. We were not assured that staff knew how to fully support people's decision-making or to protect the rights of people who were unable to make decisions for themselves. We also saw no evidence that mental capacity assessments were being carried out in the care files we looked at. We discussed these concerns with the registered manager, who acknowledged that staff needed further support to more fully understand the implications of the MCA. The Care Director informed us that they would address any associated staff training and development needs.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The Care Director told us that they had not yet fully assessed which of the people living at the home were potentially being deprived of their liberty. They acknowledged that there may be people who were potentially deprived of their liberty for whom a DoLS application had not been made to the relevant authority.

People and their relatives felt that staff had the knowledge and skills needed to communicate with people and meet their needs. One person described how they had been able to turn to staff for advice and support when their relative was unwell. A relative told us, "They (staff) genuinely seem to understand the needs of the people living at the home. [Person's name] is happy there; I often ask them that."

All new staff received an induction to the home. This gave them the opportunity to work alongside more experienced staff, read people's care plans and get to know the people they would be supporting. Following induction, staff participated in an ongoing programme of training. The registered manager maintained up-to-date training records to keep on top of staff training needs. Staff told us that their training had prepared them for their job roles, and reflected the needs of the people living at the home. One staff member described how moving and handling training had given them the confidence to meet people's mobility needs safely. Another staff member spoke about the valuable insights gained from their training on Huntington's disease. Staff felt able to request additional training, when they needed this. One staff member told us, "The management team will listen if we have any training needs."

People were supported by staff that, in turn, received effective support from the management team. Staff told us they had regular one-to-one sessions with the registered manager. These meetings enabled staff to receive feedback on their performance and discuss any difficulties they were experiencing in their work. One

staff member told us, "They ask how you are getting on, if you have any problems or need any more training." The registered manager also directly observed staff working practices on a regular basis. This enabled them to complete competency checks with individual members of staff, to confirm they were working in a safe and appropriate manner.

We looked at the support people had with eating and drinking. People told us they were happy with the quality of food on offer, and the level of support they received from staff in this aspect of their lives. One person told us, "They feed us well; the meals are good." Another person said, "The food's nice; it's my favourite for lunch today." People's relatives were also satisfied with the help their family members had to eat and drink. One relative told us, "[People's names] have both eaten very well here, and have gained weight."

People's involvement in decisions about what they ate and drank was encouraged.

The management team met with people, on a periodic basis, in order to review their food-related likes and dislikes. One person confirmed, "We have a residents' meeting now and again. They ask us what food we like and if we want to make any changes." This information about people's preferences was collated by the management team and used in menu-planning. We saw that people were offered two choices for their lunch and evening meals each day. Further alternatives were available, based upon people's known likes and dislikes, if they did not want what was on the menu. One person told us, "Sometimes there's isn't anything I want to eat on the menu, but they always find me something else."

People's individual needs and risks associated with eating and drinking had been assessed and recorded in their care files. Plans had been put into place to manage these risks, with input from the speech and language team and other external healthcare professionals. The staff we spoke with were aware of these plans. We observed staff working in accordance with this guidance when supporting people to eat and drink at lunch.

People and their relatives were satisfied with the support people had from staff to maintain good health. One person praised the prompt manner in which staff had requested professional medical assistance when they experienced a mental health crisis. One relative spoke positively about the prompt and compassionate action taken when their family member had suffered a broken limb. People confirmed that staff supported them to attend medical appointments and routine health check-ups, as needed. We saw that key information about people's health, any ongoing medical conditions and the health professionals involved in their care had been recorded in people's care files.

Is the service caring?

Our findings

People told us that staff treated them well. One person said, "They (staff) are good to me and very understanding." This person went on to say, "They listen and they put me on the right road." Another person described staff as "very nice people". People's relatives spoke positively about the caring and compassionate approach that staff adopted towards their work. One relative told us, "I find every one of the staff are always completely open and friendly. They're really very caring."

Staff understood the individual needs of the people living at the home, and discussed people with affection and respect. During our inspection, we saw that staff spoke with, and made requests of, people in a polite and respectful manner. Staff listened to people and responded to them appropriately. We observed that staff showed concern when one person started to cough as they ate their lunch, taking immediate steps to confirm their wellbeing.

People told us that staff listened to them, and that they felt able to express their views and wishes on a day-to-day basis. The registered manager informed us that one person had previously been supported by an independent advocate in relation to a decision regarding their future accommodation. They confirmed that other people would be signposted towards local advocacy services, as necessary. We saw that information about advocacy was on display in the home.

People's relatives told us that staff treated their family members with dignity and respect. In particular, they praised the manner in which staff maintained and promoted their family members' independence. One relative told us, "[Person's name] can be both independent and safe at the home. They get themselves up, wash, dress and feed themselves." People's relatives confirmed that they were able to visit their family members without any unnecessary restrictions. One relative told us, "Staff always make you feel welcome. As soon as you've arrived, they ask if you want a cup of tea after your journey to the home."

The staff we spoke with understood the need to treat people in a dignified and respectful manner. One staff member told us, "It's about respecting people's wishes. You treat them how you want to be treated yourself." Staff gave us examples of the practical steps they took each day to protect people's privacy and dignity. These included knocking on people's doors before entering, protecting their modesty during personal care and treating people's personal information in a confidential manner.

Is the service responsive?

Our findings

People told us that they were able to express their views about the care and support provided to their key worker first and foremost. One person told us, "If you have any problems, you can go and sort things out with them (key workers). They're also there if you feel a bit down. They listen to you and put your mind at rest." The provider used the key worker system, in part, to make sure people's views were understood and taken into account. The Care Director gave an example of how they had involved one person and their key worker in a decision over a prospective change of bedroom. A key worker is someone who acts as a focal point for one of the people who lives at the home, and ensures their personal requirements are met.

People's relatives were satisfied that the care and support provided was tailored to the needs and preferences of their family members. They felt involved in decision-making affecting their family members. One relative told us, "If something's going to happen, I'm always told about it. They tell me about anything really – I'm involved." Another relative said, "I've had good input with their care plan. If anything needs changing I go in and discuss it and it is altered to their needs."

We saw that people's care plans contained information about their life histories, interests, likes and dislikes. The registered manager reviewed these plans on a monthly basis, to ensure the guidance provided remained current. Staff told us that they made use of this information to ensure people received the support they wanted and needed.

People told us about a range of activities they enjoyed participating in, both in and outside of the home. This included shopping trips in the nearby city centre, attending church fetes, meals out, drinks at the local café, and playing cards and board games. People felt they were able to choose how they spent their time each day, and could get out and about as they wished. One person told us, "I get out regularly and I like it like that." Another person said, "I just tell them where I'm going and that's fine." Two people talked enthusiastically about the voluntary work they did for different charities in the local community. People's relatives confirmed that their family members had the support they needed to spend their time in a way they found interesting and enjoyable. One relative told us, "There are plenty of things on offer and staff encourage [person's name] to join in."

People were supported to maintain valued relationships with family and friends. Staff described how they helped people to make phone calls or to send letters and cards, where required. People were encouraged to pursue their religious beliefs and practices. Support was provided for people to attend local church services, if they wished, and Holy Communion was held at the home on a monthly basis.

People told us that they felt able to raise any concerns or complaints they may have about their care and support with their key worker or a manager. People's relatives also felt confident about making a complaint regarding their family member's care to the management team. One relative praised the prompt manner in which the management had previously dealt with complaints of this nature. We saw that the provider had developed formal procedures to ensure that all complaints were recorded and dealt with properly.

The provider distributed feedback questionnaires to people, their relatives and relevant external professionals on an annual basis. People's relatives confirmed that they had received these questionnaires. However, they felt able to provide feedback on the service at any time, due to good lines of communication with the management and staff team. One person told us, "It's something we talk about whenever I go there. I have had a questionnaires, but it's part of our ongoing discussion. They ask me whether they can tweak anything." Residents' meetings were organised on a six-monthly basis, as a further means of obtaining people's feedback on how well the service was doing. The management team gave examples of the action taken as a result of feedback received from relatives and external professionals. This included the purchase of a larger television for one of the communal lounges and the further personalisation of one person's bedroom.

Is the service well-led?

Our findings

The management team promoted an ongoing dialogue with people, their relatives and staff. People knew who the management team were, and commented positively on the management of the home. One person told us, "(The Care Director) comes in and asks if everybody's alright. I would go to any of them (management)." Another person said the home was well-managed, adding, "We're like one big family here." People's relatives spoke positively about the open and honest approach adopted by the management team. They told us that communication with the home was good, and that they were kept up-to-date with any significant developments or changes affecting their family members. People's relatives described the day-to-day atmosphere of the home in positive terms. One relative told us, "It's a lovely family-run home and very relaxed." Another relative said, "It's just a pleasant place to be."

Staff felt well-supported by the registered manager. They understood what was expected of them, and benefitted from clear leadership and sense of direction. One staff member told us, "[Registered manager] is very good. They're hands-on, which I like. They do help us out." Another staff member said, "Everything is well under control and they are always there to support staff." Staff meetings were organised on a weekly basis, in order to keep staff up-to-date and involved. Staff described the management team as approachable, and felt able to challenge practice should they need to. One staff member described how they had approached the management team with a concern about a behavioural issue which was impacting upon people's right to eat in a relaxed and comfortable atmosphere. This staff member felt that the management team had taken appropriate steps to address this issue. Staff described the culture of the service in positive terms. One staff member told us, "It's a lovely place. I enjoy coming to work every day. Everybody is so friendly and they really help you and listen." Staff were also aware of the provider's whistleblowing policy, and told us they would make use of this if needed.

The registered manager understood the role and responsibilities associated with their post. The management team described how they, as a whole, kept up-to-date with developments in best practice through, amongst other things, attending events organised by the local authority, participating in further training and networking with other local providers. This enabled them to incorporate new thinking and fresh ideas into the service provided.

The provider had developed quality assurance systems to monitor and assess the quality and safety of the care provided. These included a series of detailed audits, in addition to the competency checks completed on staff and the distribution of feedback questionnaires. The home's quality audits had led to improvements in, for example, the way that people's assessments and care planning were carried out, and the upgrades to some communal areas.