

Barchester Healthcare Homes Limited

Wykeham House

Inspection report

21 Russells Crescent
Wykeham House
Horley
Surrey
RH6 7DJ

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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

Wykeham House Care Home is a nursing home providing personal and nursing care for up to 76 older people with a variety of care needs including dementia. At the time of the inspection there were 52 people living at the service.

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

We found improvement had been made since our last inspection, people and their relatives spoke positively about the service and the provider had taken action to improve people's experience living at the home.. This meant that there was sufficient staffing to support people's needs and staff had the appropriate skills to support people. People told us that they felt safe with staff. Staff knew how to recognise a safeguarding concern and how to report this. Risk assessments were in place to enable staff to support people safely and staff had a good understanding of people's needs.

Medicines were managed safely by staff who had received appropriate training. People received their medicines on time and were supported with their medicine needs.. Good infection control was maintained and people were protected from infection. Lessons were learnt when things went wrong and practice was improved.

People were supported to have maximum control and choice in their lives and staff supported people in the least restrictive way possible and in their best interests. A variety of activities were available to people when they wished to be occupied. We observed staff spending time with people and providing meaningful occupation throughout the day.

Quality assurance was effectively carried out with a wide variety of audits being undertaken and actions completed. Assessments were carried out by the registered manager prior to people moving into the home. These were detailed and personalised. Staff were aware of people's needs and received appropriate training to support them.

People told us that the staff were kind and caring, we observed staff interacting positively with people who they knew well. The registered manager completed daily walk arounds to monitor the service including the interactions had between staff and people to ensure the atmosphere was kind and caring.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection The last rating for this service was requires improvement (published 21 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information 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 ●

Wykeham 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 Care Act 2014.

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

This inspection was carried out by three inspectors.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with five people about their experience of the care provided. We also spoke with three relatives of people. We observed interactions between staff and people and observed how people appeared throughout the day. We spoke with nine members of staff including, the registered manager, deputy manager, nurses, care workers and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and the activities schedule.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since our last inspection, the service had reviewed the care plans and risk assessments to ensure they contained up to date and relevant information about risks to people and their needs.
- Care plans were detailed and contained information about people's needs and how best to support them. One person was living with a mental health illness and there was a specific care plan in place giving information about their illness and what staff needed to do to care for the person. This included information on how to support the person when they became anxious and may put themselves at risk.
- Risk assessments were undertaken, and staff were aware of risks to people. One person was at risk when using their wheelchair, an assessment was in place and we saw staff following this throughout the day. The risk assessment stated staff needed to ensure there were no obstacles in the persons way and that a member of staff always knew the persons whereabouts when in the wheelchair. We saw this to be happening.
- Another person was at risk of pressure damage to their skin; they had a care plan and risk assessment in place. The nursing staff were able to describe in detail the care the person required, the risk assessment stated that the person needed to be turned every four hours and documentation confirmed that this was taking place.
- Risks to people's skin integrity was monitored. When people did sustain a wound, a booklet was kept that enabled the staff to monitor the wound. Photographs were taken and specific care plans were completed.
- Moving and handling practices observed by staff were carried out safely and in line with best practice. People had moving and handling care plans and risk assessments in place. One person had made a decision not to use their foot plates on their wheelchair due to their wish to maintain their independence. A detailed risk assessment was completed and we saw staff following this guidance.
- Individual risk assessments had been carried out for people due to COVID-19, these identified specific risks to people and highlighted extra precautions that needed to be taken to keep people safe.

Staffing and recruitment

At our last inspection the provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staffing levels had been reviewed in line with the services staffing policy to ensure there was adequate staffing in all areas of the home. Peoples level of need were reassessed and a plan was put in place for this to be checked daily by the registered manager. We saw this was being actioned.
- We observed staff having time to spend with people and were able to carry out their roles. One person told us, "I have no trouble getting staff."
- In the area where people were living with dementia, we observed staff to be present in communal areas all the time to support people, this included supporting them to safely move around the home as they wished.
- Staff told us that there were enough of them to carry out their roles. One staff member told us, "Staffing is absolutely fine; we are a very tight team and support each other. We have a very positive attitude which gets things done." Another staff member said, "We do have days when were short staffed due to sickness. No one waits for their care here though. The majority of call bells we get straight to. We all work to the same ethos."
- Where there are any gaps in staffing levels, the registered manager will use bank or agency staff to cover the shift or permeant staff members will come in to support.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person said, "I have no concerns. I get along well with the carers, they are never rushed or rough, they do look after me."
- Staff understood how to report any safeguarding concerns they had. One staff member told us, "I raise any concerns I have or observe with my line manager and they are always acted upon."
- Staff received training in safeguarding and a log was kept to record any safeguarding concerns and referrals were made to the local authority.

Using medicines safely

- Medicines were managed safely by staff who had received suitable training and people received their medicines on time. Medicines were correctly stored and disposed of and this was monitored.
- People had individual protocols in place to guide staff when and how to give specific medicines as they were required. The protocols outlined individual preferences and needs of the person to support them with their medicines.
- Medicine audits were completed monthly to ensure medicines were being administered safely. Audits showed there were no gaps in administration and that medicines were stored safely, we observed this to also be the case.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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.

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 had the appropriate legal authority and were being met.

At our last inspection the provider had failed to gain appropriate consent to care and treatment. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Since the last inspection, MCA training had been delivered to all staff and was included in the induction programme for new staff members. The registered manager had reviewed capacity assessments and DoLS applications and had created trackers to monitor this going forward.
- Staff were observed working in line with the MCA. We observed one member of staff asking for consent before assisting someone with their meal. One staff member said, "Giving people choices is really important. What they want to wear, what will help them have a nice day, when to have personal care, what they want to eat."
- Peoples rights were protected, and staff acted in accordance with the MCA. Capacity assessments were completed, and best interest decisions were documented to support and protect people.
- Appropriate applications had been made to the local authority for DoLS authorisation and these were

understood clearly by staff members.

- Care plans contained details about decision making and the support people needed. One person had fluctuating capacity, this meant that they were able to make some decisions but not others. This was clearly documented in the care plan and gave staff guidance on how to support the person to ensure their rights were protected.
- Another person with capacity wished to make a decision that was not in line with the moving and handling policy of the home. This wish was respected, and a detailed risk assessment was completed to ensure the person was as safe as possible. Staff had a good understanding of this risk but also the importance of respecting the persons decision.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to appropriately train and supervise staff in their role. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The skills of staff and training had been reviewed across the service. Additional clinical support had been facilitated since the last inspection. This support was provided by the clinical development nurse through group supervisions and one to one opportunities for learning and updating practice.
- Staff received appropriate training. One staff member told us, "I completed eLearning then went through all the roles. Shadowed for about two weeks which was brilliant. I was able to get to know the residents to get to know how they like to be cared for." Another staff member said, "I love all the training and do as much as I possibly can."
- Staff received a variety of training courses that supported them to carry out their roles. The registered manager told us that they had been working on increasing the variety of skills within the team. To allow the team time to develop, the home was only admitting people with needs that were manageable.
- Regular supervisions were carried out and staff felt supported. Specific areas of development and training were being worked through in individual supervisions. The registered manager completed clinical supervisions with the nursing staff to support their development of clinical skills.
- The registered manager told us that they were currently supporting the staff to improve on the quality of daily documentation. A template of how the registered manager wanted staff to document had been drawn up and the registered manager was explaining this during supervisions.

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

At our last inspection the provider had failed to assess and plan care and treatment before people moved in. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- A new auditing system had been implemented to ensure adequate information about peoples needs was being gathered prior to them moving to the home. The registered manager and the deputy manager took responsibility for completing pre-assessments for people and ensure this information was obtained and

shared with the rest of the team.

- Detailed assessments were completed before someone moved into the home. One person's pre-assessment highlighted that they were at risk of falls. Appropriate risk assessments were completed prior to the person moving in based on the information gathered.
- Information about needs, preferences and choice was gathered so staff knew about the person's needs and personal preferences. This information was detailed and included in the care plan.
- The registered manager told us that when a new person was moving into the home, this would be discussed with all heads of departments to ensure everyone understood the support the person needed.

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

- People told us they enjoyed the food. One person said, "The food is very good and there is a wide variety." Another person told us, "The meals are excellent, no complaints about the meals."
- We observed the lunch time experience had a relaxed atmosphere for people to enjoy their meals. One staff member told us, "We make sure people get the meals of their choice, so we show an example plate of the meal on the day, and also have picture cards of food types."
- We observed staff supporting people and offering them choices of what they would like to eat. One person requested to have a little of each meal option, we saw this was provided.
- One person was at risk of malnutrition and dehydration; this was stated in their care plan and risk assessment. A referral to the dietician had been made and their weight was being regularly monitored. Their care plan also included details of food preferences to try to encourage the person to eat.
- The chef demonstrated an awareness of people's dietary needs and told us that he liaised with the nurses who informed the kitchen of people's modified dietary needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs

- People told us they had access to healthcare professionals and this was documented in people's care notes. We saw appropriate referrals had been made to GP, tissue viability nurse (TVN) and chiropodist.
- The service had good links with other agencies. One person had recently been discharged from hospital and had multiple agencies involved in their care, this was clearly documented and instructions from the TVN and GP were being correctly followed by staff.
- The service was purpose built with adapted bathrooms available. We observed furniture to be appropriate and useable for people and people's bedrooms contained personal items. People living with dementia had bedrooms on the same floor, this floor contained appropriate signage and decoration to support people. The registered manager told us that they were taking part in a new dementia programme to further develop the dementia care they provide.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection we recommend the provider reminds staff of the importance of interacting with people when undertaking their duties and then checked regularly that this is happening in practice. At this inspection we found improvements had been made. The registered manager addressed this with staff in supervisions and continued to monitor staff interactions through daily walk arounds and observation.

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

- People told us that they were treated with kindness and respect. One person said, 'Staff are kind, very nice, I get on with all the staff.' Another person told us, 'The staff are lovely, always a kind word to say. They are very very good.' A relative said, 'The staff here are quite brilliant; very good at listening and I have never met a carer who doesn't want to listen to me'
- We observed staff interacting with people in a kind and caring manor. A member of staff was setting the table for lunch and engaging with the people sat in the dining room. We also saw staff chatting kindly with people whilst supporting them to walk or reposition.
- The registered manager told us that one person wanted to their bedroom redecorated but they became very anxious about leaving their bedroom. The registered manager had arranged for the persons relative to come and help with the redecoration, so the person felt more comfortable.
- One person became distressed during the day, we observed a member of staff reassuring them and comforting them by singing to them, this interaction appeared to be helpful for the individual

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

- People were encouraged to express their views and were involved in decisions about their care. One person told us, 'I feel very lucky living here; it feels like we work as a team which helps to gets things done. There is always some discussion with me before things happen.'
- People's care plans contained personalised information about how they would like to be supported. This included information on what time they would like to get up and what clothes they might like to wear.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence, one staff member told us, "About 4 to 5 residents are self caring but I will always check if they need anything. Some of the ladies like to the lay the tables for meals."
- We observed staff promoting people's privacy throughout the day, staff would knock on people's doors before entering and spoke to people politely.
- One person liked to have their bedroom door shut at night to maintain their privacy, staff were aware of this and this was documented in their care plan.

Is the service responsive?

Our findings

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

At the last inspection this key question was requires improvement. At this inspection this key question has improved to good. This meant people's needs were not always met.

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

At our last inspection the provider had failed to plan care and treatment around people's needs and provide meaningful activities which was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The registered manager had meet with the activities team since the last inspection to discuss the activities and meaningful occupation provided. The activities schedule was reviewed and a wish list was completed with each person to identify how they would like to spend their time.
- We observed group activities taking place throughout the day which people interacted with positively such as flower arranging, decorating cakes and games. Activities and social interaction were planned for people who stayed in their bedrooms and this was delivered as and when people wished.
- One person told us "Activities at weekends – this is the problem. They don't seem to get off the ground. It can be a bit lonely and people can be at a loose end. I would like weekend activities to have more of a focus." We fed this back to the provider and they told us they would review this persons care plan to ensure they were receiving enough interaction at the weekend.
- Meaningful occupational was facilitated alongside the activities programme. A staff member told us that they spent time with people on a one to one basis playing games and supporting people to sit together and watch soaps in the evenings.
- We spoke with the regional activities lead who told us that work had gone into improving the activities within the service. They spoke about the whole home approach where the expectation was that all staff members supported with activities. After the inspection, the service sent us activities schedules that showed a wide range of activities on offer.
- Care plans were highly personalised and contained information about peoples life histories, wishes and preferences. One staff member told us, "We use 'Getting to know me' books for those living with dementia. This is their life story which we get from families. It includes a potted history and photos. It is a really big thing when understanding individual needs."
- The registered manager told us there were plans to use the 'Getting to know me' books for everyone living in the home to ensure person centred care could be provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had adapted its approach to support people with different communication needs. For example, one person had a sight impairment, we observed staff ensuring they had their call bell to hand and that their radio was within reach. This was also documented in their care plan.

Improving care quality in response to complaints or concerns

- The service had a complaint procedure in place and people knew how to raise any concerns. One person told us, "The manager really listens; I would not hesitate to go to them if I had to complain." A relative said, "I am confident that any concerns I have get passed on to the relevant person to deal with."
- A complaints log was kept with details of the complaint, the investigation and the actions taken. This enabled quality of care to be improved and issues reflected upon.

End of life care and support

- People were supported at the end of their lives by staff who had received appropriate training and had access to the appropriate support.
- Care plans included information about people's wishes and preferences in relation to end of life care. Plans were in place to support people to receive the care they wanted and to have their family and friends present.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to adequately assess, monitor and improve the quality and safety of the service which was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The leadership structure throughout the home had been reviewed since the last inspection. A lead nurse had been established for each area of the home to improve the ongoing monitoring and quality of care provided.
- The service had a registered manager who people spoke positively about. One person said "[Registered manager] has great empathy and always listening. I have seen her roll her sleeves up and help out on the floor – nothing is too much for her." A staff member said, "[Registered manager] is amazing – approachable and good at listening. She pulled us through COVID and were behind every single one of us every step of the way".
- Leadership was consistent, and staff were supported in their roles. One staff member said, "The deputy and manager are just great people, they are compassionate." Another staff member told us, "Communication is great here. We have regular staff meetings and every single department and head of department is represented."
- A variety of audits were in place to monitor quality, risk and regulatory requirements. The actions of these audits were recorded and signed off when completed, we also show evidence of these actions being shared in team meetings and newsletters.
- Clinical review meetings were held where any outcomes from audits were shared and discussed this gave the clinical team opportunity to discuss peoples needs and any areas of risk that people needed to be aware of or take action on.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us that there was a positive culture within the service. One staff member said, "It's the best I've seen it here. Feel like [registered manager] knows us and is very approachable. There's no us and them."
- Regular meetings were held with people, staff and relatives. During the pandemic, meetings were held via zoom but were now returning to face to face meetings. One staff member said, "They are really good here and quick to respond to anything. They're really supportive of us and that makes us feel comfortable. I can't thank them enough for the support they've given me. They are flexible and it makes you want to work with them."
- Relatives spoke positively of the service and felt included in their loved ones care. "The care home have been so supportive of me; the registered manager and deputy are amazing people."

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; Continuous learning and improving care; Working in partnership with others

- Where incidents had occurred, plans were put in place to improve the quality of care. The registered manager sent out a newsletter to staff with any incidents that have occurred including the lessons learnt.
- Duty of candour was followed, one relative told us about a complaint they had made and explained that the registered manager called them to apologise and offered support.
- The provider ensured information was shared with people and their relatives. They had recently implemented 'resident of the day' this was a set day every month where relatives would receive an update. The registered manager had also created a communication log so all communications with relatives were documented.
- The service had good working relationships with other healthcare professionals. We could see evidence of communications and working together between the service and other professionals in the care notes.