

Wyndham House Care Limited

Wyndham House Care

Inspection report

Wyndham House
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Kings Lynn
Norfolk
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Tel: 01553631386

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Wyndham House accommodates up to 44 people in one adapted building. At the time of the inspection there 34 people living at the service.

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

People who lived at Wyndham House received care from a staff team who knew each person well. People's views were respected, and they were involved in everything that happened in the service. People were happy living there and relatives trusted the staff team to look after their family members. One relative said, "I think if I am honest, the basic care is fantastic." Another relative was asked if staff knew people well and they said, "Yes I do, it's taken a while though."

Care plans were in place although they required updating to ensure they reflected the individual needs of each person. It was not clear from recording charts if people's needs had been met in line with their plan of care.

Staff delivered care and support that was not always personalised and responsive to people's needs. Staff respected people's privacy, dignity and independence.

Staff understood the risks to people and the measures in place to keep them safe. Systems were in place to manage people's medicines and to reduce the risks associated with the spread of infection.

Sufficient numbers of staff were employed to meet people's needs. Staff received training that gave them the necessary skills and knowledge to carry out their roles and meet the specific needs of people using the service.

People were supported to maintain good health. Staff made referrals to health professionals when required. People were provided with the care, support and equipment they needed to stay independent.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to food and drink based on their individual choice and preferences. People had access to a range of activities within the service, that reflected their specific needs and interests.

Systems were in place to monitor the service, which ensured that people's risks were mitigated, and lessons were learnt when things went wrong. There was an open culture within the service, where people and staff could approach the manager who acted on concerns raised to make improvements to people's care.

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 Good (report published 19 January 2018).

Why we inspected:

The inspection was prompted in part due to concerns received about medicines and staffing levels. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needed to make improvements. Please see the responsive section of this full report.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Wyndham House Care

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.

Inspection team:

One inspector and an assistant inspector carried out the inspection.

Service and service type:

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

The service had not got a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. As there is no registered manager we will refer the person in charge as the manager throughout the report

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider is required by law to let us know about. 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.

During the inspection:

We observed how the staff interacted with people who lived at Wyndham House. We spoke with five people who lived there and three relatives about their experience of the care provided. We spoke with the manager, and five members of staff: assistant manager, two care staff and a domestic.

We looked at three people's care records as well as other records relating to the management of the service. These included staff meeting minutes, medicine records and audits.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 good. At this inspection this key question has remained the same good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Wyndham House. One person said this was because, "It's wonderful here." People's facial expressions and body language told us that they felt safe and comfortable with the staff. Another person told us, "Of course I do, the staff are very good." A relative told us, "[Name] is safe and we are very happy."
- Systems remained in place to protect people from abuse and avoidable harm. Staff continued to understand what to look out for and who they should report any concerns to.

Assessing risk, safety monitoring and management

- Risk assessments gave staff guidance on how to manage risks to people. Staff supported people to take risks and to maximise their independence, choice and control. Risks included those for people with poor mobility, choking and using bed rails. We did however note that two people's risk assessments required updating. The manager had a plan in place for undertaking a review of all risk assessments.
- Equipment in use in the service was maintained and serviced so that it was safe for people to use. This included regular checks of the fire safety equipment to ensure it would be effective in the event of a fire.

Staffing and recruitment

- An external professional felt there was a good relationship between staff, management and people. Another external professional said there had always been staff available to help them.
- The manager told us staffing levels had met people's assessed level of need. People's personal care needs were being met on the day of the inspection. Staff said there were enough staff for the number of people currently living at the service.
- The provider's recruitment policy ensured as far as possible, that new staff were suitable to work in the service.

Using medicines safely

- Medicines were administered and stored safely. PRN, or 'as required' medication had appropriate guidance in place for staff to follow.
- A random stock check of medication found these tallied with the records of administration.
- Staff had undertaken training and had their competence checked. Regular audits were conducted, and action taken when appropriate.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received training and followed safe infection

control practices, and they used personal protective equipment such as disposable gloves and aprons.

Learning lessons when things go wrong

- Staff recorded any incidents and accidents and there had been a number of incidents relating to medicines. These mainly involved recording errors and people did not suffer any harm. Additional training and audits had been introduced to the medicines management to reduce these errors. The manager included accidents and incidents in their monthly report through the provider's reporting systems.
- Staff meetings gave staff the opportunity to discuss any safety issues or investigations from their own and other organisations, to learn from them and to change their practice if needed.

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 good. At this inspection this key question remained the same good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before being offered a place at the service. This was to make sure not only that the staff team could meet the person's needs, but also that the person would be as compatible as possible with people already living at the service.
- The manager ensured that staff delivered care in line with good practice and that the service had equipment available that would enhance people's care and promote independence.

Staff support: induction, training, skills and experience

- Staff had received training to support people using the service and more specialist training in matters such as dementia, medicines and mental capacity. One relative told us, "I know the staff have times when they are refreshed (with training). I have no concerns." One member of staff said, "We get lots of training."
- Staff told us they were supported by the management team and received one to one supervision sessions. Staff told us that team meetings were held, and they were able to raise issues.

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

- People had choice and access to sufficient drink and food throughout the day.
- Staff were aware of people's dietary needs and any support that they required to eat and drink and to maintain a healthy weight.
- At teatime tables were not laid with cloths, salt and pepper. One person laid down their napkin as a place mat. The manager said they would look to purchase more table cloths and ensure condiments are available. This would enhance the teatime experience.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as the local hospitals to make sure that they met people's needs and provided people with seamless care.
- Referrals to other agencies such as dietician and chiropody were made in a timely manner.

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

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- Technology and equipment, such as call bells and sensor mats, were used effectively to meet people's care and support needs.

Supporting people to live healthier lives, access healthcare services and support

- People were registered with healthcare professionals. A GP visited when required to ensure people had access to treatment and medicine. The manager told us that a meeting had been arranged with the local surgery to sort a few issues with prescriptions and medicine management.
- People were referred to other healthcare professionals as required. People were supported by staff to access healthcare appointments. Relatives confirmed they were kept informed as appropriate of people's changing health conditions.
- Appropriate information was shared in a timely way, if a hospital admission was required.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were trained and had an understanding of the MCA 2005 and DoLS. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. A staff member told us, "You always assume people have capacity. People have choices and it's their choice not ours."
- The manager fully understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) to the authorising authority and making notifications to us about those applications being granted.

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 good. At this inspection this key question has remained the same good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were complimentary about the care and patience of the staff. One person told us, "They know how to look after me. They are always smiling."
- Staff knew people and understood their needs well. One person said, "I couldn't do everything myself. It's good to know staff will help when needed."
- There were positive interactions between staff and the people they supported. Interactions were natural, and respectful.

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

- Staff supported people to make decisions about their care. Decisions were recorded in the care plans such as when to get up and when to go to bed.
- Staff and the manager told us they would signpost people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.
- Staff knew people's communication needs well and we saw people being able to make decisions about how they spent their day and what they had to eat.

Respecting and promoting people's privacy, dignity and independence

- Staff were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected. Staff knocked on doors and were discreet when supporting people.
- People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose. We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice. One person said, "Staff are lovely."
- People were supported to maintain and develop relationships with those close to them.

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 rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People did not always receive personalised care. We observed one person who was showing signs of distress and another who had fallen asleep onto their lunch. On both occasions it took the inspector to intervene to make staff aware and take appropriate action.
- Care plans contained a lot of information which was repeated within the different sections of the care plan. Staff told that it can be difficult due to too much information at times
- Care plans noted that changes had been identified, but it was not clear when the changes had occurred. The changes had not been signed and dated by the author or had not been noted when the care plan had been reviewed.
- Care records were not always completed and maintained fully to evidence the care and support people had received. Staff did not always record when people were turned in line with the care plan. The manager was in the process of updating all the care plans and took on board the need to ensure that the records were personalised and user friendly.

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.

- People had access to various formats of information to enable them to communicate. Staff gave people time to answer or repeated the question in a different way to ensure the person understood. Other methods to help people understand what was being communicated, such as pictures menus were being used.

Supporting people to develop and maintain relationships to avoid social isolation

- There was a programme of activities at the service, there was a newly appointed activities coordinator. Activities included games, films, music, reminiscence, exercises, visiting entertainers and outings. A staff member said, "We are always looking for different activities based on people's choices."

Improving care quality in response to complaints or concerns

- The manager told us they operated an 'open door' policy so people and their relatives could express their feedback or concerns at any time. The manager told us their aim was to deal and resolve issues quickly and informally before it escalates.

- Record of concerns and complaints were maintained and showed that the provider responded to complaints in line with their complaint's procedure.

End of life care and support

- The provider had a policy in place for supporting people with end of life care.
- People had the opportunity to express how they wished to be cared for at the end of life.
- There was no one in receipt of end of life care at the time of our inspection.

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 good. At this inspection this key question has remained the same good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People had a good relationship with the manager and staff team. One person said, "I would see [name of manager] if I was unhappy or had an issue." A relative told us, "[Name of manager] is lovely. They will go [carry out a personal task] they are wonderful."
- The manager and staff encouraged feedback and were active on taking action to improve the service. For example, they were holding a cheese and wine tasting evening to encourage people and their relatives to come along and talk. There was a plan in place to undertake reviews with people about their care and support needs.
- Staff also told us that they felt very supported and listened to by the manager. A staff member said, "I'm supported very well here. I also feel very supported by residents, other staff and [people's] families."
- Staff explained to us about the clear expectation for them to deliver a high standard of care and support to people. A staff member said, "I love working here."
- The previous CQC inspection rating was displayed so people and their visitors could refer to this if they wished to.

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

- The manager and staff team gave examples of learning when something had gone wrong or had been a near miss. They told us how they had tried to learn from it to reduce the risk of recurrence.

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

- Staff at all levels understood the importance of their roles and responsibilities.
- The manager had notified the CQC of incidents that they were legally obliged to.

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

- People and their relatives, where appropriate, were involved in reviewing their needs and discussing the service they received.
- The service conducted annual surveys which were used to obtain feedback from people and their relatives about the service. An action plan had been implemented to address some of the issues identified.

For example, a new menu that was appropriate for different times of the year had been developed. People were to be involved in the interview process for new staff.

- The service held various activities and social events with people and their relatives. These were used to engage and involve people in the running of the service.

Continuous learning and improving care

- Information obtained from audits and analysis of incidents and complaints was used to drive improvement.
- The manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.
- The manager had identified that there had been shortfall and action had and was being taken to address these.

Working in partnership with others

- The manager met to discuss updates and current good practice with other managers.
- Any training offered by professional bodies was accessed by the service to keep staff skills and knowledge up to date and relevant.
- The manager had established good working relationships with healthcare professionals.