

Wyndham Court Limited

Wyndham Manor Care Home

Inspection report

Wyndham Street
Cleator Moor
Cumbria
CA25 5AN

Tel: 01946810020

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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

This comprehensive inspection took place on 31 January and 1 February 2017 and was unannounced on the first day. We last inspected the home on 31 July and 1 August 2015. At that inspection we found that considerable improvements had been made following the previous inspection in January 2015. However during the inspection in July and August 2015 we found three breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider wrote to us to tell us what actions they would take in order to comply with those regulations and when.

During this inspection we checked if those actions had been completed and we found the service to be compliant with all of the fundamental standards.

Wyndham Manor is a purpose built residential care home situated in a residential area of Cleator Moor and is within walking distance of the local amenities. The home is on three floors and all rooms are single occupancy with ensuite facilities. There are a number of suitable shared communal areas and a secure garden. The home can take up to 68 people, some of whom may be living dementia. At the time of this inspection there were 61 people living at Wyndham Manor Care Home.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Medicines were being administered and recorded appropriately and were being kept safely.

During the inspection there were sufficient numbers of suitable staff to meet people's needs and the provider was in the process of recruiting more staff. Staff had completed a variety of training that enabled them to improve their knowledge in order to deliver care and treatment safely.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions that had been taken by the home to protect people.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

People were supported to maintain good health and appropriate referrals to other healthcare professionals had been made.

There was a clear management structure in place and staff were happy with the level of support they received.

People living in the home were supported to access activities that were made available to them and pastimes of their choice.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the home.

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.

People told us they were safe and well cared for in this home.

Prescribed medicines were stored, administered and disposed of safely.

Is the service effective?

Good 

The service was effective.

People said they enjoyed the meals provided and appropriate assessments relating to nutritional requirements had been made.

Consent to care and treatment had been obtained involving, where required, appropriate others.

Staff had received the relevant training to fulfil their roles.

Is the service caring?

Good 

The service was caring.

People were treated with kindness and compassion and their dignity was respected.

People told us they were well cared for and were valued as individuals.

People's wishes for how they preferred to be cared for at their end of life had been planned for.

Is the service responsive?

Good 

The service was responsive.

People who lived in the home and their relatives felt able to speak with staff or the management team about any concerns they had.

Staff took into account the needs and preferences of the people they supported.

People were supported to engage in activities which were provided.

Care plans and records showed that people were seen by appropriate professionals, when required, to meet their physical and mental health needs.

Is the service well-led?

Good ●

The service was well-led.

Formal systems were in place to record quality monitoring and safety of the service provision.

Staff told us they felt supported and listened to by the registered manager and registered providers.

People living in the home and their relatives were able to give their views and take part in meetings and discussions about the service.

Wyndham Manor Care Home

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 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.

This unannounced inspection took place on 31 January and 1 February 2017. The inspection team consisted of two adult social care inspectors 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.

Before the inspection, the registered manager completed a Provider Information Return (PIR). 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 the PIR and other information we held about the service to plan our inspection and the areas to look at.

We also looked at the information we held about the service and information from the local commissioners of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Some people who lived at the home could not easily tell us their views about their care. 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. It is useful to help us assess the quality of interactions between people who use a service and the staff who support them.

During the inspection we spoke with the registered manager, deputy manager, two visiting health

professionals, 11 people who used the service, six relatives and five staff. We observed how staff supported people who used the service and looked at the care records for six people living at Wyndham Manor Care Home.

We looked at the staff files for all staff recruited since January 2016. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole team.

We also looked at records of maintenance and repair, the fire safety records, food safety records and quality monitoring documents.



Our findings

People living and visiting at Wyndham Manor Care Home that we spoke with told us they felt people were kept safe. One relative said, "I have no worries that [relative] is here, you see such awful things in the papers and I could never leave [relative] in a place like that". Another relative told us, "I have no worries; I have never seen anything wrong".

At the last inspection in July and August 2015 we found a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person had not taken appropriate or timely steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff to meet people's needs. During the two days of this inspection we saw that there was sufficient staff to meet the needs of people in a timely manner and therefore no longer in breach of this regulation.

We looked at rotas for the four previous weeks and these showed that at times the number of staff on shift especially at night had not always been consistent in numbers. We were told by the registered manager that this had mainly been due to short notice of staff sickness. We were also told that six new members of staff had been offered positions, four for day shifts and two for night duty and were waiting for all the checks of suitability to be completed.

During this inspection we received mixed comments about whether people thought there were sufficient staff on duty. One person living at Wyndham Manor Care Home said, "The only thing I wanted to say is sometimes there isn't enough on at night". Another person told us, "There seems to be enough staff. They [staff] come quickly if I push my buzzer". A relative said, "There seems to be enough staff, if they are a bit short, they [staff] tell you, they say 'come and find us', so I am not worried about it". A staff member we spoke with said, "It's safe enough at present on a shift everything is done, just such hard work for us".

We observed that call buzzers were answered promptly and care staff did not appear to be rushed in their duties. Staffing levels had been determined so that extra staff were available at specific times of the day. For example over breakfast and during the morning an additional member of staff was available in order to provide assistance with eating and drinking.

We looked at staff files for the recruitment of staff and saw that the appropriate checks of suitability for fit and proper people to be employed had been made. Information about their previous employment history and reasons for leaving employment had not always been noted. We discussed this with the registered

manager and immediate action was taken to amend the application forms for employment. This would ensure that all information would be consistently obtained. All staff had records to show Disclosure and Barring Service (DBS) checks had been conducted before commencing employment.

We looked at how medicines were managed. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We looked also at the handling of medicines liable to misuse, called controlled drugs. These were stored, administered and recorded correctly. Regular checks on controlled drugs were carried out. We found that suitable care plans, risk assessments and records were in place in relation to the administration of medicines. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines. This meant that people received their medicines safely.

Staff demonstrated that they understood the needs of the people they provided support to. They knew the triggers for behaviour changes and any risks related to a person's care. We saw staff responded quickly if a person's behaviour was changing to reduce the possibility of either the person, or people near them getting upset or anxious. We also saw where one person required a lot of support there was sufficient staff available to constantly reassure them.

Staff we spoke with had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to a senior or the registered or deputy manager. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made.

Records we looked at relating to any risks associated with people's care and treatment were current and accurate. Staff managed the risks related to people's care well. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks.

During our inspection the registered manager requested an inspection visit from Cumbria Fire and Rescue Service to ensure that the home had been appropriately risk assessed should a fire occur. The advice and guidance that was provided was included in a contingency plan drafted by the registered manager to ensure people could be safely evacuated based on the numbers of staff available on each shift. We saw that regular fire safety checks had been made in the home including the practising of an evacuation.



Our findings

At the last inspection in July and August 2015 we found a breach of Regulation 14 meeting nutritional needs of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to provide people with a variety of nutritious and appetising foods to meet people's nutritional needs and choices. The provider did not have a food and drink strategy in place to address the nutritional needs of people using the service.

During this inspection on 31 January and 1 February 2017 people told us they were very happy with the foods available and we saw that people had their nutritional and hydration needs met and therefore no longer in breach of this regulation. People who lived in the home told us that they enjoyed the meals provided. One person told us, "The food is very good". Another told us, "The food is nice and you get a good choice". In the most recent survey completed by the provider about the quality of food 100% of the people who completed the survey said they liked the food and the choices offered.

We observed the morning drinks round and a variety of snacks were offered. There was a selection of apples, grapes and banana and this was cut up onto plates and this was very popular with people. We also observed the lunch time meal experience on the lower floor. People were given choices of and assistance to eat their meal where they preferred. Most people chose to eat in the main dining room and a few people chose to eat in other areas in the home. We saw people received the right level of assistance they needed to eat and to drink and this was provided in a patient and discreet way. The mealtime was quiet, well organised and seemed to be enjoyed by everyone.

We saw nutritional assessments had been completed and, where people had additional needs or required additional support, they had been referred to the appropriate health care professionals. Care records showed that nutritional risks had been assessed and plans implemented for staff to follow to reduce those risks.

People told us they had their health needs met. One person told us, "They [staff] get the Doctor if I need him" and a relative said, "Staff tell me if there is anything wrong and if they have arranged for [relative] to see the doctor and the practice nurse comes in".

During the inspection we spoke with visiting health professionals to the home. We spoke with the Heart Failure Nurse and the Nurse Practitioner from the community health care teams. Both made positive comments about the relationship the staff had with visiting professionals and how good communication

and joint working with the home was.

The staff we spoke with told us, and records we saw showed that they received a range of training to ensure they had the skills to provide the right support people required. One member of staff told us, "We've had lots of different training". We observed staff putting their training into practice for moving and handling. We also saw that staff approached people with respect, dignity and genuine friendliness which encouraged people to have meaningful interaction with them.

The care staff we spoke with told us that they had regular team meetings and could speak openly with the registered or deputy manager to discuss any concerns. Staff said that they knew who they could contact should they require support out of hours. Both the deputy and registered managers lived very local to the home and managed the out of hours cover between them. Staff also told us that they felt much supported by the management team through formal systems such as supervision and appraisal.

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection a number of applications had been made to the local authority for people living at the home whose liberties were being deprived. 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 registered manager and care staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA), which applies to people aged 16 or over. Best interest meetings had been held to assist people who were not always able to make difficult decisions for themselves and where relevant independent advocacy was arranged. This meant that people's rights were protected and consents were sought where appropriate.

Bedrooms we saw had been personalised with people's own furniture and ornaments to help people to feel at home. We found the home to be clean and well-furnished. The décor and facilities on the top floor of the home was very conducive to supporting people living with dementia.



Our findings

People we spoke with living and visiting Wyndham Manor Care Home told us they were extremely happy with the care and support being received. Some of the comments included, "The staff are very nice and my relations can come in when they like." Another person said, "It's very nice, I've been here five years and it's done me no harm and my family come in when they want."

A relative told us, "It is excellent my relative has only been in a short time but we are impressed, they have looked after them beautifully. They were quite confused when they came in but they are so much better now." Another relative said, "It's been brilliant, it's been such a weight of my shoulders, the staff are so good".

We saw that everyone in the home was well groomed and dressed. Many ladies had handbags and wore jewellery or make up. Most ladies had regular appointment with the hairdresser in the home's own salon. Men were helped or encouraged to shave and to dress well. People told us that they were able to choose the way they dressed and were encouraged to retain their personal style.

The atmosphere in the home was calm and relaxed. We used the Short Observational Framework for Inspection (SOFI). We observed for short periods of time the interactions between staff and people living in the home. We saw that the interactions demonstrated genuine affection, care and concern. Staff treated people with kindness and were respectful. We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity. We saw that people were asked in a discreet way if they wanted to go to the toilet and the staff made sure that the doors to toilets and bedrooms were closed when people were receiving care to protect their dignity.

We heard conversation and laughter all day between staff and people living in the home. We observed staff going down to ear and eye level to talk to service users or to ask discreet questions. We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff

about the person's life.

We saw that where possible people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.



Our findings

At the last inspection in July and August 2015 we found a breach of Regulation 10 Dignity and respect of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not actively worked with people to maintain their involvement in their local community and had not ensured that people were not unnecessarily isolated. During this inspection on 31 January and 1 February 2017 we found that significant improvements to accessing activities had been made to ensure no one was at risk of social isolation. We found the provider to be no longer in breach of this regulation. We were told by a person living at Wyndham Manor Care Home, "It's grand here I can't fault it, I was out yesterday on my mobility scooter to get some shopping and had a bite to eat." We also spoke with the visiting 'Pat Dog' handler who told us, "As long as a bedroom door is open and people want I bring the dog in, most people seem to love it."

We saw that there were regular planned activities for people to get involved in. There were two activity organisers employed in the home who usually worked from Monday to Friday. However the registered manager told us they were hoping to include weekends in their shift patterns in the near future. There were activities timetables up on the walls. These included arts and crafts, exercise to music, one to one reminiscence group, sing a long, board games, quizzes, prize bingo and coffee afternoon. We saw there were feedback forms for the activity sessions up beside the programme so people could provide their views about the activities.

There was a nice secure garden area with a patio, lawn and beds. One person told us, "I love the garden in the summer." Through the day we heard bursts of singing and music that people were engaged in. There was a hairdressing salon on the ground floor that resembled a high street salon. There was a cinema room on the top floor and a small chapel area, which had visiting clergy. We were told, "There is stuff to do if you want to, plenty going on." Another person said, "We can do things if we want to there is plenty to do."

Some people had their own phones, laptops or tablets connected to the homes Wi-Fi. There were newspapers, magazines and books all around the home. One person living in the home was skilled in drawing and had lots of their paintings of local scenes on the walls in the home. The top floor had been suitably decorated and was well resourced in items that people living with dementia could keep themselves occupied with such as sensory items. One person also had their pet budgies living with them.

We looked at the care records for 11 people living in the home. We saw that information available for staff about how to support individuals was very detailed. We saw from the care records that people's health and

support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families had been involved in gathering background information and life stories. One person told us, "My daughter thinks it's marvellous, I did the care plan before I came, with my family, they all had their say and it's been grand." Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety. Care plans had been regularly reviewed to make sure they held up to date information for staff to refer to.

We could see in people's care plans that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services. We spoke with two visiting health care professional who supported people who lived in the home. They told us that the staff were very good at contacting them and asking for advice and support promptly and made appropriate referrals where necessary.

The home had a complaints procedure and we saw that complaints had been managed in accordance with the home's procedures. People we spoke with were aware of who to speak with if they wanted to raise any concerns. The registered manager told us they preferred to deal with people's concerns as and when they arose.



Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). The people we spoke with told us they thought the home was well managed and staff said that they enjoyed working in the home. They also told us that they felt supported by both the registered and deputy managers. One member of staff told us, "It's busy but I like it. The manager is really approachable; you can go to her with anything."

We saw during our inspection that the registered and deputy managers were accessible to staff and spent a lot of time with the people who lived in the home and engaged in a positive and open way.

Since the last inspection in July and August 2015 we could see the changes that had been made to improve the overall safety and quality of the service. These improvements meant that during this inspection we found that all the essential fundamental standards had been met.

The premises were well maintained. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning schedule in place and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.

There were processes in place for reporting incidents and we saw that these were being followed. There was regular monitoring of incidents and these were reviewed by the registered and deputy manager to identify any patterns that needed to be addressed. Where required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.

Relatives and advocates of those living in the home were regularly involved in consultation about the provision and its quality. We saw that regular reviews were held. This meant that people and or their representatives could make suggestions or comment about the environment they lived in.

As well as informal discussions with people and their relative's about the quality of the home, surveys were undertaken to find out what people felt about living at Wyndham Manor Care Home. We saw that people's views about the quality of the care and the home had been obtained via questionnaires. Every one asked had provided positive responses about a variety of things in the home. We saw that 100% of the people asked said they felt safe in the home and were treated with dignity and respect. Resident and relatives meetings had taken place. These were used to share news and information about the home and to address

any suggestions made that might improve the quality and safety of the service provision.