

Somerset Care Limited

# Wyndham House

## 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 was carried out on 2 and 3 May 2018 and was unannounced.

Wyndham House is a residential care home registered for up to 50 people. 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. At the time of the inspection there were 44 people living at the home.

The home specialises in the care of older people.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good

Why the service is rated Good

People felt safe at the home and with the staff who supported them. One person told us, "I feel very safe here. All the staff are lovely to you." There were sufficient numbers of well trained and competent staff to meet people's needs and maintain their safety.

People had their needs assessed and staff provided care in a way that met their needs and respected their preferences and wishes. Staff supported people with kindness and compassion. One person said, "Everyone is very kind and I couldn't be more comfortable." Another person told us, "I just can't speak highly enough of the staff. All the carers know us and all about us."

The staff worked in partnership with other professionals and community groups to meet people's health and social needs. People said staff supported them to see healthcare professionals according to their individual needs.

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

People had opportunities to take part in a wide range of activities. One person said, "The activities here are the icing on the cake. We do all sorts, things I never thought I would. I don't think you could find a better place than Wyndham for the entertainment and activities." People were also supported to follow their own interests and hobbies and maintain their independence.

The home was well led by a registered manager who had a clear vision and ensured people's individuality was respected. 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.

Further information is in the detailed findings below

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Wyndham 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.

This inspection took place on 2 and 3 May 2018 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with 20 people who lived at the home, three visitors, seven members of staff and one visiting healthcare professional. The registered manager, deputy manager and operations manager were available throughout the inspection.

During the inspection we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served, an activity session and attended a handover meeting. We looked at a selection of records, which related to individual care and the running of the home. These included three care and support plans, one staff file, records of compliments, minutes of staff and service user meetings, medication records and quality monitoring records.

# Is the service safe?

## Our findings

People continued to receive safe care and support.

People felt safe at the home and with the staff who supported them. One person told us, "I feel very safe here. All the staff are lovely to you." A visitor said, "If I didn't think [person's name] was safe I would not leave them here." Throughout the inspection we saw people looked very relaxed and comfortable in their environment and with staff.

People were protected from the risks of potential abuse because the provider had systems and processes to minimise risks. These included making sure all new staff were thoroughly checked before they began work. All staff received training in how to recognise and report any suspicions of abuse. Staff spoken with were confident they would recognise possible signs of abuse and would not hesitate to report them. One member of staff said, "Everything here is open and transparent so you could report anything and it would be dealt with."

The provider had a whistle blowing policy which enabled staff to take concerns outside the home if they felt unable to raise them directly with the management. One member of staff said, "If things were escalated there would be no repercussions [for the staff member.] Everyone is committed to making sure people who live here are safe."

People lived in home where the provider and registered manager were committed to on-going improvements and learning from mistakes. All accidents and incidents were regularly analysed to see if changes needed to be made to improve people's quality of life. For example when a person had a number of falls they were referred to health care professionals for specialist advice. If incidents occurred at the home 'critical incident reports' were completed. This enabled staff to explore what had happened and what lessons could be learned to improve future practice. The provider shared learning from incidents with other services in the provider group.

Staff completed risk assessments with people to make sure they could maintain their independence and freedom with minimum risk. For example, one person liked to go out for a walk without staff. The person always told staff when they were going out and took a postcard with contact details of the home. This meant that if they encountered any difficulties the home could be contacted to provide support.

People were supported by sufficient numbers of staff to keep them safe and meet their needs in a timely manner. People told us, and we saw, that all requests for help were promptly responded to. One person who liked to spend time in their bedroom said, "If I ring the bell for help they will be here in a couple of minutes." Another person told us, "You never have to struggle with anything because the staff are always there for you."

People received their medicines safely from senior staff who had received appropriate training and had their competency to carry out the task assessed. Where people wished to administer their own medicines risk

assessments were carried out with them to make sure they were safe to do so.

People were confident they received the correct medicines at the right time. One person said, "The staff do my tablets. They know what they are doing and it means I don't have to worry about getting it right. Actually there's nothing to worry about here."

All areas of the home were kept clean and fresh by a dedicated housekeeping team who ensured people lived in a pleasant environment. Staff followed good infection control practices which helped to minimise the risks of infection to people. Staff received training in health and hygiene and used personal protective equipment such as disposable gloves and aprons when appropriate.

# Is the service effective?

## Our findings

People continued to receive effective care and support.

People lived in a home which was well maintained and decorated to provide a homely environment with lots of communal space where people could spend time. There was clear signage around the building to help people to find their way around independently. The home had worked with other organisations to support people to maintain their independence. For example, one person was partially sighted and staff had worked with a local charity to make sure they were able to use touch to identify the controls on the lift and therefore maintain their independence.

People were cared for by staff who had received adequate training to ensure they had the skills and knowledge to effectively support people. One person told us, "They [staff] know what they are doing." Another person said, "Staff have lots of training and are very competent."

The majority of people who lived at the home were able to make decisions for themselves. People said they only received care and support with their consent and were able to refuse care at any time. Throughout the inspection we saw, and heard, staff asking people for their consent before helping them. Where people lacked the capacity to make decisions staff told us they discussed issues with people's personal and professional representatives. This helped to make sure any decisions made were in the person's best interests.

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. Staff had received training regarding the MCA and knew how to support people to make choices. All staff were provided with a pocket sized leaflet about the MCA. This acted as an easy reminder about how to respect people rights and ensure they were cared for in accordance with legal requirements.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate applications where people required this level of protection to keep them safe.

Anyone wishing to move to the home had their needs assessed to make sure it was the right place for them. The registered manager ensured anyone thinking of moving to the home had an information pack giving details about the home and the town. People could visit the home, have a respite stay or attend for the day. This all helped people to decide if it would be the right place for them. One person said, "[Registered manager's name] came to see me in hospital. I knew instantly that they would look after me well." From initial assessments care plans were drawn up with people to make sure staff knew people's individual



wishes and how to effectively support them.

Staff worked in partnership with other professionals to make sure people's needs were met. One visiting healthcare professional told us staff carried out any instructions given and they worked together to ensure people received effective care. People said staff made sure they were seen by healthcare professionals when needed. One person told us, "They are very good. They make sure the doctor comes if you aren't well. They arrange for the optician and the chiropodist." Another person said, "They knew when I was poorly and called a doctor."

The handover meeting showed staff monitored people's health and well-being and contacted other professionals when needed. Care plans showed people received support from a number of professionals such as speech and language therapists, dentists, physiotherapists and community nurses. Where recommendations were made by professionals these were incorporated into people's care plans.

People's nutritional needs were assessed and their likes and dislikes were recorded and met. Specialist diets and other needs were catered for. For example, one person's care plan stated they required a specialist plate to enable them to maintain their independence. At lunch time we saw this was provided. Another person told us they always received a diet in accordance with their particular needs. Where people chose not to follow recommendations made by other professionals staff ensured they had the information they required, but respected their right to make their own decision.

The daily menu was clearly displayed in pictures and words to inform people what meals were available. Where people did not wish to have either meal on the menu, alternatives were provided. On the day of the inspection one person had requested an omelette for lunch and this had been provided. There was always a vegetarian option.

People were complementary about the food served at the home. Comments included; "The food is very good. They know I don't like big portions," "You could not get better quality food. We get the best" and "Food is very good and the sweet trolley is wonderful. Sometimes I can't decide and I ask for a little bit of everything."

Drinks and snacks were available throughout the day. The home had taken part in a hydration project which aimed to promote well-being and reduce the number of falls and urinary tract infections. The registered manager told us that due to the success of the original project they had continued with the practices in the project. There was a hydration trolley which regularly toured the building, accompanied by a musical tune, offering cold drinks in glasses and hydration containers which could be attached to people's walking frames. This made sure people constantly had access to drinks.

# Is the service caring?

## Our findings

People continued to receive a caring service.

People were cared for by a very stable staff team who knew them well and always showed compassion and kindness. Throughout the day we saw staff were focussed on people's individual psychological needs not the physical tasks of the day.

People praised the staff and said they were always kind. One person said, "Everyone is very kind and I couldn't be more comfortable." Another person told us, "I just can't speak highly enough of the staff. All the carers know us and all about us."

All staff, regardless of their role spent time chatting and socialising with people which provided on-going social stimulation and showed people they were valued. One person who liked to spend their day in their bedroom said staff came to chat to them. They said, "It's never lonely. Someone is always popping in for a natter. The ladies who clean don't just clean they spend time with you."

We heard examples of when staff had gone over and above their job role to support people. In one instance a person was with their spouse who was at the end of their life but other family members were unable to be at the home. The cook, who was not on duty, sat with the person all night to make sure they were not alone when their spouse died. Another member of staff had bought in lambs for people to see. We saw pictures of people cuddling the lambs and smiling. One person had always enjoyed fine dining and on one occasion one of the cooks created a special meal of lobster to share with them.

Staff were sensitive to people's individual needs and recognised when people needed additional reassurance. One person said, "I'm still grieving for my husband, home and cat. When I have a bad day they will come up to my room and sit for a while." Two other people told us how staff supported them through the death of family members. They said staff supported them through their grief by talking to them and spending time with them in their rooms.

Staff appreciated how difficult it could be to move into a care home and made sure people were well supported on their first day. One member of staff said, "When someone new moves in, one member of staff is allocated to them for the day. It's such a big change for people we want them to feel welcome and safe." One visitor said, "The keyworker kept an eye on [person's name] after their admission. They put pictures up, helped them settle in their room and gave them reassurance."

People were made to feel special and cared for. One person said how wonderful they had been made to feel on their birthday. They said, "They were so lovely. I felt like the most important person in the world." Another person told us, "When it was my birthday they gave me a party with a cake, presents and flowers."

The staff also helped people to feel special by asking them to make a wish. Once people had made their wish, staff attempted to make their wish come true. One person had wished to go swimming and staff had

arranged for a small group to go swimming. Another person wanted to visit Scotland. As this had not been possible the staff organised a special Burns night celebration with a piper playing the bagpipes. Photographs of the person cuddling the piper showed how much the person had appreciated this. One person had simply wished to go to the theatre and staff had accompanied them to attend a play of their choosing.

Staff were very good at promoting people's dignity and were respectful when they supported people. One person said, "They help me to have a bath and are so kind and sensitive." Another person told us, "They are very respectful when they help you to undress. They shut the bathroom door to make sure you have your privacy. They are excellent."

Some people at the home were living with dementia. Another person who lived at the home had spoken inappropriately about people living with dementia which did not demonstrate respect or promote dignity. In response to this the registered manager had arranged for the person to attend a dementia action alliance group meeting to help them to understand what difficulties people may be experiencing. The registered manager told us this had helped the person to have a better understanding of how dementia could affect people and they were much more respectful.

Some people required additional support to eat their meals. At lunch time we saw these people sat with a member of staff who made sure their privacy and dignity was respected. One of the home's dignity champions had also sourced clothes protectors which looked like blouses to further promote dignity for people who had difficulty eating

Many of the staff had worked at Wyndham House for a number of years which enabled them to build good relationships with other staff and people who lived there. One person told us, "The staff who have been here a long time have become friends. You just have to mention something and it is done, they know me so well." People said they felt able to talk to staff about anything because they felt they knew them well. One person said, "It's a second family really."

People had formed friendships with other people at the home and told us they enjoyed spending time together. One person had formed a friendship with a person in another home owned by the same provider and kept in touch with them by regular skype calls. Staff encouraged people to maintain contacts with family and friends by making sure they were always welcomed into the home. Visitors said they could visit at any time and were always made to feel welcome.

Staff valued and acknowledged people's religious beliefs and supported people to continue to follow their faith. There was a multi- denomination service every Sunday which was open to everyone including visitors. A member of the clergy visited regularly to give holy communion to people who wanted it. A member of staff told us that at the current time they felt the service catered well for people who lived at the home. They said if this was not the case in the future they had contacts which would enable them to "Accommodate any faith or lifestyle."

The staff also supported a number of people to attend church groups in the local town. This enabled people to maintain links with people outside the home and continue to be active in their local community.

People told us they were involved in all decisions about the care and support they received. People said they spent time with their keyworkers and were always able to speak to senior staff about their care or general well-being. Throughout the inspection we saw people chatting with staff and management about their day to day life and care. One person said, "I still have complete control." Another person told us, "They

do the care plan with you every so often to make sure you get what you want."

## Is the service responsive?

### Our findings

People continued to receive responsive care and support.

People received care and support which was personal to them because staff knew them well and there was good communication between staff. At the handover meeting staff shared information about people's preferences and individual requests to make sure these were accommodated by all staff.

Each person had a care plan which gave details of people's needs and how these would be met by staff. The level of detail in people's care plans was variable. Some were extremely personal and gave very clear information to ensure staff knew exactly how people wanted to be assisted. One care plan we looked at lacked detail about how to best support the person. However all staff we spoke with had an excellent knowledge of people. People we spoke with all felt they received support which was personalised to them.

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The operations manager gave assurances that information could be provided in a range of formats, such as large print, alternative languages and easy read. They said that communal areas of the home were fitted with a hearing loop to support people who used hearing aids. They also told us the provider was currently looking at how to make sure everyone's communication needs were fully assessed and met in accordance with the standard.

Staff respected people's wish to maintain their independence and made sure people had the equipment they required to support them in this. One person told us, "I like my independence. They help me by letting me do things for myself." Another person said staff had helped them to get a walking aid which enabled them to move around more easily.

One person liked to go out to visit family without staff supervision. The person had suggested to the registered manager that this could be made easier if they were able to use a gate. The registered manager therefore provided the person with a key to the garden gate which enabled them to go out completely independently.

People were able to make choices about their day to day lives. People told us they could get up and go to bed at whatever time suited them. People were supported to follow their own lifestyle preferences and staff respected people's individuality. Some people said they chose to spend time alone and others told us they liked the company of others and taking part in activities. One person said, "There's plenty here to join in with if you want it." Another person said, "I've always liked my own company. I'm very content on my own."

People had opportunities to follow their hobbies and interests and try out new activities. There were two activity workers who supported people to take part in things that interested them. Activities workers said they met everyone who moved to the home to find out about their recreational likes and wishes. One activity worker said, "My role is to make sure everyone has some occupation they find stimulating and enjoyable." One person said about one of the activity workers, "We have activities every day. I always look

forward to seeing her – she is worth her weight in gold. They do one to ones with people with no families."

There was a set activity programme which included regular exercise classes, quizzes, games and craft and also more bespoke activities to cater for people's individual wishes. A poet and artist visited the home regularly and a book of poetry written by people had been created. One person said, "The activities here are the icing on the cake. We do all sorts, things I never thought I would. I don't think you could find a better place than Wyndham for the entertainment and activities."

The staff tried to be imaginative to make sure people still had opportunities to access community facilities. The registered manager had arranged for a fish and chip van to visit the home so people could enjoy shop bought fish and chips. On another occasion an ice cream van had parked in the car park to enable people to buy ice creams.

Some people liked to garden and there were lots of photographs of people working in the garden. One person was passionate about gardening but had been unable to go outside. Staff had created an indoor garden to enable them to continue to follow their hobby. One person had enjoyed carpentry and although they were living with dementia, and unable to fully pursue this hobby, the registered manager had contacted a local saw mill to source wood for them which they could still enjoy the smell and texture of.

The staff aimed to care for people until their death. The registered manager told us when people were reaching the end of their lives, staff completed specific care plans to make sure they were cared for according to their wishes and beliefs. Where people wished to be cared for by friends or family, staff accommodated this to fulfil people's wishes. We saw letters of thanks written by relatives when someone had died at the home. One said, "Thank you for your love, patience and care." Another person had written "Such a comfort to know they were so happy and well looked after."

The staff supported family and friends when a person died and welcomed them into the home after the person's death to enable them to continue to offer support. On the day of the inspection a person whose spouse had died came in to thank staff for attending the funeral and to say they would be attending the Sunday service at the home. One relative had written to staff saying, "No one could have done more for both of us."

People could be assured that any complaints or concerns would be listened to and dealt with appropriately. The registered manager investigated all complaints and minor niggles to see how practice could be improved for people.

People told us they could raise any concerns. One person said about the registered manager, "You can go to her office any time, she's always willing to chat things over." Another person said that all staff were extremely approachable and if they had any complaints they could raise them with any member of staff. They said, "Just mention it and it'd be sorted."

# Is the service well-led?

## Our findings

The home continued to be well led.

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 registered manager told us their vision for the home was to create a place where people felt at home and became part of the Wyndham House family. The registered manager shared their vision with staff by daily conversations, team meetings and one to one supervisions with staff. Comments from people showed this vision was put into practice. One person said, "I feel very at home. There is nowhere else I would want to go." Another person told us, "This is my home, the only way I'm going out will be in a box."

In addition to ensuring Wyndham House provided a homely environment for people, the registered manager also wanted the home to be an important part of the community. They told us they wanted to break down stereo types and challenge discrimination. Wyndham House was the first care home in the area to join the local dementia action alliance group and the group held meetings at the home. The group also organised a monthly tea dance at the home which was open to all. Other events, such as fetes and parties were open to the local community.

People had opportunities to retain their community links. The staff worked with local schools and pre-school groups to share activities. On the day of the inspection young children visited the home from a playgroup and this was enjoyed by the children and the people who lived at the home. The home was also part of the 'Share a chair' initiative to combat loneliness. They worked with community groups and invited people to share lunch at the home each Wednesday.

The staff liaised with other organisations such as a local supermarket and the daily living centre to promote independence and new experiences for people.

The home offered work placements to students, including students with disabilities. One college had written, "They are equality and diversity champions and fully disability confident which has led to full time employment for at least one person. They ensure young people with learning or physical disabilities are treated as equals in the workplace." The home also supported other people with disabilities to work at the home. People who lived at the home were able to visit the local college to have a meal served to them by the students. This provided an enjoyable and social experience for people.

People were involved in the running of the home and their suggestions were listened to. There were regular meetings for people who lived at the home. Minutes showed that at one meeting people had asked for gravy boats to be available on the dining tables and we saw this had been put into practice. People had also asked for a pool table and again this had been made available. A relative's forum had been set up to

encourage relatives to take a more active role in the running of the home.

People were also able to have their say through regular reviews of their care, satisfaction surveys and themed conversations. One member of staff said, "It's not our home it's theirs so we want them to have what they want."

The provider had systems to monitor the quality of the service and ensure on going improvements to people's care and accommodation. There were regular audits carried out in house and by the provider's quality team. Where shortfalls were identified action plans were put in place to ensure improvements. Audits seen showed high standards of care were provided to people.

People could be assured that the provider took people's health, safety and comfort seriously. The building was well maintained and furnished. There were regular safety checks, including checking the fire detection system, hot water temperatures and making sure all lifting equipment was regularly serviced.