

Wyncroft Care Limited

Wyncroft House

Inspection report

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Tel: 01384291688

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Our focused follow up inspection was unannounced and took place on 17 October 2016.

We carried out an unannounced comprehensive inspection of this service on 20 and 21 June 2016. A breach of legal requirements were found. These related to there not being systems in place to show how staff were being supported, how the quality of the service was being managed and the quality checked. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this focused inspection to check that they had followed their action plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wyncroft House on our website at www.cqc.org.uk.

Wyncroft House is registered to provide accommodation and support for 38 people who may have dementia. On the day of our inspection there were 37 people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act (2008) and associated Regulations about how the service is run.

The provider had taken appropriate actions to ensure systems were in place for staff to be supported. We found that supervisions, staff meetings and appraisals were now taking place.

Care plans were in place which showed how people wanted to be supported and the appropriate review documentation was in place.

Systems had been implemented so the appropriate audits, checks and monitoring of the service could be carried out by the registered manager and provider.

The provider was able to show evidence of their last questionnaire conducted to confirm how people were able to share their views on the service. We saw that meetings had been implemented so people could share their views about the service on a more regular basis.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was well led.

We found that action had been taken to improve the auditing and monitoring systems and to support staff appropriately.

Records were now evident to show how people were to be supported.

We could not improve the rating for well-led from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Wyncroft House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector.

We undertook an unannounced focused inspection of Wyncroft House on 17 October 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 20 and 21 June 2016 had been made. We inspected the service against one of the five questions we ask about services: Is the service well-led? This is because the service was not previously meeting some legal requirements.

We checked the information we held about the service and the provider. This included the provider's action plan, which set out the actions they would take to meet legal requirements.

During our inspection we spoke with two relatives, two members of staff, the registered manager and the deputy manager. We looked at the care records for two people, the supervisions and staff meeting records for three members of staff and systems in place for auditing and monitoring the quality of the service.

Is the service well-led?

Our findings

At our inspection on 20 and 21 June 2016, we found that the provider failed to ensure that staff received appropriate support to meet people's needs. Systems were not in place to show how they audited, checked and monitored the quality of the service. We found that we were unable to see appropriate paperwork to show how people's assessed needs were identified and care plans were not in place to show how people's needs were to be met. The provider was unable to show how reviews were conducted and who attended. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

At this focused inspection, we found that the provider had taken action and made the required improvements to ensure they were meeting Regulation 17.

A relative said, "When I visit the home it is well led". A Staff member said, "There has definitely been improvements. The manager is visible around the home". We found that the registered manager had carried out checks and audits around the home. We saw that medicine audits had taken place since our last inspection on a two and four weekly basis and the pharmacy had also carried out a check of the medicines process within the home. The provider had visited the home since our last inspection and they had made a record of their visit. We found that while the provider had undertaken checks on the home they needed a more effective system to identify any concerns they found from their visit. The registered manager had already acknowledged this and had put in place a more comprehensive form that the provider would complete on their future visits and this would be part of the supervision process for the registered manager. A staff member said, "I have seen the provider visiting the home and I am able to speak with them".

A staff member said, "I have had supervision and a staff meeting has taken place". We were able to confirm this from the documentation we saw. We found that staff were also receiving appraisals as a way of identifying their development needs. A staff member said, "I do feel supported and I can go to the manager when I need to".

We found that a new care plan system had been developed since our last inspection. These documents showed how people's needs were being met by staff. A staff member said, "Since you last visited the care plans are better now". A relative said, "I do attend reviews". We saw that review documentation was in place to show when people had a review and the discussion that had taken place.

We found that the provider was now using the local authority's falls prevention protocol so staff would know the appropriate action to take where a person was found on the floor. The registered manager told us that where someone was found on the floor that the nurse in charge would be called and the person would not be moved until a paramedic had been called. We also found that fall prevention training was being put in place for all staff to enhance their knowledge.

We saw evidence to show that questionnaires were being used to gather people's views on the service. We saw that one survey that had taken place and the registered manager confirmed the next survey was overdue and would go out shortly. However the provider needed to identify how any actions resulting from

the questionnaire process would be actioned and how this would be communicated to people. We saw that meetings were now being introduced for people to attend and the first one was taking place on the 21 October 2016.