

# Cathena Healthcare Limited

# Wickham House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Wickham House is a residential care home providing accommodation for persons who require nursing or personal care to up to 34 people. The service provides support to people, many aged over 65, some of these people are living with dementia and mental health conditions. At the time of our inspection there were 32 people using the service.

Care provided is in one adapted building which has four units, two on the ground floor and two on the first floor.

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

People were provided with a service which was safe. Risks were assessed and mitigated to keep people safe from abuse and avoidable harm. People received their medicines when they needed them. There were enough staff to meet people's needs. The service was clean and hygienic, and the service followed government guidance relating to the pandemic.

People were provided with a service which was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received support to maintain good health and were provided with balanced diet to meet their needs. Staff were provided with training and support to meet the needs of the people using the service.

People received a service which was caring and respected their rights. Staff treated people with compassion and kindness. People's rights to privacy, dignity and independence were being respected. People's views about the service they received were listened to and acted on.

People received a responsive service. People's needs and preferences and how they were to be met were documented to guide staff in how to support people to meet their diverse needs. People's end of life decisions and wishes were sought and recorded. People had the opportunity to participate in activities to reduce the risk of boredom. There was a complaints procedure in place and people's concerns were addressed.

People were provided with a service which was well-led. The registered manager understood their roles and responsibilities in monitoring the service. There was a programme of audits in place to assist the management team to identify and address shortfalls. As a result, the service continuously improved.

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

This service was registered with us on 6 November 2020 and this is the first comprehensive inspection.

### Why we inspected

We undertook this inspection because the service had not had a comprehensive inspection since registration and had not yet been rated.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Wickham House

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Wickham House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wickham House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We visited the service on 8 April 2022. We spoke with eight people who used the service and one person's relative about their experiences of the service. We spoke with six staff members including the registered manager, the deputy manager, care and domestic staff.

We spent some time observing care and staff interactions to help us understand the experience of people who could not or chose not to talk with us.

We reviewed a range of records including the recruitment records of three staff members, four people's care plans, daily records and food and fluid charts for two people, medicines records, and records relating to the management of the service including audits.

Following our visit, we received feedback on the telephone from one staff member, one person's relative and a commissioner of the service. We also received electronic feedback from two staff members and two relatives. We reviewed records including COVID-19 risk assessment, improvement plan and staff training records.

We fed back our findings of the inspection to the registered manager and deputy manager on 14 April 2022.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place designed to safeguard people using the service from abuse. This included training for staff and policies and procedures.
- Staff were aware of their roles and responsibilities in reporting concerns of abuse appropriately. One staff member said, "I have been trained in this and am aware of the channels to follow if I need to report anything." The explained how they had reported a concern, which was addressed immediately by the management team.
- Feedback received from relatives told us they felt their family members were safe living in the service.

Assessing risk, safety monitoring and management

- Records demonstrated that risks to people living in the service were assessed and guidance provided to staff how to mitigate them. This includes risks of choking, developing pressure ulcers and moving and handling.
- Clear guidance was provided to staff in actions they should take in the case of a person falling, potential head injury and if a person was taking blood thinning medicines.
- One person's relative told us how their family member was at risk of falls and the service had contacted the falls team, which they were consulted throughout about.
- Systems were in place to reduce risks in the environment, this included safety checks on equipment to ensure they were safe for use and fit for purpose.

Staffing and recruitment

- The registered manager told us how the service was staffed each day to meet people's needs, which was confirmed in the staff rota. The registered manager told us staffing levels were increased, for example if a person required more support, such as with their distress and anxiety.
- The registered manager told us how they had significantly reduced the use of agency staff, recruitment was ongoing, and they had recruited several new staff members, recruitment was ongoing. This was confirmed by staff. When agency staff were used, they were block booked to ensure consistency of staff who knew people and their needs.
- One staff member said, "There are ways in which the home continues to evolve and improve as more staff are recruited but in the short time I have worked at Wickham House I am witness to the positive changes that are shaping up to be a very nice environment to work in...New nurses who are beginning are also improving the standards massively. The use of agency staff has dropped massively and it is reflected on how well the residents are cared for. Staff have mostly been recruited by word of mouth, including myself."
- Recruitment of staff was undertaken to reduce the risks of unsuitable staff working in the service. Checks

included previous work history and Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- There were systems in place designed to ensure the safe management of medicines and to ensure people received their medicines when needed. This included training and competency checks on staff responsible for supporting people with their medicines.
- People's relatives told us they had no concerns relating to their family member's medicines management. One relative told us how their family member had refused their medicines, but a staff member returned and offered it again, which was then accepted.
- We observed part of the lunch time medicines administration round which was done safely.
- Audits and monitoring in medicines administration, recording, storage, returns and ordering assisted the management team to identify any shortfalls and address them promptly.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People's relatives told us they were able to visit their family members and felt welcome to do so.
- The registered manager confirmed they followed government guidance and assessed risks to keep people safe.

#### Learning lessons when things go wrong

- There were systems in place to learn lessons, including when incidents and accidents occurred. This included putting measures in place to reduce the risks of them happening in the future.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Prior to people using the service a needs assessment was undertaken. However, this was not always possible due to at times people moving into the home at short notice. The service received needs assessments from the placing authorities and learned information about the person, their needs and preferences from the person and their representatives when they moved in. All of this information was used to form the person's care plan and risk assessments.
- The provider referred to good practice guidelines and legislation in their policies and procedures. For example, the medicines policy and procedure referred to law such as the Mental Capacity Act 2005 and guidance such as the Nursing and Midwifery Council relating to the use of covert medicines.

Staff support: induction, training, skills and experience

- Staff told us they received training in how to meet people's needs effectively. One staff member told us, "I recently attended training in dementia from an outside company to show what living with dementia may be like. It was very eye opening and I felt it gave me a new level of understanding and empathy. I have not received this level of training elsewhere." Further training was booked for other staff members.
- Records showed staff received training required including moving and handling, equality and diversity, safeguarding, infection control and first aid. In addition, staff were provided with training in people's diverse needs including epilepsy, supporting people with behaviours others may find challenging and autism.
- There were systems to ensure staff had undertaken their required training. The registered manager told us how training was booked for the staff team in conflict resolution.
- Staff received one to one and group supervisions. Which provided them with the opportunity to discuss their work, identify any further training needs and receive feedback on their practice.

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

- People told us they were provided with food which they enjoyed. We observed part of lunch time and saw people were supported with their choice of meals when needed. The atmosphere was relaxed, and people could eat their meals at their own pace.
- Relatives told us they felt their family members had enough to eat and drink. One relative told us when their family member moved into the home they were, "Underweight, weak and dishevelled....My [family member] has a good diet and has become stronger and looks younger than [they] did when [they] arrived."
- Records showed where concerns about, for example, people's weight or risks of choking were identified, referrals had been made to the appropriate professionals and the guidance provided was incorporated into their care plan to ensure they received the support they needed.
- A new chef had recently started working in the service and staff were complimentary about how the

standards had improved since they started. We spoke with the chef who understood how people's dietary needs were to be met.

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

- People's records included information about their health care needs and how they were being met.
- Where people had received health care support this was clearly recorded, and guidance documented in the care plans to guide staff in how their needs were to be met.
- Care plans identified people's oral care and daily notes identified that this support was provided in line with people's needs and preferences.

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

- The environment was suitable and accessible for people who lived there. This included signage to assist them to navigate around the service. This included their choices on pictures outside their bedroom doors to help them to find them.
- People had their own bedrooms, which people told us they were happy with, and communal areas where they could socialise with other people using the service. There were secured gardens which people could use.
- We noted there were some stained carpets, which the registered manager told us they were in the process of purchasing equipment to clean them. In addition, there were four toilets out of use, the manager said they were waiting for parts to be delivered to repair them.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions relating to those authorisations were being met.

- People's records included information about how their capacity had been assessed, any assistance they required with making decisions and where best interest decisions were required.
- The management team monitored made DoLS referrals where required and these were monitored to ensure they were up to date.
- During our inspection visit we observed staff asked for people's consent before any care or support was provided.
- Staff had received training in the MCA.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed caring interactions between staff and people using the service. Staff were compassionate and patient and spoke with and about people in a caring and respectful way. One person told us, "This is a place where everyone cares."
- Feedback received from people using the service and relatives were that the staff treated people with kindness. One person's relative said, "[Family member] looks to the staff with fondness and trust which is great." Another relative told us, "All off the staff are friendly, helpful and very loving to the residents which is so important." Another commented that their family member had told them that the staff were, "Genuine."

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

- People using the service were central to how care and support was provided. This was because staff worked to people's chosen routines and preferences rather than rigid set routines set by the service. This included when people chose to go to bed, get up and when they chose to dress.
- People's records included information about their preferences about how they wished to be cared for, which evidenced their views were valued.
- Relatives told us they were consulted about their family member's care and kept updated about their family member's wellbeing. One person's relative said, "They always call me if there is an issue or if my [family member] needs anything... Care is always discussed, and feedback given of [family member's] mood and behaviour if I enquire."
- We heard a staff member when they were delivering a meal to a person in their bedroom, they ensured the person was sitting up and comfortable, they offered condiments and ensured the person's choices were respected.

Respecting and promoting people's privacy, dignity and independence

- We observed people's privacy, dignity and independence being respected by staff during our inspection visit. This included staff knocked on doors before entering and spoke with people discreetly if they noted they may need personal care support.
- Staff were guided in people's records on how to ensure people's privacy and dignity were to be respected and the areas of their care they could attend to independently and where they needed support.
- Some people had chosen to have a gate in the entrance to their bedroom to uphold their privacy from other people entering their rooms. This was recorded as to the reasons why these were in place.
- One person told us, "Everyone has their own room and their own shower," they went on to tell us how they felt this meant that their privacy was respected.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were happy living in the service and people's relatives told us they felt their family member's needs were being met. One relative said, "The staff and management of Wickham House work holistically and seem to really know their service users well. They even know little things like [family member] likes."
- This was confirmed by another relative who told us the staff knew their family member well and how they met their needs. The relative told us about their family member and their preferences and we found the person's care records reflected what we had been told.
- One staff member told us, "Overall I feel that the care provided is absolutely brilliant. Care staff generally have high standards and the home ethos is that it is person centred in the sense that the residents get up when they want, not to a schedule set by the home. If they want to shower at 4 pm, they are supported to do this."
- People's care records identified people's specific needs and preferences and guidance was provided to staff in how they were to be met. Daily records showed where care and support had been provided to meet people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's records identified how they communicated and guided staff in how to effectively communicate with people.
- Where required, information and documents could be provided to people to assist their understanding, such as in larger print, easy read and in their preferred language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During our inspection visit there were no planned group activities, however, we saw staff spending time with people on a one to one basis. For example, one staff member did a crossword with a person. Staff told us they had time to spend with people, outside of the task-based care they provided.
- We saw people listening to their chosen music, some were looking at books, newspapers and magazines,

one person was concentrating on a board with bolts and locks on it.

- There was an activities programme in place for group activities, the registered manager told us there was currently one activities coordinator as a second one had recently left. They were in the process of recruiting to this role.
- People's relatives told us that their family members were supported to participate in activity. One relative said, "The activities provided for the residents are so good." Another told us, "They encourage activities and going into the garden."
- People were supported to have visitors to reduce the risks of isolation, this included going out safely with their family members. One relative said, "I sometimes take my [family member] out to Woodbridge and [family member] is always well dressed and ready when I arrive."
- People's records identified people's interests and actions were taken to support people in maintaining them. For example, we saw a room in the service which had been set up to support a person to bird watch and paint.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people's concerns and complaints were acknowledged, investigated and responded to.

End of life care and support

- People's care records included information about their end of life wishes and preferences about where they wanted to be cared for if they became ill. This was confirmed by one person's relative who told us, "Even plans should my [family member] become unwell have been discussed."
- The registered manager showed us a new pack which had been developed which was given to people when they moved into the service and to their representatives. This included a form to complete on their end of life decisions so people could consider this to ensure their needs were respected.
- Staff were provided with training in end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback from people using the service and relatives about the service provided at Wickham House. Comments included from relatives about the service included, "I am so lucky my [family member] has been placed at Wickham House," "My [family member] could be in a better place, [family member] is happy and extremely well cared for," and, "They are brilliant... I have complete faith in them."
- Relatives were complimentary about the registered manager. One relative told us, "[Registered manager] is so friendly and helpful and we have noticed [registered manager] really cares about the residents each and every one."
- Staff were complimentary about the registered manager and deputy manager and how supportive they were and committed to providing a good service. One staff member said, "They are understanding and lead from the front... they care so much for the home and their job roles they are willing to go above and beyond on a daily basis. I feel like this is a very rare thing among care management teams in my experience." Another staff member commented, "I feel like [registered manager] and [deputy manager] are one of the best management teams I have worked with in a very long time in the care sector."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy in place and this was understood by the management team.

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

- The registered manager understood their role and responsibilities of managing the service. This included notifying us where required on any specific instances and actions being taken.
- During our inspection we identified the management team and staff were committed to providing good quality care to the people using the service.
- A staff member told us how they had reported concerns about practice, known as whistleblowing, and this was taken seriously and acted upon. The staff member said, "Every time I have raised a concern I have been listened to and taken seriously. They [registered manager and deputy manager] have taken action and followed procedure with immediate effect on every occasion. I know that they value staff coming forward with concerns because they want to know what is going on and how people feel."

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- People's relatives told us the registered manager and deputy manager was approachable and made themselves available if they wanted to discuss the service provided. They told us their views were respected and acted on.
- The registered manager told us the service have not yet asked people, relatives and staff to complete satisfaction questionnaires, but this was being considered.
- Records showed staff could discuss the service and receive updates in staff meetings. A staff member confirmed, "Staff meetings are posted at regular intervals. I am unable to attend the upcoming staff meeting which I have made the management team aware of and they have assured me that they will keep me informed of the outcomes of the meeting."
- Minutes of meetings attended by people using the service showed their views about the care provision were valued and listened to and they made choices about activities and meals for example.

#### Continuous learning and improving care

- The management team had a programme of audits to ensure they could monitor the service and take any actions to identify and address shortfalls promptly to improve the service provision.
- There was a service improvement plan in place, which identified the ongoing improvements the registered manager had noted and plans to implement them.

#### Working in partnership with others

- We received feedback from commissioners which confirmed the service worked well with them.
- The registered manager responded promptly to any feedback provided by other professionals to ensure the continuous development of the service.
- The registered manager told us how they were engaging with the local community. This included a local charity group who held a weekly drop-in centre in the service including arts and crafts, which people using the service could join in with. A project was underway to get volunteers to work in the garden and the registered manager was fundraising to buy a new gazebo for the garden.