

Wychbury Care Services Limited

# Wychbury Care 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

About the service: Wychbury Care Home is a residential care home that provides care for older people, some of whom are living with dementia. 39 people lived at the service when we visited.

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

People were supported by staff that were caring, compassionate and treated with dignity and respect. People felt comfortable in the company of staff who supported them. Any concerns or worries were listened and responded to and used as opportunities to improve. Staff were aware of the risks to people and how to manage those risks.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people. Staff were very knowledgeable about people's changing needs and people and their relatives confirmed that changing needs were addressed.

People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People told us the atmosphere at the home was relaxed and calm.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role. Staff had received an induction that provided with the training, information and support they required to effectively and safely meet people's needs. Staff practice was regularly observed to ensure people were supported safely and in-line with their care needs. Staff felt there were opportunities for them to develop.

Audits were completed by staff and the registered manager to check the quality and safety of the service.

The registered manager worked well to lead the staff team in their roles and ensure people received a good service.

More information is in Detailed Findings below.

Rating at last inspection: Requires Improvement. (Report Published 14 August 2018)

Why we inspected: This was a planned comprehensive inspection based on the rating of requires improvement at the last inspection.

Enforcement:

No enforcement action was required.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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?

Good ●

The service was 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.

# Wychbury Care Home

## 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

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.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced. We visited the home on 8 July 2019.

#### What we did before the inspection

We reviewed the records held on the service. This included the Provider Information Return (PIR). Providers are required to send us key information about the service, what they do well, and improvements they plan to make. The information helps support our inspections. We also reviewed notifications received from the provider about incidents or accidents which they are required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

During the inspection we looked at four people's care records to see how their care was planned and delivered. Other records we looked at included two staff recruitment files, staff supervision activity, staff training records, accident and incident records, safeguarding, complaints and compliments, staff scheduling, management of medication and the provider's audits, quality assurance and overview information about the service.

We spoke with ten people living at the service and six relatives. As some people were unable to share their views with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care for people who are unable to speak with us.

We spoke with three care staff, senior care staff member, kitchen staff member and the registered manager. We also spoke with 2 social care professionals about their experience of the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- At the last inspection in relation to safeguarding incidents we found that some staff were confused as to what action to take in the event of the registered managers absence. At this inspection we found the provider had effective safeguarding systems in place and staff had a good understanding of what actions to take to ensure people were safe. We found staff had regular safeguarding training and knew about the different types of abuse. One staff member told us, "There are different types of abuse such as financial, physical and emotional". Another staff member told us, "If I saw or became aware that someone was being abused, I would report it to the manager. If the manager was not available, I would contact the police, local authority and CQC". The registered manager told us, "Following our last inspection we have arranged additional safeguarding training for all staff members. We have also discussed with staff what actions to take if management were not available in the event of a safeguarding issue".
- People and their relatives explained to us how the staff maintained their safety. One person told us, "I feel very safe here" another person told us, "I like everything here. It's just how you would like it to be, they look after you really well". "One relative told us, "I am one hundred percent happy with the care [my relative] receives. This was the best care home we saw when we were looking around, and we have no regrets at all."
- Where safeguarding concerns had been raised, they had been acted on and responded to appropriately. We saw where one safeguarding concern had arose, action was taken to reduce the risk to the person and keep them safe from harm.

Assessing risk, safety monitoring and management

- At the last inspection we found that some people's risk assessment were not up to date. At this inspection we found risks to people's safety and wellbeing were assessed and managed. Each person's care records included risk assessments considering risks associated with the person's environment, care and treatment, medicines and any other factors. The risk assessments included actions for staff to take to keep people safe and reduce the risk of harm. For example, a resident who was at risk of malnutrition had a detailed risk assessment. It contained clear instructions for staff to follow if the resident declined meals and drinks, such as explaining to the resident the implications, offering alternative options and inform the person's relatives and management.
- Staff understood where people required support to reduce the risk of avoidable harm. One staff member told us, "The risk assessments and care plan provide us with all the information we need to keep people safe".
- The registered manager had a process in place to check actions taken following incidents and accidents to make sure that actions were effective.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. One staff member said "Sometimes [Name] can get distressed however we leave them and then try again later, or

another staff member will try, the goal is to make them comfortable".

- The environment and equipment was well maintained. Individual emergency plans were in place to ensure people were supported in the event of a fire.

#### Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "There always appears to be enough staff".
- Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.
- Relatives told us people received care in a timely way. One relative told us, "Staff are always about, they look [Name's] needs."
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

#### Using medicines safely

- Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- Staff completed training to administer medicines and their competency was checked regularly to ensure safe practice.
- Administration of medication records indicated people received their medicines regularly. This was confirmed by the people we spoke with.
- Some people had been prescribed medicine to be used as required (PRN). There were clear protocols for staff to follow before administering these.
- People's medicines were safely received, stored and administered. The management team completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. We saw in these audits that where issues were identified appropriate action was taken, including learning opportunities for staff.

#### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control measures. People were protected from cross infection. The service was clean and odour free.
- A Food Agency inspection in February 2019 awarded the service the highest rating of five out of five.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity. For example, following the last inspection the registered manager had implemented a post analysis section on incident forms. This assisted the registered manager to identify any trends and make adjustments. For example, a resident who had a number of falls had their risk assessment updated and a low bed and crash mattress installed in their room.



# 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 has now remained the same. 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 the service began to provide support and people and their relatives confirmed this.
- Care was planned, reviewed and delivered in line with people's individual assessments.
- Assessments of people's needs were comprehensive and expected outcomes were identified. We found evidence that regular reviews were taking place with people, relatives and healthcare professionals. We saw care staff did record people's changing health conditions, and people and relatives we spoke to confirmed they were involved in the development of the service they received.
- Staff applied their learning effectively in line with best practice, which led to good outcomes for people. One person told us, "They know how to care for me, my memory is sometimes not good but they know what I need".
- Staff communicated effectively with each other. There were systems in place, such as daily care records, handover meetings. This meant that staff knew when changes occurred that might affect people's support needs.
- Staff considered people's feelings, and regularly checked if people were okay. For example, we observed staff checking and spending time with people if they were anxious or needed help with their daily tasks or plans.
- Our observations showed staff supported people as and when required. We saw that there were staff around in the lounge areas at all times, talking to and assisting people.
- Staff spoken with had a good understanding of people's day to day health needs and could explain how they would support people in case of an emergency.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments. One staff member told us, "I've recently completed safeguarding training, I prefer completing a training booklet as I retain the information more easily. It's good they provide different ways for you to learn".
- New staff were well supported and either had health care qualifications or were completing a nationally recognised qualification, The Care Certificate. This covered all the areas considered mandatory for care staff.
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their future

development. One staff member told us, "I have regular supervisions, they sessions are productive, and I can discuss how I'm feeling or my development".

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

- People were supported by staff to maintain good nutrition and hydration.
- People had choice and access to sufficient food and drinks throughout the day, food was well presented and people told us they enjoyed it. People and their relatives comments included, "The food is very good and there is always a choice.", "The food is excellent. When [my relative] first came in she put weight on. She had never eaten so much. They assist her at meal times now.", "[My relative] eats very well. She has put weight on since she came in and she's much better than she was."
- People and their relatives feedback about food was sought regularly by staff asking people and making observations during lunch and dinner times. In addition, people and their relatives completed feedback questionnaires.
- Where people were at risk of poor nutrition and dehydration, care plans detailed actions such as monitoring the persons food and fluid intake and liaising with other professionals.

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

- Staff worked alongside other agencies to provide person centred and effective care. Care plans and records showed that staff worked closely with other agencies such as dieticians, speech and language therapist (SALT).

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

- People had access to healthcare services and professionals according to their needs. These included their GP, district nurse and chiropodist. People could access optician and dental visits.
- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs. One relative told us, "We mentioned a cough the other day and they got the GP in. [My relative] doesn't speak up so we have to read situations, but she has done so well they have been able to cut down the amount of medication she needs to take since she came here."
- Staff told us they were confident that changes to people's health and well-being were communicated effectively.

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 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. The application procedures for this in care homes and hospitals are 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 were being met.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful. DoLS applications had been undertaken and submitted for some service users. This was because people were not free to leave the service unsupervised because they would not be able to keep themselves safe. The registered manager had sent a request for a resident however was waiting for the local authority to process the request and authorise the DoLS application.
- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.

- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.

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

- The premises provided people with choices about where they spent their time.
- The service had considered the impact decorations such as pictures and floor coverings could have on people living with dementia. Inappropriate decorations could make some people confused and anxious.
- Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floors.
- Corridors were wide and free from clutter.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- At the last inspection we found that some staff did not treat people in a kind and caring way. At this inspection we found this had changed and staff treated people in a kind and caring way.
- People received care from staff who developed positive, caring and compassionate relationships with them. Each person had their life history and individual preferences recorded.
- People told us staff knew their preferences and cared for them in the way they liked. Staff we spoke to knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what mattered to them. People and their relatives were positive about the care they received. People's comments included, "The staff are very good. They look after you.", "The staff are very helpful and friendly as well.", "The girls do their best. I can't say a bad word about the staff, they are golden. They are good girls they are, day and night. It doesn't matter what time of day.", "The staff are fantastic. They are friendly and helpful. Nothing is too much trouble."
- When we asked staff members about residents who had religious and cultural needs they were very knowledgeable about these topics. A staff member told us, "We have a priest who regularly visits the home, residents who want to can have a bible reading session. [Name] likes to use their own bible from their church, it's very important to them so we make sure it is available". Another staff member told us, "[Name] due to their religious beliefs does not want to be involved in some of the activities being held in the home, we make sure they have other options".

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

- Relatives confirmed staff involved them when people need help and support with decision making. People and relatives told us they felt listened to.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Care plans recorded if people needed inhalers, glasses or hearing aids.
- The registered manager has an open-door policy and met with each person regularly to seek their feedback and suggestions and kept a record of actions taken in response. A relative told us, "The manager is always available to speak to and ready to listen".

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, during personal care covering people with a towel, making sure curtains and doors are closed; respecting when a person needed space.

- People's confidentiality was respected and people's care records were kept securely.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of personal care people could manage independently and which they needed staff support with.

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. One relative said, "Everyone is treated like an individual, they know about people's preferences". A staff member said "It's important that people and their relatives have a say in how the care is provided. They inform us so we know if there has been a change to a preference".
- People were empowered to have as much control and independence as possible, including developing care and support plans. A relative told us, "I feel involved in decisions, if anything happens they phone and let us know". Another relative told us, "The communications are excellent. They keep in touch, if there's a change they phone".
- Staff were knowledgeable about people and their needs.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. If required care plans were available in different formats such as large print. In addition, each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.
- People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.
- People were supported to take part in a range of activities within the home or access the community. Peoples comments included, "We have entertainment and we have people come in to do exercises with us", "Children come in from a nursery. It's like having your grandchildren here, it's lovely.", "We have animals come in. Someone comes with very small animals that you can hold, and we had miniature ponies the other day as well.", "There are always lots of things going on, cinema, theatre and things going on in the garden."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as surveys and meetings with the management. We reviewed a recently completed relative survey, response were positive, recorded comments included, "The care I have seen from staff is second to none, they are really lovely with their residents. I could not recommend this care home highly enough", "The commitment of all at Wychbury is incredible, you feel the caring atmosphere the second you walk in the door".
- People and their families knew how to make complaints; and felt confident that these would be listened to and acted upon in an open.

- People said staff listened to them and resolved any day to day concerns. The provider had a complaints policy and procedure that was on display. Where complaints had been received, they had been responded to and acted on appropriately.

#### End of life care and support

- The registered manager informed us that person was receiving end of life care at the time of our inspection. The service worked in partnership with Mary Stevens Hospice. We saw care plans contained information in relation to people's individual wishes regarding their end of life care. If required, they would be able to put these arrangements in place.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- At the last inspection we found that audits had not effectively discovered the need to expand on documenting all possible risks to people and had also not identified that some staff were not aware of safeguarding processes. At this inspection, we found these issues had been addressed, risk assessments we checked were up to date and staff members had a better understanding of safeguarding processes. The registered manager told us, "We discussed the last inspection report with staff members and discussed how we all could make improvements. Extra safeguarding training was arranged and risk assessments have been updated".
- The service had a range of quality monitoring arrangements in place, and we saw these were developing and becoming more effective. The registered manager was able to show us how audits were completed, with issues that needed attention identified and evidence of action taken.
- The registered manager and staff understood their roles and responsibilities. There was a good communication maintained between the registered manager, seniors and care staff.
- Staff strived to ensure care was delivered in the way people needed and wanted it. Staff felt respected, valued and supported and that they were fairly treated. One staff member said, "The manager and seniors are supportive, we have regular team meetings and we all have a chance to have a say".
- The ethos of the service was to be open, transparent and honest. The registered manager worked alongside staff and led by example.
- The provider had submitted a Provider Information Return (PIR) to us within the timescale we gave, and our findings reflected the information given to us as part of the PIR.

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

- People, relatives and staff expressed confidence in the management team. One person told us, "[Service manager] is fine. She's around and you can talk to her. And [service owner]. He's very nice and easy to talk to." One relative told us, "[Service owner] is a smashing chap. You see him around. He's just had the entrance hall done, and they have redecorated [my relative's] room and put new carpets in."
- People and relatives told us there was a positive and open atmosphere. One person told us, "Its lovely and friendly here." Another person told us, "They [staff] are friendly and welcoming".

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 registered manager was aware of the legal responsibility to notify us of incidents that occurred at the service.
- The registered manager told us if mistakes are made they took full responsibility to ensure that the same mistake were not repeated. The information was used as a learning opportunity and to improve the service.
- Staff were actively encouraged by the registered manager to raise any concerns in confidence one staff member told us, "Yes we would never try to hide concerns".
- The provider had a whistle blowing policy and staff understood their responsibilities to raise concerns where people are put at risk of harm.

Engaging and involving people using the service, the public and staff.

- People, relatives and advocates feedback was sought through a survey. Responses showed they were happy with the standard of care.
- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Staff reported positively about working for the service and did not identify any areas for improvement.
- People were positive about resident meetings however relatives told us there was a lack of relative meetings. We raised this with the registered manager, she confirmed they were looking to improve this and we planning to introduce some dates over the next six months.
- The registered manager consulted with staff, at supervision and staff meetings, to get their views and ideas on how the service could be improved. Staff were proud to work for the service, one staff member told us, "I've been here for over twenty years, I wouldn't still be here if it wasn't a great place to work. The team working and standard of care is excellent here".

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

- People's feedback was sought through survey's and regular review meetings. Responses and records showed they were happy with the standard of care. People and relatives had feedback that they wanted the home to be refurbished, the owners had arranged for some refurbishment to be completed and more planned over the next twelve months. The registered manager told us, "People wanted the home to be refurbished so over the last twelve months we have refurbished the reception, hair salon, toilets, lounge area and a number of bedrooms. We have more work planned for the next twelve months".
- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Staff reported positively about working for the service and did not identify any areas for improvement.

Continuous learning and improving care.

- The provider and registered manager used a quality assurance audit system to monitor the quality of the service and this information was shared with staff.
- The provider and registered manager had an ethos of continuous learning and provided regular learning opportunities for staff.
- The service had eight staff members that were 'end of life champions', this helped with the knowledge of end of life care being developed across all staff members and the sharing of good practice and working in partnerships with hospice organisations.

Working in partnership with others

- We saw the service worked in partnership with other agencies and professionals, including the district nursing service, physiotherapy, occupational therapy, social workers, mental health services and local GP's.