

Vista

The New Wycliffe 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

The New Wycliffe is a 'care home' for older people, some of whom are living with sight loss and/or dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The New Wycliffe accommodates up to 49 people in a two-storey purpose-built residential home in Leicester. The home is on two floors with a lift for access and has a range of lounges, dining areas and gardens. At the time of our inspection there were 48 people using the service.

This inspection took place on the 22 March 2018 and was unannounced. We had previously inspected this home in November 2015 when it was rated '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. 'Responsive', which had been Outstanding, was now Good as we did not find enough evidence to maintain the Outstanding rating for this domain.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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 staff were caring and kind and people and relatives told us the home had a family atmosphere. Staff engaged with people and shared jokes with them which people enjoyed. Family members said they could visit the home at any time and always found their family members well-cared for and content.

People were safe living at the home and staff knew how to support them to stay safe. All areas of the home were clean, tidy and fresh. Effective systems and checks ensured the premises were safe for people. There were sufficient staff to meet people's needs. Medicines were safely managed and given to people when they needed them.

People's needs were assessed prior to them moving into the home to ensure that staff were able to meet these. The home specialised in supporting people with sight loss and staff understood people's sight issues and how these might affect them on a day to day basis. The staff were skilled, knowledgeable and experienced and had the necessary training to support them in their roles.

People and relatives made many positive comments about the food served. The home employed four part-time nutritional support workers who helped to ensure people had a healthy balanced diet. People had

regular access to healthcare professionals and staff sought support from them when needed.

People were encouraged to make decisions about their care and day-to-day routines and preferences. Staff demonstrated they worked within the principles of the Mental Capacity Act and there was documentation to support this.

People were encouraged to follow their interests. People and relatives told us about some of the activities they had enjoyed including hosting a travelling zoo, using the home's cyber café to speak with relatives abroad, and going out on the home's 'side by side' tandem bicycle with staff.

The home had a shop/cafe stocked with drinks, sweets and toiletries. Some people helped in the shop putting sweets in jars, tidying up, and dusting the shelves. The shop/cafe was popular with people and visitors and provided a pleasant space where people could gather together and socialise.

The culture of the home was caring and inclusive with people at the heart of the service provided. People and relatives told us the registered manager and staff were approachable and helpful.

There were effective systems in place to monitor the quality of the service. People and relatives had the opportunity to comment on the quality of the home in surveys and at meetings and changes and improvements were made in response to their suggestions.

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 is now Good.

People had individualised care plans which told staff how to support them in the way they wanted.

People were supported and encouraged to follow their hobbies and interests.

People and relatives had the opportunity to raise concerns at meetings or in person.

People received compassionate high-quality support at the end of their lives.

Is the service well-led?

Good ●

The service remains Good.

The New Wycliffe 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 checked 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 comprehensive inspection was unannounced and took place on 22 March 2018. It was carried out by an inspection manager, an 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. Our expert by experience had experience of services that provides support for people living with a sensory impairment.

We reviewed information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We sought feedback from commissioners who placed people and monitored the service.

During this inspection we spoke with nine people, four relatives, and a visiting healthcare professional. We also spoke with the provider's director of services, the deputy manager, an assistant manager, the head administrator, an activity co-ordinator, the training officer, a nutritional support worker, a senior support worker, two support workers, the handyman and a cleaner.

We looked at four people's care records to see if they reflected the care provided, and three staff recruitment records. We looked at other information related to the running of the service including quality assurance audits, staff training information, and arrangements for managing complaints.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "Yes, I'm safe, they look after me. It's like I'm part of their family." Another person told us, "I live day by day, safely." Relatives told us the vigilance of staff and the safety of the building helped to ensure their family members were safe. One relative said, "I feel my [family member] is fine here and well looked after. It's safe and there's a nice atmosphere."

Staff were trained in safeguarding (protecting people from abuse) and knew how to report any concerns they might have about a person's well-being. One staff member told us, "We all look out for the residents here no matter what our job is. They're our priority and if we had any worries about them we would tell the person in charge straight away."

Risks to people were assessed and monitored to support them to stay safe. One relative told us, "[Family member's] quite mobile and independent and likes to walk up and down stairs, [family member] has been told and shown how to do it." One person we met wore a pendant alarm so they could call staff if they needed assistance. Another said they had a pressure mat next to their bed so staff were alerted if they got up and could come and assist them.

Effective systems were in place to ensure the premises were safe for people. These included regular fire tests and maintenance checks of equipment. Accidents and incidents were monitored and action taken to address any concerns. The provider's last full health and safety audit was carried out in February 2018. Records showed the premises were mostly compliant and recommended improvements had already been made or were in the process of being completed.

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet people's needs. Staff responded to people in a timely way. One person said, "It's not bad here, they [staff] come quickly." Another person told us, "Staff are always so obliging, they never say I'll be back in a minute and then don't come back." A relative said, "Staff seem very busy but there is always a visible presence [of staff]."

Managers told us staffing levels were based on people's needs and adjusted as necessary if these changed. Records confirmed this. A relative commented, "Staffing levels vary but there is always a lot of loving care." A support worker told us, "Staffing levels are pretty good and we have time for everyone."

Medicines were safely managed. Staff were trained in the safe management of medicines and their competence tested. There were regular audits of medicines records and any shortfalls found were quickly addressed. People received their medicines on time and in the way they wanted them. Care plans for medicines were personalised. For example, one person's read, "[Person] prefers to have her medication early in the morning while they are still in bed – with a drink of cranberry juice."

People were protected by the prevention and control of infection. The home was clean and personal protective equipment was available for staff and people to use when needed. Staff were trained in infection

control and followed clear policies and procedures to maintain high standards of cleanliness and hygiene. User-friendly pictorial NICE (National Institute for Clinical Excellence) guidance on infection control was displayed in the entrance hall so people could see the standards the staff were working to.

People and relatives told us the home was always clean. One person said, "It's never dirty." A relative told us, "I'm very happy with the cleanliness of the place." All areas were clean, fresh and tidy. There were numerous hand cleansing foam dispensers around the premises for people, staff and visitors to use if they wished.

Lessons were learnt improvements made when things went wrong. For example an incident had occurred when a person left the home when it was not safe for them to do so. Following this premises checks were increased to ensure the home was secure and all fire doors alarmed. In another incident a person burnt their fingers on hot food. To ensure there was no repeat of this managers instructed that only catering staff could reheat food and they must use a probe to ensure it was served at the correct temperature.

Is the service effective?

Our findings

The home specialised in supporting people with sight loss and assessments and care plans gave a detailed explanation of people's sight issues and how these might affect them on a day to day basis. For example, one person's stated, '[Person] may have difficulties recognising staff and obstacles around them.' This meant staff had the information they needed to provide personalised and effective care to people.

People and relatives said the staff were skilled, knowledgeable and experienced. One person told us, "They seem to know what they are doing." A relative said, "They are well trained and I like the way they speak to people." Another relative commented on how well staff assisted people to mobilise, in particular those living with sight loss. A staff member told us, "The training here is marvellous and we are kept up to date with refresher training every year."

As well as general courses in the care and support of older people, staff had training specific to their role at the home. This included visual awareness training to increase staff awareness of what it was like to live with sight loss. The course featured a 'virtual reality' session where staff experienced for themselves the realities of visual impairment. Staff told us this course had been invaluable. One staff member said, "It has helped us to understand what the people here actually feel like." Other staff training included dementia care, diabetes, and autism to ensure staff could meet the varied needs of the people they supported.

People and relatives made many positive comments about the food served. People's comments included: "Nice choice. I manage to eat everything"; "It's good for me. The food is hot when it should be and they cut up my meal for me", and, "I'm very fond of grapefruit, they give me that." Relatives told us: "The portion size seems much better for older people, the balance of food is much better"; and, "The food is fine, quite nice, I sometimes eat with [family member] who has put weight on since being here."

The home employed four part-time nutritional support workers who helped to ensure people had a healthy balanced diet. People at risk of poor nutrition were referred to dieticians and speech and language therapists and their advice followed. People were involved deciding what meals they had each day.

Lunchtime was a lively and sociable occasion. Staff assisted people in a personalised way. For example, one staff member used the idea of a clock to explain to a person where the food was on their plate. They told them there were sausages at 06:00 and mashed potato at 09:00. This was effective and enabled the person to enjoy their meal independently.

People had regular access to healthcare professionals and staff sought support from them when needed. A healthcare profession working in the home at the time of our inspection visit told us it was 'a lovely place' and their favourite to work in. They said staff knew when a person needed medical attention and made appropriate referrals.

People's medical needs were assessed when they came to the home and records showed they had ongoing healthcare support from a range of professionals including district nurses, chiropodist, dentists, speech and

language therapists, and mental health workers. A local GP ran a clinic at the home once a week so people could have onsite medical support if they needed it.

The home had been designed and adapted to meet people's needs. There was clear signage to assist people in finding their way around the premises. There was a good range of lounges, and dining and activity areas including a shop/café which was popular with people and visitors.

People's bedrooms were personalised. The gardens were accessible with handrails so people with sight loss could access them safely. Most areas were well lit, with areas of good natural lighting, although the lighting in the home's shop/café was not very bright which might make it difficult for people to see what was on the shelves. The managers said the lighting was designed in this way to give the shop/café an old fashioned feel which people and relatives had commented positively on. They said the shop/café was always supported by staff members should anybody find the lighting in this area difficult.

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 Mental Capacity Act (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff were able to demonstrate they worked within the principles of the MCA and there was documentation to support this.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. Records showed assessments were carried out to determine people's ability to make specific decisions and the DoLS team involved where necessary. Staff followed clear management plans about routines to follow to enable people to remain safe at the home.

Is the service caring?

Our findings

People told us staff were caring and kind. One person said, "All the staff are lovely, it's a caring place." Another person told us, "The staff are friendly and will do anything for you. Nothing is too much trouble for them." A relative commented, "It's a nice atmosphere. They've got a lot of young people [staff] and they've got them wearing normal clothes rather than in uniform. It's better."

People and relatives spoke positively about the home's family atmosphere. One person said everyone who lived and worked at the home was 'like a family'. They told us, "[The staff] make us feel part of it. They make it homely." A relative told us, "[My family member] is made to feel loved. Staff know the residents well and there is a feeling with the residents that everyone is like an extended family."

We saw staff engaging with people throughout the day and witnessed many caring interactions. Staff knew the people they supported well and shared jokes with them which people enjoyed. A staff member told us, "We quite bond with our people." Another staff member said working at the home was, "Like having lots of grandmas and granddads." Family members said they could visit the home at any time and always found their family members well-cared for and content.

People told us they were actively involved in making decisions about their care and support. One person said, "I can get up when I want and go to bed when I want." Another person told us, "The staff help me get dressed but I tell them what I want to wear". A relative told us that when their family member moved in they met with staff regularly to look at how best to support the person to improve their health.

People said staff respected and promoted their privacy, dignity and independence. One person told us, "Staff knock first before entering [my bedroom] and then a head appears around the door." Staff told us how they maintained people's dignity when providing personal care. They described how they ensured curtains and doors were kept closed, and how they encouraged people to be independent and do things for themselves if this was what they wanted.

Is the service responsive?

Our findings

People had individualised care plans which told staff how to support them in the way they wanted. For example, one person's stated, '[Person] likes lots of reassurance and is a lot calmer when there is only one person with them.' It went on to give a list of subjects the person liked to talk about to help staff converse with them when care and support was being provided. This made it easier for the person to accept assistance from staff.

Care plans enabled staff to interact with people in a meaningful way and ensured that people remained in control of their lives. As one staff member put it, "This is their home and I believe they should do what they want to do." Care plans were reviewed regularly and any changes communicated to staff, which ensured staff remained up to date with people's needs.

People were supported and encouraged to follow their interests. One person told us, "They [the staff] help by pointing out things I might like to do." Care records included details of people's life histories, likes, dislikes, and hobbies so staff could arrange suitable activities for them. A relative said, "They are imaginative in their use of funding [for activities], they have animal parties, I've got a picture of my [family member] holding a tarantula." During the recent snowy weather an activities coordinator brought buckets of snow into the home and people enjoyed throwing snowballs.

People used the home's cyber café to Skype family members abroad and had conversed with relatives and friends worldwide. The home had a 'side by side' tandem bicycle so people could go for cycle rides with a member of staff or relative. A relative told us "The staff took my [family member] out on the bike to a country park and my [family member] loved the outing." People told us they had also been on trips to garden centres and into Leicester city centre. One person said, "We go out if we want to."

Activities included reminiscence time with singing, live entertainment, help in writing memory books, and storytelling. The home's shop/café was stocked with drinks, sweets and toiletries. People had requested old fashioned boiled sweets so these were stocked. Some people helped in the shop putting sweets in jars, tidying up, and dusting the shelves. During our inspection visit the shop/café was busy with some people helping and others sitting down for drinks and snacks. The activities coordinator on duty told us she promoted whatever level of activity a person showed an interest in to help ensure everyone had the opportunity to get involved.

There was a complaints procedure in place. The information was accessible to meet people's individual communication needs. People and relatives had the opportunity to raise concerns at meetings or in person with any of the staff on duty. People told us they knew what to do and who to tell if they had a complaint. A relative said they had just reported that an item belong to their family member had gone missing. They said they had every confidence that staff would look for it and it would be found.

The staff ensured people had access to the information they needed in a way they could understand it. This meant the home complied with the Accessible Information Standard (AIS). The AIS is a framework put in

place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People were supported at the end of their lives to have a comfortable, dignified and pain-free death. Two of the managers specialised in end of life care and had won awards in this field. They had devised an end of life training package for staff and this was being used in the home.

A relative commended the home for the high quality end of life care they provided to their family member. They told us their family member was moved to a downstairs bedroom to make it more accessible. Staff stayed on duty and one came in from annual leave to help care for the person. One relative was accommodated at the home so they could be near their family member and the family had the funeral service at the home's chapel with family and friends attending. The relative told us, "They [the staff] were fantastic."

Staff told us they had previously arranged a special event for another person receiving end of life care. This was a party with entertainment provided by a tribute act to the person's favourite singing star. The person attended the party along with family, friends and people at the home, and met and danced with the 'star'. Staff said the evening had been a great success and the person enjoyed it immensely.

Is the service well-led?

Our findings

The culture at the home was caring and inclusive with people at the heart of the service provided. A relative told us, "There is a homely feel here with lots of warmth and lots of hugs." Another relative said, "When [my family member] came here, the manager was clear that this is their home and I could visit anytime because it is their home."

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We received many positive comments from people and relatives about how approachable and helpful the registered manager and staff were. One relative said, "[The registered manager] was the most helpful manager I saw in the 16 homes I looked at for my [family member]. She's been doing this job a long time and knows her stuff." Another relative told us, "They [the managers] say if you have any issues come and tell us and we'll put it right. I feel the management are accessible."

Staff said the registered manager provided positive and supportive leadership. One staff member told us, "There's nothing she wouldn't do for staff or residents. When it was snowing she stayed overnight to make sure there were enough staff and to deal with any issues." Another staff member said, "Everything here is good and [the registered manager] is there when we need her and will deal anything we anything bring to her."

People were encouraged to be part of the local community. They supported homeless people, making up gift boxes of toiletries, food and warm clothing for them, and were involved with a local school. On finding out one of the people living at the home was an ex-marathon runner, staff arranged for them to take part in a Leicester city marathon, using a wheelchair as necessary. The person took part in the marathon and this was a matter of great pride for everyone living and working at the home.

There were effective systems in place to monitor the quality of the service. The provider's director of services was regularly at the home and carried out audits to ensure people were receiving good quality care and support. The audits included hearing the views of people, relatives, and staff, and their experience of the home was central to the audit process.

Monthly service user forums and quarterly meetings were held to give people and relatives the opportunity to comment on the home and make suggestions for changes and improvements. Records showed people were involved in choosing decoration for the home, and discussing menus, safeguarding, and infection control. Staff also met regularly and minutes showed health and safety, the Mental Capacity Act, and safeguarding were discussed and staff made aware of good practice reminders and updates to the provider's policies and procedures.

People and relatives also had the opportunity to comment on the quality of the home in an annual survey. In the latest survey, carried out in 2017, people and relatives made many positive comments about the home and also asked for some improvements to be made. The resulting action plan showed that managers had taken their comments on board and had made changes and improvements to the home as a result.

Since we last inspected the home has continued to improve and innovate and has worked in partnership with other agencies to achieve this. For example, all staff, regardless of their role at the home, were being trained in dementia care. The provider has set up a rehabilitation team in the local community and part of its role was to assist people to settle into Vista homes. And the registered manager had involved the home in a falls monitoring project run by a local university with a view to reducing the number of falls in care homes.