

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

This inspection took place on 11 July 2016 and was unannounced. At our last inspection in July 2013 the service was meeting the regulations of the Health and Social Care Act 2008.

Wychbury Care Home provides accommodation for up to 42 people who require personal care. On the day of our inspection there were 40 people living at the care home.

There was a registered manager in post and she was present during our inspection. 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 and associated Regulations about how the service is run.

People felt safe and staff knew what actions to take to keep people safe. Risks to people's health and safety were appropriately managed and staff also promoted people's independence.

There were sufficient numbers of suitable staff to meet people's needs in a timely manner. People received their medicines as prescribed and they were administered by competent staff.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff knew about people's individual capacity to make decisions and supported people to make their own decisions. Staff gained people's consent before they provided support.

Staff told us they felt supported in their role, and that they were provided with the training they needed to meet people's needs. People were supported to access healthcare services to ensure their healthcare needs were met. People enjoyed the food that was provided and told us they were provided with sufficient quantities of food and drink.

There were warm and friendly interactions between people and staff and we observed staff talking to people respectfully. We saw that staff maintained people's dignity.

People were happy with the support they received and with the activities that were provided. People felt able to make a complaint and were provided with information about the complaints process.

People and their relatives were asked for feedback about the quality of the service and any suggestions for improvements were welcomed. There was an open and transparent culture in the home, and people and their relatives thought the service was well managed. A range of audits was available to monitor the safety, effectiveness and quality of the service provided, and improvements were made where needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe, and staff had been trained to recognise and report concerns.

Potential risks to people's health and welfare had been assessed and actions to minimise these were recorded.

People received their medicines when they needed them.

There was enough staff available to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had received the training they needed to support people effectively.

People were asked for their consent before they were provided support.

People received support to stay healthy and well.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff who knew them well.

Staff were described as caring and compassionate.

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

Is the service responsive?

Good ●

The service was responsive.

People were involved in developing their care plan which was

updated when their needs changed.

People were supported to follow their interests and take part in social activities.

People and their relatives did not have any complaints but they was aware of the procedure to follow.

Is the service well-led?

Good ●

The service was well led.

People and their relatives were consulted about the quality of the service provided.

Staff understood their roles and responsibilities and were given guidance and support by the management team.

Systems were in place to monitor the quality of the services provided.

Wychbury Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 July and was unannounced. The inspection team consisted of 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.

We asked the provider to complete 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. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with eight people, three relatives, four care staff, the cook, two seniors, the deputy manager, the registered manager and the provider. We looked at the care records for four people. We looked at the way four people's medicines were managed, three staff recruitment files, staff training records and the registered manager's quality monitoring audits.

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at this home. One person said, "Now and again a resident will walk into my room we have a chat and then they leave so I feel safe here. I have never had anything taken from my room so that's good too but I can lock my door if I needed to". Another person told us, "The home has a calming warm atmosphere and I have never heard the staff shout or raise their voice to anyone, no they treat us all very well but I'd complain to the manager if I needed to".

Staff described the different types of abuse which may occur and told us they would not hesitate to report any concerns. Staff had confidence that the registered manager would take the appropriate action in response to any concerns they raised. Staff confirmed they had received training to ensure they were able to recognise when people may be at risk of harm. One staff member told us, "If I saw that a person was at any kind of risk or if I had concerns I would report it straight away to a senior or the manager. I know that action would be taken to protect people from harm or abuse". Information provided to us, and the records we saw showed that the registered manager had reported concerns appropriately to the relevant people and had taken the appropriate actions to ensure people were kept safe.

Staff we spoke with knew about people's individual risks and actions they would take to keep people safe. For example some people required support to stand and to walk with their frame. We saw that people who required this support received staff assistance in accordance with their care plan and risk assessment. One person we spoke with said, "My mobility is not that good so when I need to go to the toilet staff will walk with me to keep me safe and not tumble". We saw that people had the equipment they needed to keep them safe and to assist them with their mobility.

A relative we spoke with said, "I have no concerns or worries about my family member living here. They are kept safe by staff supporting and encouraging my relative to remain as independent as possible but staff keep a watchful eye in case my relative may stumble whilst walking with the frame". We saw that people who were at risk of developing pressure sores due to their fragile skin had cushions in place to prevent this. Staff told us how they monitored people's skin and provided pressure relief by supporting people to stand or walk. We spoke with a visiting healthcare professional who told us, "The staff are very good and they call us if there are any concerns about people's skin. They always follow our recommendations".

People told us and we saw there was enough staff available to meet people's needs. One person said, "If I press my call button it takes the staff a few minutes to get to me but they always come and see what I want, during the nights is the same". Another person told us, "I think there's plenty of staff because I don't have to wait when I ask staff to do things for me they do it more or less straight away". A relative said, "I have no concerns about the staffing levels it's the same at weekends when I'm here". The visiting healthcare professional told us, "There always seems to be enough staff around to support people".

We observed that staff was available when people needed them. We saw staff continually checking on people in the various lounge areas to make sure everyone was okay. If people required assistance we saw that staff responded in a timely manner. The staff we spoke with told us they thought the staffing levels were

'generally okay and sufficient'. We did receive one comment that it would be 'beneficial to have an extra member of staff to assist at peak times of the day when staff were busy supporting people with personal care'. We discussed this comment with the registered manager who told us that people's dependency and the staffing levels were 'under continual review'. The registered manager advised that she had extra hours she could use in order to increase the staffing levels when this was required. She provided examples when extra hours have been used to support people to go out on trips or when a person required additional support due to being poorly.

We spoke with a newly recruited staff member who told us, "All checks were completed before I started work. This included a police check, references and proof of my identity". We saw from the staff records we reviewed that evidence was in place to confirm checks had been undertaken on the new staff members. This included proof of identity and checks had been completed with the Disclosure and Barring Service (DBS) before staff commenced work. A DBS check identifies if a person has any criminal convictions or has been banned from working with people.

People we spoke with told us they received their medicines when they needed them. One person told us, "Staff give me my medication three times a day it's always at the same time and they have never missed giving it to me. They told me what it was for but I have forgotten now. If I'm in pain I tell the carers and someone will give me some pain killers like paracetamol". Another person said, "They [the staff] give me my medication as prescribed by my doctor and they stay with me until I have taken it".

We were advised that only the seniors and the deputy manager administered medicines. We saw that records had been signed to confirm people had their medicines. We did note there were a couple of gaps on the medicine charts for people's creams that had not been signed for. We discussed this with the registered manager who confirmed this would have been identified during their audit, and that she would speak to the senior staff about this. We checked the balances of four people's medicines and these were accurate with the record of what medicines had been administered. We found medicines were safely secured and the ordering, storing and checking of medicines was safe. We found some people were prescribed 'as required' medicines. Senior staff we spoke with had the knowledge about what to look for so they knew when this medicine was needed. We observed a senior administer medicines and we saw that this was done safely and in accordance with the procedures in place. Seniors we spoke with and the records we looked at confirmed that they had received medication training. The registered manager advised that although she has observed all of the senior staff administer medicines she has not completed a written observation of their competency to demonstrate they practiced in a safe manner. The registered manager advised that she would address this and complete these records.

Is the service effective?

Our findings

People we spoke with felt that staff were well trained and competent in their role. One person told us, "I like living here with staff who look after me very nicely". A relative we spoke with told us, "The way the staff support people indicates that they are competent and trained to carry out their job roles with them".

We saw that staff had the skills and knowledge to meet people's needs and promote their wellbeing. Discussions with staff demonstrated that they understood people's needs and they knew which people required support. For example we saw staff supported people with their mobility, ensuring they had their frame and they provided reassurance and support to assist people to stand. We heard a staff member supporting one person who said, "Take your time, there is no rush, and when you are ready use the chair to push yourself up, we are here to steady you". This support enabled the person to retain their independence and met their mobility needs.

Staff told us they received the training they needed to care for people effectively. We spoke with one staff member who had recently started work at the home. They told us they had an induction which included working alongside other staff so they were supported to learn about people and their needs. The staff member told us, "I had some shadowing shifts working alongside experienced staff so that I could get to know people and the support they required. I also had an opportunity to read people's care plans and understand how to manage any risks". We saw the provider had implemented the Care Certificate to enhance their induction processes further. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care. We saw that the registered manager had a system in place to monitor the training needs of the staff, and this included identifying when refresher training was needed. One staff member told us, "The training is really good and we are always completing refresher training to ensure our knowledge is up to date". The registered manager told us in the provider information return we received that she intends to use the Care certificate for existing staff to enable them to complete training they had not completed previously to enhance their knowledge and skills.

Staff we spoke with told us they felt supported in their roles and they confirmed they received regular supervision and an annual appraisal. One staff member said, "I have regular supervision to discuss my role and development, I feel supported". We saw a system was in place which ensured staff received regular supervision from the management team.

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 interest and as least restrictive as possible. Staff we spoke with had an understanding of the requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Throughout the inspection we observed and heard staff asking people's consent before providing support. One staff member said, "I always ask before I provide a person with any support to make sure they are happy with me supporting them. They have rights and it is my job to make sure I respect and promote these". We saw that people's preferred routines had been

explored and recorded in their care plan so that staff knew what time they preferred to get up and to go to bed. One person said, "I have no restrictions I can do what I please and get up when I want and go to bed when I want and choose how I want to spend my day". We saw that staff had received training in relation to MCA and DoLS.

People we spoke with told us they enjoyed the food provided. We saw menus were displayed and people had choices at each meal time. One person said, "The food they provide is quite nice with several choices at each meal time". Another person told us, "The foods not bad here and we have several choices but if there's nothing on the menu that I like they will find something else for me to eat". A relative we spoke with told us, "The food looks well prepared and cooked and looks appetising".

Discussions with the cook demonstrated their knowledge of people's preferences and dietary needs. She confirmed that she received up to date information about people's likes, and dislikes, and we saw these were recorded in people's care records. We saw people were provided with regular drinks and snacks throughout the day, and people were offered a variety of drinks with their meal including wine.

We saw that where people that had been assessed as at risk of not eating or drinking enough they were monitored and referrals were completed to healthcare professionals when necessary. We saw that people were provided with supplements to increase their calorie intake where this was needed. One staff member told us, "We keep a close eye on some people and we monitor what they eat and drink. We complete records about some people's food intake so we can see how much they are eating". We saw staff encouraged some people to eat their meal, and they provided assistance when this was needed in a respectful manner.

The people we spoke with told us they were supported to access various healthcare professionals as and when required. One person said, "Staff arranges all my medical appointments which is very good of them". Another person told us, "They [the staff] also arrange for my doctor to come and see me if I'm not very well, the chiropodist comes in once a month". A relative told us, "Staff arrange any medical appointments and then inform me of any outcomes from the meeting". We saw that records were in place to record any visits that had been undertaken by a healthcare professional and any recommendations or action that the staff had to be aware of.

Is the service caring?

Our findings

People made positive comments about the staff and the care they provided. One person said, "The staff are caring and compassionate". Another person told us, "The staff are very loving and caring towards me and nothing is of any trouble to them". A relative we spoke with told us, "The staff speak to my family member with dignity and compassion even though they sometimes find it difficult to communicate". Another relative told us, "I'm pleased with the care and support my family member receives, the staff are polite caring and treat each person individually and they know my family member's needs". A healthcare professional we spoke with told us, "People receive very good care here; the staff are kind, caring and friendly".

We observed that staff had warm and friendly interactions with people. Staff had individualised relationships with each person which showed they understood their personality and sense of humour. We saw that staff understood when a soft touch and gentle encouragement was the best approach. For example a person was anxious about being assisted to transfer from their chair to their wheelchair using equipment to do so. The staff members provided reassurance throughout and gently stroked the persons back, and they did not hurry them. We saw the person responded well to this approach and relaxed and followed the staff member's instructions to safely transfer in to their wheelchair.

The staff we spoke with told us they enjoyed working in the home and felt they had good relationships with people. Staff had a good knowledge about people's preferences and life history. This information was available in people's care plans. We saw that staff engaged positively with people whilst providing them with support throughout the day. One staff member told us, "I love working here and enjoy spending quality time with people and getting to know more about their life, it is very interesting".

People were able to be involved in making decisions and planning their own care where possible. People told us that staff respected any choices they made. One person told us, "I choose when I want to get up and go to bed, and what clothes I want to wear. The staff always ask me what lounge I would like to sit in and what activities I want to participant in. I have control over my life. The staff are very good".

People told us they were treated with dignity and respect by staff and that their right to privacy was upheld. One person told us, "The staff always knock before they enter my room". Another person said, "I always feel respected and well treated by the staff". A relative we spoke with said, "The way staff interact with both people and relatives is very good and the communication is good too".

We observed that staff were polite and respectful and treated people in a dignified manner. When people needed support with personal care, staff spoke to them discreetly about this and ensured the care was provided in a private area. The staff we spoke with knew the appropriate ways they should support people to maintain their dignity.

Relatives we spoke with told us they could visit at any time and were always made to feel welcome by the staff team. One relative said, "I'm warmly greeted by the staff and offered a hot drink". Another relative said, "The staff are always very welcoming and they always ask if we want to go to the quiet lounge or the

bedroom so we can have privacy during our visit".

People were provided with information about how to access an advocacy service. We were advised that no-one was using this service at the moment. An advocate is an independent person who can assist and provide a voice to people who otherwise may find it difficult to speak up.

Is the service responsive?

Our findings

The people we spoke with told us they received the care they needed and it was provided in accordance with their individual needs. One person said, "I have a bath when I want, that's always nice because we have a lovely chat while I wash myself as the carers will only do the bits I can't reach like my back as this helps keep me independent". Another person told us, "If I get upset the staff will sit and talk to me to find out what's wrong and then they reassure me that everything is alright and I feel they really do listen to me and respect what I'm saying". The relatives we spoke with were also positive about the care that people received. One relative told us, "I'm pleased with the care and support my relative receives".

We saw that people were involved in the way their care was provided. One person told us, "The staff will talk to me about the care that I have and does it need changing but I have been here for years so I am happy with what is provided". Another person said, "We talk about my care and any changes on a regular basis to make sure I am happy with everything and I am getting the care I need".

Staff told us that care plans were reviewed regularly and kept up to date. One staff member said, "We review people's care monthly and our feedback is taken into account and the care plan is changed if needed in response to these reviews". We saw evidence of this in the records we looked at. Staff told us that there was a detailed handover between shifts to ensure that staff were aware of how each person had been and to share important messages.

People we spoke with told us about some of the activities that were provided. One person said, "There's lots of activities that happen here so I never get bored, yesterday we went out for the day on a trip along the canal which was very pleasant. We have singers, church services, art and craft, things like that". Another person said, "We go out in the mini bus every now and again which is nice to go out and do other things but staff also arrange for activities to take place in the home as well". A relative we spoke with told us, "They provide activities so our family member does not get bored. There is a notice board with these listed and there is something on each day including weekends".

We saw that the monthly activities were displayed and that each day there was a planned activity for people to participate in. We saw that people had been provided with their daily newspapers, and we saw a staff member sitting with a person who was doing a crossword. Some people were supported to go out whilst other people chose to remain to read or watch television. People told us about the forthcoming fete, and the work that had been undertaken in the garden area, which they thought looked lovely. We saw that the garden was safe and accessible to people and it had a pond and several plants for people to enjoy. One person said, "It is lovely out there and we do use it when we have nice weather". Staff told us that the provider has recently invested in redeveloping the garden area and fitted a decking area for people to use.

People we spoke with did not have any complaints about the service. One person told us, "I'm happy and content and I think the manager and staff run the home very well. There's nothing to complain about and nothing I need changing". Another person said, "I am well looked after by nice staff so I don't have any reason to complain but if I did I would talk to the manager who is very nice". Relatives we spoke with all said

they would speak to the registered manager if they had any issues, but none of them had any concerns. One relative said, "I have no concerns but I would approach the manager if I did".

We saw there was a copy of the complaints policy on display in the home. The registered manager advised that they had not received any formal complaints. They went on to tell us that they had some minor 'niggles' raised about missing laundry items but these were dealt with straight away. The registered manager advised that she would start recording this minor concerns so that she had a record of what issues were raised and how they had been responded to.

Is the service well-led?

Our findings

The people we spoke with felt the service was managed well and the culture was open and transparent. One person said, "I have lived here a long time and I'm happy and feel as though its home from home". Another person told us, "The staff are good to me and help me when I ask them to. The manager is nice and manages the service well". Relatives also commented that they felt there was a relaxed and friendly atmosphere and they felt comfortable speaking with staff and the registered manager. One relative said, "My family member has lived here for a while. The home is excellent with very dedicated and competent staff. I would not change anything in the home, put it this way I would put my name on the waiting list if I needed to have residential care". Another relative said, "The home has a happy and receptive staff team. The staff and the manager are very approachable".

Discussions with the registered manager and the management team demonstrated that the well-being and welfare of people was of paramount importance to them. Although the deputy manager and one of the seniors were not due to be working on the day of the visit they came into the home to support the registered manager. One senior said, "We work well as a management team and we have worked together for years. We are very supportive of each other and dedicated to this home. I wanted to come in and be a part of the inspection as it is important to all of us".

The staff we spoke with felt there was an open and transparent culture in the home. Staff told us there were regular staff meetings and they felt able to make suggestions and they felt listened to. One staff member said, "The manager is approachable and I know I can go to her if I need to for advice or with a query. I think this service is managed well and we all work together to ensure people receive good quality care".

We saw that there were clear lines of accountability in the way the service were managed. The registered manager was supported by a deputy and two senior carers who had key areas they were responsible for. For example all the management team were responsible for supervising the staff, the deputy monitored staffing levels, one senior was the fire marshal and infection control lead and another senior was responsible for the admissions and discharges and end of life care. Tasks were clearly delegated to ensure the service was monitored effectively and staff support systems were in place. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at the home.

We heard from people and their relatives that regular meetings were held to enable them to talk about the service. One person said, "We have residents meetings every now and again where we can have a say about the home, like what we would like on the menu or what activities we would like them to provide for us". Another person told us, "Sometime we have a meeting where we all get together to discuss any ideas that we might have". We saw records of the meetings that had been held and these demonstrated that people were asked for their views about the care provided, menus, activities and people were asked if they had any suggestions for improvements. We saw from the records that information was provided to people about staffing, and the renewal programme. In one meeting people raised comments about the tea-time meal being rushed and they were advised that this would be addressed. One relative said, "They have meetings that I can attend if I want, to discuss the service. I think the management team, and all the staff do a

wonderful job".

In addition to these meetings we saw that people's views were sought and surveys had been sent out as part of the quality assurance systems to gain feedback from people, their relatives and professionals. We saw that positive feedback had been received following the recent survey.

We saw that the survey covered a variety of areas including the quality of the care provided, food, activities, laundry and staffing. Where comments were made about improvements we saw that an action plan had been completed in response to these. For example, about the laundry and the food provided.

We saw that the registered manager had systems in place to monitor accidents, and incidents, which were analysed to identify any patterns or trends. We saw that when a pattern was identified the registered manager had taken action to minimise the risks of a re-occurrence. For example implementing equipment for people who are at risk of falls.

The registered manager had access to a range of audits to monitor the safety, effectiveness and quality of the service provided. For example audits were completed to ensure care planning documentation was up to date, and medicine audits were completed to ensure staff were following the procedures in place. We saw that where shortfalls were identified action was taken, which included speaking to staff about their performance. We saw that the provider also undertakes regular audits of the service and completes a report. We looked at a sample of these and they demonstrated that the provider consults people and staff in the home for feedback as well as checking systems in the home. The registered manager was aware of her legal responsibilities to notify us of events that they were required to by law.

We asked the provider to complete 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. The form was completed and returned to us within the timescale we agreed.