

Homecroft (Four Oaks) Limited

Wyndley Grange Nursing Home

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

This inspection took place on 18 and 19 October 2017 and was unannounced. At the last inspection on 03 and 08 November 2016 the service was rated as 'Requires Improvement' overall and specifically in the key questions of 'is the service; 'Safe', 'Responsive' and 'Well-Led'. At this inspection we found the provider had made significant improvements in these areas.

Wyndley Grange Nursing Home provides accommodation and nursing care for up to 64 people. At the time of our inspection there were 49 people living at the service. The location is divided into two units, Wyndley Grange and Wyndley Mill which are adjoined by a court yard.

There were two registered managers in post, who shared the managerial responsibilities for the home. 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.

People were kept safe by staff who understood how to identify when they were at risk of harm and abuse. People were supported by a staff team who had the skills to support them effectively.

Staff sought people's consent before providing care and support. Staff understood when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People's rights to privacy and confidentiality were respected by the staff that supported them and their dignity was maintained.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there were positive interactions between staff and the people living at the location.

People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well and benefitted from opportunities to take part in activities that they enjoyed.

The provider had quality assurance systems in place in order to develop service delivery.

Relatives and staff were confident about approaching the registered managers if they needed to and they

responded to complaints and concerns appropriately.

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 were kept safe because there were sufficient numbers of staff to provide care and support.

People were receiving their medicines as prescribed.

People were supported by a staff team who understood how to protect them from abuse.

People were supported by staff who were recruited safely.

Is the service effective?

Good ●

The service was effective

People were supported by a staff team who had the skills to support them effectively.

People's rights were upheld when staff were making decisions in their best interests.

People were supported appropriately to ensure their nutritional needs were met.

Is the service caring?

Good ●

The service was caring

People were supported by a staff team who were kind and caring towards them.

People's privacy and dignity was upheld and their independence was promoted.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive

People felt the care they received met their needs and preferences.

People's care needs were reviewed regularly.

People were able to access activities and leisure opportunities that interested them.

People and their relatives knew how to raise complaints as and when required.

Is the service well-led?

The service was well-led

The views of people and their relatives were sought and used to develop service provision.

People felt the service was well-led and gave positive feedback about the registered managers.

People were supported by staff that understood their roles and were clear about their responsibilities.

Good ●

Wyndley Grange Nursing 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 19 October 2017 and was unannounced. The inspection team consisted of an inspector and an expert by experience on the first day of the inspection, and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with seven people who used the service and three relatives. We spoke with two visiting health care professionals, the registered managers, two senior nurses, four care staff, the activities co-ordinator, the chef, the staffing and training facilitator and an independent consultant. To help us understand the experiences of people we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people living at the service. We also carried out observations across the service regarding the quality of care people received. We looked at four people's care records, records regarding medicines management and records relating to the management of the service; including recruitment records, complaints and quality assurance records.

Is the service safe?

Our findings

At the last inspection in November 2016, we rated the provider as 'requires improvement' under the key question of "Is the service safe". At this inspection, we found the service had made significant improvements in the areas identified, although some improvement was still required.

At the time of our inspection there was an incident being investigated by one of our partner organisations regarding concerns of neglect, verbal abuse and moving and handling of people

During our inspection in November 2016, it was identified that where people were unable to use their call bells to summons assistance, and were cared for in their room, their records did not show how often they needed to be checked or when the person was been checked to ensure that they were safe. At this inspection we saw that significant improvements had been made and people's records were now being completed, showing how often they were checked.

At the previous inspection we had identified that risk assessment for the use of bed rails had not been completed. During this inspection we saw that the provider had put measures in place to carry out such assessments.

At our inspection in November 2016, it was identified that people who had been prescribed medicines on an 'as and when required' basis might not have had these given as prescribed because the information to show staff how and when to give these medicines was either not kept or lacked sufficient detail to enable decisions to be made. At this inspection we saw that this had improved. We saw that where people needed medicines to be given on an 'as required' basis clear instructions were in place for care staff that outlined personalised information relating to the person and their specific medicines. A person we spoke with told us, "I have some tablets for pain if I get it, and if I ask for them they [staff] gives them to me straight away, even at night".

At our previous inspection we saw that where people had repetitive behaviours that staff found difficult to manage the staff had become complacent and did not take actions they would usually take to ensure that people remained safe. At this inspection we saw that staff were attentive to the needs of people, they were aware of people's behaviours that might be difficult to manage and how best to support them. For example; we saw one person moving around the dining room a great deal during meal times. We saw staff being patient with the person, talking to them calmly and trying to encourage them to eat their meal. The person was not distressed at all and was supported to eat. We spoke to a senior nurse during the inspection that was able to explain the person's behaviour and that staff knew how to support the person. We saw that the person's care notes reflected this.

Prior to our visit we had received whistle blowing concerns regarding unsafe transport of hot food in the dining room, inappropriate use of hoists for transferring people from one chair to another and not administering medicines as prescribed. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or

some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself. During our visit we saw that all of these concerns were not evident in staff practice and that people were kept safe.

People told us they felt protected and safe from the risk of harm or abuse. One person told us, "I don't think I'd be here if it wasn't for them [staff]. I know I'm safe here in their hands. I used to fall such a lot at home especially at night. I was constantly in and out of hospital but now I'm never alone for long and have all the staff here to help me get around and keep an eye on me". Another person told us, "There's always someone around to help me if I want them. If I ring my buzzer, day or night time, they're here in a flash". A third person told us, "I love it here [Wyndley Grange]. People [staff] keep me safe all the time and keep an eye on me, my goodness they do, they are kindness itself. Would I rather be in my own home again? Of course I would, who wouldn't. Am I safe and happy here? You bet I am, I have got my confidence back because I know there's always someone around and the people and the place are wonderful". A relative we spoke with told us, "They [staff] keep [family member] safe and as free from pain as they can. They are so kind".

During our inspection we saw that staff were supporting people in a safe way. We saw them supporting people to move around the home safely, including where the use of equipment was required to help people stand or transfer from one chair to another.

Staff we spoke with told us that they had received training on keeping people safe from abuse and avoidable harm, and were able to give us examples of the different types of abuse. A staff member we spoke with was able to explain the different types of abuse that they would look out for and the signs that would alert them that someone might be at risk. They gave us an example of signs associated with someone being abused, "If they're [person using the service] flinching, if there's any bruising or marks or if there's a change in their behaviour". Staff we spoke with were aware of what action to take if they suspected that someone was at risk of harm or abuse, one staff member told us, "I'd report it to the clinical manager to report it".

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us, "Risk assessments are carried out within the first 48 hours of someone being admitted to the home. We evaluate them on a monthly basis". We saw that the provider carried out regular risk assessments and that they were updated regularly in care plans to minimise future incidents. The provider had systems in place to ensure that all accidents and incidents were recorded and acted upon. We saw that measures were in place to reduce the risk of reoccurrence and to improve the service to ensure that people remained safe.

The provider had procedures in place to support people in the event of an emergency such as a fire. Staff were able to explain how they followed these procedures in practice to ensure that people were kept safe from potential harm. A staff member we spoke with told us, "We evacuate the building unless they [people] can't get out. We have a 'stand still' policy and there are fire doors that are fire resistant for 30 minutes". By talking to staff we were assured that they knew how to respond to keep people safe in an emergency.

People we spoke with told us they felt there were sufficient numbers of staff in place to keep them safe. One person told us, "Yes there are always plenty of staff around. Nothing is ever any trouble for them. If I'm in my room the girls [staff] are always popping in". Another person said, "Yes there's always enough staff even at the weekend. [I have] Never had a problem at all". We saw there were sufficient numbers of staff in place to keep people safe from harm. We confirmed with the registered manager that there were systems in place to assess the staffing levels that were required within the service.

We looked at how the provider ensured that staff members were recruited safely for their roles. We saw a range of pre-employment checks were in place and were completed prior to new employees starting work in

the service. These included identity, reference and Disclosure and Barring Service (DBS) checks. DBS checks enable employers to review a potential staff member's criminal history to ensure they are appropriate for employment.

People told us they were happy with the support they received with their medicines. One person told us, "I take a lot of tablets, morning, lunchtime and bedtime. The girls [staff] come, same time every morning, just before breakfast and I have it in a little pot. They give me a drink, check I've had them, we have a little chat about how I am and then they go". Another person said we spoke with told us how staff ensure that they receive their medicines on time and stay with them until they have been taken as prescribed. We saw medicines were stored safely in the service and systems were in place to record medicines given to people on medicines administration records (MAR). We found stock levels of medicines in the service reflected the amounts outlined on people's MAR charts.

Is the service effective?

Our findings

People we spoke with told us care staff had the skills needed to support them effectively. A person we spoke with told us, "They [staff] are very well trained, they are brilliant. They know what they are doing". Staff told us the training they received was good and that they were well supported in their roles. A member of staff we spoke with told us, "If I feel I need more training in a certain area, I know I can go and discuss it with them [registered managers]". We saw that the provider had systems in place to monitor, review and update staff training when it was required to do so in line with the needs of the service.

We saw that the provider supported staff with regular supervision to ensure that they could discuss any issue relating to their role. A new member of staff we spoke with told us that they had not yet had their first supervision but were able to approach senior members of staff for advice and guidance when needed. The operations manager informed us that they carry out supervisions with staff every six to eight weeks and appraisals every six months. We saw that the provider had systems in place to identify when supervisions and appraisals were due. They told us that they operate an open door policy if staff need to discuss anything with them.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider had made appropriate applications to the local authority to deprive people of their liberty where this was required to keep them safe. Members of staff we spoke with told us that they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty. A member of staff we spoke with gave us an example of how the provider had to deprive a person of their liberty as they had a history of leaving the home unaided. They told us that people can leave the home if they wish to, but in this case it was in the person's best interests that they were prevented from doing so as it would be unsafe for them.

People who had capacity to consent to their care told us staff always sought their permission before providing support. For example, we observed a member of staff who was supporting a person in their own room. Every time the staff member left the room they told the person they were, "Just popping out, back in a minute [person's name]". When they returned to the room they knocked the door, said who they were and asked, "Is it okay for me to come in." Staff understood the importance of gaining a person's consent before supporting their care needs. We saw staff asking people's permission before supporting them with their care and support needs. We found consideration had been made around the person's history, preferences and risks to them in addition to discussions being held with appropriate representatives before decisions were made in the person's best interests.

People told us they enjoyed the food and drink available within the service. One person told us, "The choice

and quality of food here is exceptional. The selection is good anyway, but if you fancy something else, or you're feeling a bit 'off colour' you can have whatever you fancy, nothing is too much trouble". Another person told us, "You can do what you like and eat what you fancy all the time, there are no restrictions here. Sometimes it's like being in a hotel. The food is beautiful; we have a lot of choice. The chef is very imaginative". We spoke to the chef who told us, "Sometimes residents [people using the service] will have a change of mind or have to go to the hospital during the day, so we will do a light lunch for them. Sometimes we do their main meal at night if that's what they prefer that day. It's their home and their choice, it's no problem". Staff were aware of where information was held regarding people's dietary needs. We found choices were made available to people at breakfast and lunchtime. People appeared to enjoy the food they ate. We saw where there were concerns about people's food intake, monitoring records were kept and accurately completed and referred to the GP if necessary.

People felt they were supported to maintain their day to day health. A person we spoke with told us, "If I feel a bit unwell and I'm worried about it, the staff will ring the doctor. The doctor comes anyway each week". Another person said, "Oh yes, they [staff] will get the doctor if they need to. They take me to hospital for check-ups when it comes around; they're really good like that". A health care professional we spoke with told us, "They're [staff] good on the phone, they're really aware of the patients [person using the service] needs. [People's medical] notes are fab, very concise. Instructions are followed well, for example; when [preparing] thickening fluids the consistency is good. They use their initiative too and they don't put patients [people] at risk". Another health care professional we spoke with said, "I have no concerns, they're [staff] very responsive. When they saw [person's name] was getting a bit 'vacant' [unwell] they got the GP in". We saw from care plans that people were supported to access a variety of health and social care professionals. For example, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly.

Is the service caring?

Our findings

People told us care staff in the service were kind and caring towards them. A person we spoke with told us, "They [staff] treat me so very kindly. I get a bit down in the dumps. They sit with me in my room for a chat, they make me feel better, and they're always here whenever I need them". Another person said, "They're [staff] lovely, really lovely people. They're so very kind and yes, always respectful. They are very good to me, always have been, I don't know what I'd do without them". We saw that there was good interaction between staff, people living at the home and their relatives. We saw that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people and spoke to them affectionately.

People we spoke with told us they were consulted on how they preferred to receive their care and support. A person we spoke with told us, "Oh yes, they [staff] always listen to me, ask me what I want today, wash or a shower, I like a shower you know". We found care staff understood people's preferences and people were offered choices and prompted where appropriate about decisions connected to their day to day care. For example; when asked about meal preferences and personal choices all of the people we spoke with told us they had a choice of where they took each of their meals each day and could change their mind if they wanted. People told us they had the choice of whether they preferred to eat in the lounge, with an over the lap table, or in their own room. Two residents told us that they occasionally went over to the adjoining unit to have lunch with friends. Staff told us how they supported people to be as independent as possible. A member of staff we spoke with told us, "If I know someone [person using the service] is capable of helping themselves, I encourage it". They explained to us how they encouraged people to wash and eat unaided. Throughout the day we saw staff supporting people to make decisions for them, where practicable, regarding what they wanted to do and promoting their independence.

People told us they were treated with dignity and respect by staff. A person told us, "The girls [staff] are wonderful, they're very respectful". We saw care staff respected and upheld people's dignity and privacy when providing care and support. A member of staff we spoke with said, "We [staff] make sure that curtains are drawn and that we keep them [people using the service] covered as much as possible when doing personal care". We observed people being supported to move with the use of hoist. Staff spoke to people throughout the transfer and ensured the person was moved in a dignified way.

People's relatives and friends were able to visit without any unnecessary restrictions. One person told us that their friends and family were made welcome by the staff and visited whenever they wanted to. A relative we spoke with said, "I visit my relative [person using the service] most days, sometimes I have a meal, but yes, I can come when I want. There are no restrictions about people coming here night or day". We saw relatives and friends visiting throughout the day, they were able to meet with their family members in communal areas or in the privacy of their own rooms. This showed us that the provider supported people to maintain relationships that were important to them.

Is the service responsive?

Our findings

At our previous inspection in November 2016 we rated the provider as 'requires improvement' under the key question of "Is the service responsive" At this inspection, we found the service had made significant improvements in the areas identified, We had identified that where appropriate people were supported to access health and social care professionals, however information was not always recorded to ensure that instructions from other health care professional were followed, monitored and records maintained. At this inspection we saw that this had improved. Information was being documented during staff handovers and passed on to staff so that they could support people's needs. We saw that information from health care professionals was being adhered to when supporting people with their care needs. A visiting health care professional explained how communication between themselves and staff was positive. They told us that peoples medical history was kept up to date, including weight monitoring and fluid intake,

People and relatives we spoke with told us they received care that met their needs and preferences. One person told us, "We are having a meeting soon, you know a review. We do them every so often to make sure nothing's changed and that I'm still happy. My daughter comes as well". A relative we spoke with told us how the provider had responded to the needs of their family member and supported them to live a healthier life. They explained how they had helped them to walk independently by encouragement and regular physiotherapy session. They continued, "Now sings and smiles and they are completely different, back to themselves. Still with dementia of course but underneath just the same. I can't tell you how wonderful the staff are. Brilliant with [family member], just brilliant, and so kind. [Family member] wants for nothing and has started to put a bit of weight back on." We saw care plans contained personalised information about people and their needs. We saw from records that people were consulted as part of these reviews to ensure they were receiving care and support relevant to their needs.

A member of staff we spoke with told us that they had received equality and diversity training and understood about promoting it. They told us, "One person is gay and they have a sexuality plan in place". They also gave us an example how the provider supported cultural and religious activities, an example they gave was how certain members of staff were given time to pray according to their beliefs.

People told us they were happy with the activities that were available to them. A person told us, "There's always a lot going on, my friend [person's name] and I are just going over to the Mill [Wyndley Mill unit] for a sing song so I can't chat to you for long. It's really nice because we have the choice to sit quietly or to join in with whatever's on offer". Another person said, "There are lots of things to do here, whatever you like. We have entertainers, we do board games, jigsaws, quizzes, bingo, film afternoons you name it goes on here. We have parties and musical movement and all other things. You can opt in or out". We saw that the provider had systems in place to identify what activities people liked to do individually or part of a group. We saw that suggestions were recorded and plans were developed to ensure that people got the activities and events they requested. This showed us that the service was responsive when supporting people's hobbies and interests. We saw that there were reminiscence activities for people with dementia, which families were involved in talking about people's life history. The Activity Co-ordinator had trained as a Dementia Locksmith. A dementia locksmith is named to describe a role that finds the key, unlocks people's potential

and unpicks issues in their present experience of life. They have specific responsibilities relating to the psychological, spiritual, social and recreational well-being of the individuals who experience dementia or other mental health issues, and who are vulnerable to the risk of exclusion and isolation.

People and relatives told us they were aware of how to raise a complaint if they needed to. A person we spoke with told us, "There's nothing to complain about at all, but I would speak to staff if I had to". Staff we spoke with understood how to support people to raise a complaint with the provider if and when required. We saw the provider had systems in place to record complaints and provide an appropriate response when required. We saw that complaints and concerns were monitored and used to improve service quality and were provided in an accessible format.

Is the service well-led?

Our findings

At our previous inspection in November 2016 we rated the provider as 'requires improvement' under the key question of "Is the service well led". Some staff told us that they did not always feel supported by the management, there was favouritism towards some staff, and that issues were not discussed in a transparent way. Some staff said they did not always feel valued and their contribution and experience was not taken into account. Some staff reported that they would not approach the management with ideas and suggestions about improvement as they did not feel listened to. Some staff told us that they felt intimidated by other staff members and when they reported this to the management nothing was done. At this inspection, we found the service had made significant improvements in the areas identified. We observed positive relationships between members of staff and the general atmosphere within the home appeared to be good. A member of staff we spoke with said, "Yes, the managers are approachable". Another member of staff told us, "[Registered manager's names] listen to us [staff]". They then gave us an example of a suggestion they had offered to the registered managers to promote the health needs of people using the service, based on their personal health experiences. Another staff member we spoke with told us, "Yes I feel valued here. They [registered managers] praise me and I know they trust me".

At the time of our inspection there were two registered managers in post who shared the registered manager's responsibilities; this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The most recent CQC reports and ratings were displayed in the main reception area of the home. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. The provider had systems in place to ensure that the home ran smoothly if the registered manager was off site. We looked at systems the service had in place to monitor the safety of the service. We found that the provider had processes in place for reviewing care plans, risk assessments and medicine recording sheets.

We saw that staff were clear about their roles and responsibilities, so they knew what was expected of them to ensure that people received the appropriate care and support. We saw that the provider had regular staff meetings to inform them of any issues or changes that they needed to be aware of to carry out their duties effectively. Staff told us that they enjoyed working at the home. A member of staff we spoke with told us, "I love it, I love this job". An agency member of staff we spoke with said, "I enjoy it here. If I'm offered the choice between here and another home, I pick here. I know the staff here really well and they know me".

We saw that quality assurance and audit systems were in place for monitoring service provision at the location. A person we spoke with told us, "It's good to get together and talk about things but I think it's something new. The meetings I think are going to be about events and meals and what have you". The registered manager informed us that they are currently gathering feedback from relatives of people who are receiving end of life care at the location. This is being done as part of the Gold Standard Framework [GSF]. The GSF is a nationally recognised training standard for supporting front line staff to provide care and support all people approaching their last year/s or so of life. We saw that the provider had scheduled dates

for further quality reviews, with family feedback and third-party oversight. In addition, the provider had supporting systems currently in place, encourage visitors and relatives to leave anonymous feedback, labelled comments or raise any concerns/complaints by using a suggestion box in the reception area. We saw that the provider was using information gathered to improve service provision.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been two whistle blowing notification raised at the home. From our observations and discussions with people, relatives and staff, we could see that the two concerns raised via the whistle blowing process were not evident at the home. The local authority had investigated and closed the concerns with no further action.

People we spoke with were confident about approaching the managers if they needed to. A person we spoke with said, "The manager or nurse comes around every day to ask how we are. They are all really nice and get things done. If I had anything to say though I'd tell them. You can talk to all of them. There's never an issue about talking to them about anything". Another person told us, "We have chats most weeks, but I know I can talk to them anytime if I want".

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively. The last inspection rating was displayed in the entrance hall of the location, which showed us that the provider was open and transparent about the service they provided.