

Bupa Care Homes (AKW) Limited

Wingham Court 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Wingham Court Care Home is registered to provide accommodation and personal care for up to 73 people. There were 71 people living at the service at the time of our inspection. The service provides care and support for people 18-65 years living with complex needs and neurological conditions, such as multiple sclerosis or acquired brain injury. This was for rehabilitation or long-term care.

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

People were supported with activities that gave structure and a purpose to their life. There was a Creative Arts people took part in that had a positive impact on the health and wellbeing of people living at the service. One person told us, "It's my world where I can express myself. Its universe where no one else can touch" and another said, "It's a distraction from daily life." There were systems in place to support people and their families to support them with coming to terms with an acquired brain injury and complex mobility needs. Activities were planned around people's interests and hobbies and people's disabilities did not limit staff's ability to support people with this.

There were appropriate numbers of staff at the service to support people with their needs. Staff were aware of the risks associated with people's care and ensured that people were provided the most appropriate care. People received their medicines when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us that staff were kind, caring and respectful towards them. We saw examples of this during the inspection. People were supported and encouraged to remain as independent as possible and were involved in decisions around their care. There were times where people felt that staff went above and beyond what was expected of them and appreciative of this.

Staff received appropriate training in relation to their role and were encouraged to progress. Staff were valued and had opportunities to further their development. There was a robust system in place to assess the quality of care provided. People and relatives knew how to complain and were confident that complaints would be listened to and addressed. People, relatives and staff thought the leadership of the service was effective.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

At the last inspection the service was rated Requires Improvement (the report was published on 13 March 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Wingham Court 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

Our inspection was completed by three inspectors and a nurse specialist.

Service and service type

Wingham Court Care Home 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, deputy manager, nurses,

senior care workers, care workers and the activities team. We spoke with one visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at training and staff supervision. A variety of records relating to the management of the service, including policies and procedures, was reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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.

At our last inspection we made a recommendation around staff not always being deployed in an effective way to ensure that care was provided to people when needed. The provider had made improvements.

Staffing and recruitment

- People and relatives fed back there were enough staff. A person said, "Staff come to me quickly, I have my call bell. They respond as quick as possible." Another person told us, "Carers' response time is good." A relative said, "There always seem to be enough staff around. I have never come in and thought where is everybody?"
- Since the previous inspection there had been an increase in staff on the units where we had identified that improvement was needed. We observed that when people required support from staff this was provided quickly and during meal time there were enough staff to support people with their meals.
- The registered manager assessed people's needs regularly using a dependency tool to ensure that appropriate levels of staff were on duty. They told us, "We do extra supervisions during the day to ensure there are enough staff. We use the dependency tool, we monitor the staffing every day. If we can't cover with our own staff, we will use agency." Where there was a requirement for people to have a one to one member of staff, this was in place.
- Staff told us that there were enough staff on duty. One told us, "We are assigned to about four or five residents which is ok, it feels there is enough staff."
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

- Medicines were managed in a safe way and people told us that they received their medicines when needed. One person said, "I have (pain relief) every four hours and staff always come to give this to me."
- People's medicines were recorded in Medicine Administration Records (MAR) with a photo of the person and details of allergies. Where people had been recently discharged from hospital there was a short-term medication care plan for any newly prescribed medicine. This was reviewed each week by the GP.
- There were medicines prescribed on 'as required' (PRN) basis and these had guidelines in place for their use. Where topical creams needed to be applied there were body maps in place so that staff knew where this needed to be administered.
- Medicine competency checks took place to ensure that staff were appropriately administering medicines.
- We did raise with the management team that the recording on the MAR chart for three people was not

always clear. Although people had received their medicines, there was a risk that the administering nurse may have misunderstood the information previously signed for by another nurse. Sharps were also not being stored in one of the medicine rooms in a safe way. The management team addressed this immediately by making the information more clear on the MAR and removed the sharps that were not being stored safely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care plans were in place to manage risks to people. The plans contained assessments related to risks and steps staff should take. These included the risk associated with breathing equipment, dehydration and nutrition, pressure sores and moving and handling. One person told us, "Staff know to be cautious when turning me." A relative said, "(Family member)] is kept very safe and all risk assessments are in order."
- Equipment was available to assist in the evacuation of people. Fire exits were clearly marked and free from obstruction and fire evacuation plans were displayed throughout the home.
- Where clinical risks were identified, appropriate management plans were developed to reduce the likelihood of them occurring including around wound care, diabetes care and other healthcare concerns. Where wounds had been identified, regular photographs were taken of the wound to track the progress. We identified that pressure sores were healing as a result of the intervention from the staff.
- Incidents and accidents were recorded, and action taken to reduce the risks of incidents reoccurring. For example, one person injured their leg whilst they were manoeuvring their electronic wheelchair. The person was provided with support from a physiotherapist to reassess their how they operated the wheelchair.
- Staff were knowledgeable on what they needed to do if an incident occurred. One told us, "If someone had a fall, I will see how the situation is and reassure them. I would call the nurse or use emergency bell, fill in an incident report and stay with nurse to support and listen to instructions."

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe with staff. One person said, "I feel very safe. It's just lovely people around me. All very caring." Another person told us, "Staff look after me and keep me safe all the time."
- Staff understood what constituted abuse and the actions to take if they suspected any concerns. One member of staff told us safeguarding and whistle-blowing were discussed at team meetings, and said, "I always feel the residents are in good safe hands here." Another member of staff said, "Staff work to a high standard and understand the safeguarding policies."
- Staff received safeguarding training. We saw that where concerns were raised, the registered manager had referred this to the local authority and undertake a full investigation.

Preventing and controlling infection

- People were protected against the spread of infection within the service. One person told us, "It's very clean here. Staff always wear gloves."
- Staff were seen to wear Personal Protection Equipment (PPE) where needed. Gloves and aprons were available for staff throughout the service. Staff were seen to wash their hands regularly and there were hand gels available for everyone at the service to use. Staff understood how to ensure that people were protected from the risk of infection. One member of staff said, "Good infection control practice is a golden rule here." Another said, "We need to be so careful, we wash hands, wear aprons. We need to ensure that we are not transferring germs."
- The service was clean and well maintained. Regular infection control audits took place to ensure that staff were adhering to the correct procedures. These checked to ensure that there was sufficient equipment and that this was all in date.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure people's rights were protected because staff did not always act in accordance with the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- During the inspection we saw staff asked people for consent before they delivered any care.
- Capacity assessments had been completed to determine whether people were able to make decisions for themselves. These assessments were specific to particular decisions that needed to be made, for example in relation to the locked door on the unit people lived on, bed rails and covert medicines.
- Records showed that family members and appropriate healthcare professionals were involved when the 'best interest' decision was made on the person's behalf about their care and support.
- Applications for DoLS authorisations had been submitted to the local authority for people living at the service for example in relation to the locked front door. People who were not subjected to a DoLS authorisation were not restricted in any way.

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

- Care and support was planned and delivered in line with current evidence-based guidance. The provider

incorporated relevant guidance that was specific to the services they delivered. For example, from the National Institute for Health and Care Excellence, British Journal of Nursing, Royal College of Nursing and NHS England.

- Pre-admission assessments were undertaken that provided information about people's needs and support. This was to ensure that the service was able to meet the needs of people before they moved in. Staff gathered information from the time of referral from different sources in planning the person's care. For example, one care plan for a person with an acquired brain injury showed that staff had gathered the person's medical history and the progress they had made since their brain injury. Staff then used this information to plan rehabilitation goals.

Staff support: induction, training, skills and experience

- People and relatives told us that they felt staff were competent and effective in their role. One person said, "I use the rota stand. Staff have to be with me and they know what they are doing and trained to know how to use it." Another said, "(Staff member) impressed me by her efficiency, she is proactive, very securing and passionate." A relative said, "From what I have seen, I haven't come across one member of staff who doesn't know what they are doing; they are all so competent here."

- Staff completed a full induction when they first joined the service. This included completing mandatory training and then shadowing experienced care staff. Agency staff were also given an induction to ensure they were aware of the needs of people they cared for. A relative said, "Whenever there is a new one to one worker, the handover they are given is brilliant. The staff here are so particular to give a proper handover and always make sure the new worker is competent before they give care." A member of staff told us, "I was observed on a number of shadow shifts which picked up my strengths and other areas for development before being fully signed off [as competent]."

- Clinical staff told us that they had regular training to refresh their skills. They said that this included training on meeting the needs of people with an acquired brain injury, diabetes, catheters and who had a percutaneous endoscopic gastrostomy (PEG) which is a tube that is passed into a patient's stomach to provide a means of giving medicines and nutrition. We confirmed this from the records we reviewed. One healthcare professional told us, "We make guidelines and give training about a particular client. If I say (to the management team) we need training, they will considerate it."

- The registered manager told us there was an in-house therapy team that was supported with specialist training from an external company. They said, "It helps them stay abreast of new developments (in care)."

- Staff were complimentary about the training available to them. One member of staff told us, "The training is good. It helps us improve what are doing every day." Another said, "We do have training. We have manual handling, food hygiene and safeguarding which we do here."

- Care staff had received appropriate support that promoted their professional development and assessed their competencies. The clinical lead undertook one to one and group supervisions with nurses on a regular basis and other staff met with the registered manager regularly. One member of staff said, "We have supervisions, it's important to have this so we can discuss any training needs."

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

- People told us that they enjoyed the food and drink at the service. One person said, "I eat everything up." Another told us, "The food is good, you get choices, you can choose from the menu. They have things that reflect the diet I am on." A relative said, "The food is excellent; [person] eats every scrap and gets a good balance of nourishment."

- People were offered drinks and snacks in between meals. During lunch, people were offered a selection of hot meals and alternatives were offered if people wanted something different. The dining room tables were pleasantly laid with serviettes. For those people who needed it, equipment was provided to help them eat and drink independently, such as plate guards and adapted drinking cups. Staff had a good understanding

of how to support people who were being fed via a PEG.

- Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. For example, where people required a softer diet to reduce the risk of choking, this was being done. People's weights were recorded and, where needed, advice was sought from the relevant healthcare professional. Where people needed to have their food and fluid recorded, this being done.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff shared information effectively about people's needs through regular handovers and meetings. A relative said, "We seem to have the same staff on the unit and you get to know them. The standard of care has been consistent for years."
- People's care records showed relevant health and social care professionals were involved with people's care. Records showed involvement of the dietician, in-house physiotherapist and occupational therapist, GP, specialist hospitals, diabetic nurse, epilepsy nurse and the speech and language therapist (SaLT). A person fed back, "I have been very impressed with the occupational therapy contributions. I feel very grateful for their work and life-changing contribution. I feel stronger than ever." A relative said, "The physios are superb and so on the ball. (Their family member) is more supple and has no spasms. The physiotherapist will treat him in bed if he is not well enough to get up."
- Care records showed that people had annual eye checks and regular involvement of the chiropodist. Staff followed the guidance provided by healthcare professionals. One healthcare professional told us, "I think there is a genuine desire to be the best care they can. (There is an) attempt to do more than the standard care home may do. They are open to my recommendations. They react quickly."
- Staff at the service communicated effectively to ensure the best delivery of care. There were teams at the service consisting of care staff, nurses, therapists and a clinical psychologist specialising in care for people with an acquired brain injury. They attended multi-disciplinary meetings to decide on the most appropriate care for people.

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

- The environment was purpose-built which enabled people with reduced mobility to access all areas including the use of hand rails and wide corridors.
- People had specialist walking aids and wheelchairs to assist them. A relative said, "The environment is excellent, the gardens are well kept and (their family member's) room is very high quality."
- People's rooms were personalised and individual. Profiling beds and pressure-relieving mattresses were in place for those who needed them. Large clocks with the date were placed around the home for people.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us that staff were kind and caring towards them. One person told us, "All staff are very caring." Another said, "(Staff are) very caring. They listen to what I have to say, care about how I feel." A relative said, "The staff show only kindness, not just my relative, but to everyone. Even though (their family member) is not very communicative, that never prevents staff from chatting away to them." Another relative told us, "It is absolutely brilliant here. the staff always have a smile on their face."
- Staff at the service appreciated and celebrated people's cultures, backgrounds and beliefs. There was a 'Celebrating diversity' board in the reception area for people and staff. The statement around this was, "Being able to bring residents, staff and relatives together is so important, it creates bonds and relationships throughout." Different cultural events were celebrated including Chinese New Year, St Patrick's Day and Diwali. There were services held at the home, including Mass, Quran readings and Holy Communion.
- Staff greeted people as they entered rooms and lounge areas throughout the day. They complimented people on how they looked. One member of staff was heard saying to a person, "You look gorgeous today." Staff were tactile with people; a member of staff massaged a person's hand and sang to them to help them relax which had the desired effect of encouraging them to eat a little more at lunchtime. Another member of staff tucked hair behind the ear of a person whilst listening to them talk about their day. On one occasion staff supported a person to go and see their grandchild who had just been born. The person's family fed back, "I would like to say a huge thank you to all the staff who went that extra mile yesterday. It was a magical moment which he truly enjoyed."
- Relatives and friends were encouraged to visit and maintain relationships with people. One relative told us, "It is very welcoming, and the manager's office is always open, so we can go and talk to her." Another said, "Whenever we come, staff are nice and offer us a cup of tea."
- One person was visited by their family member regularly however the family member had moved into a care facility. Staff at the service arranged for the person to visit their loved on in this care facility. The person said it made them happy and the visit was, "Wonderful" for them. A member of staff said, "This special companionship between (person) and his mum is very important to them both and they both appreciate the time they spend together."

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

- People told us that they felt involved in their care planning. One person said, "They (staff) know my routine. They know the time I want to get up. I really appreciate them." A relative said they were involved in creating their family member's care plan. They told us they felt listened to and said, "(The nurse) would ask for a meeting if a review was needed and they would action things straight away."

- One person wanted to attend their family members wedding but was not well enough. Whilst the wedding took place member of staff sat with them as they did not want him to be on his own. The family fed back, "Thank you for all your love and care you showed (person), meant a lot to us. Wish there were more passionate humans like you in this world to make our life a better place to enjoy and spread the happiness, see you soon."
- People were able to make choices about when to get up in the morning, what to wear and when they wanted their care to be delivered. One person told us, "They all do their jobs well. I asked for a shower every day without fail and that's what I get." A relative told us, "(Staff) know his routine, that he needs to rest in the afternoon, and allow him to choose and respect that he wants to spend weekends in bed and rest. Thanks to this approach (family member) became happier and engages more, comes out of his room more."
- People were able to personalise their room with their own furniture and personal items and each room was homely and individual to the people who lived there. Care plans were detailed with information about what was important to people. For example, one person's taste in music was noted in their care plan and we heard they had this type of music playing in their room.

Respecting and promoting people's privacy, dignity and independence:

- Staff encouraged independence in people irrespective of their conditions and this was a feature in all the care of the people at the service. Staff encouraged people to do things rather than assume they could not do them. For example, during lunch a person was given a hot drink and then offered the sugar and milk, so they could add what they wanted. A person told us, "I can't shower myself, they wash me, they lather me up and I rinse myself. It's important that they know things I can do for myself."
- A member of staff told us, "I try to increase people's independence, no matter how small. For example, I encourage them to be part of making a coffee even though this may take a lot of time."
- People and relatives told us that staff were respectful. A person said, "They all respect me and treat me with dignity. With personal care I asked for a lady and (member of staff) wasn't offended and got a lady for me."
- One person was supported to make their own video of what life was like for them living with a disability titled, "What we assume." They fed back on the video, "I feel people assume what I am trying to say. I miss talking. I can't paint anymore like I used to. I am still an artist." They described how they were not treated differently by staff at the service just because of their disability.

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 Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were supported with activities that gave structure and a purpose to their life. One person loved painting and staff supported them to maintain this hobby. The person had created pieces of art, using assisted technology, that they were able to showcase on an online exhibition facilitated by staff at the service. The person's relative fed back they were, "Over the moon and grateful for the confidence that the activity team had reinforced." Another person wanted was supported to create a video about the dangers of substance abuse. Staff were contacting schools to arrange for the person to go and do talks on this subject. The person said, "I felt a boost of confidence and want to help young people. I feel that I now have a new purpose in life."
- All people that wanted to be, were involved with the Creative Arts department at the service with a view to aiding their recovery and enrich their life. People created "Open Day Art Film", where they discussed what art meant to them, Comments included, "It's my world where I can express myself. It's my universe where no one else can touch" and "It's a distraction from daily life." An activities coordinator said, "(The activities team) has had a lots of support from all the managers. I feel we have a presence in the home; staff recognise the value of our input. They understand we're not just about colouring and sticking."
- There was a computer room available to all people and that gave them opportunities to use the internet, socialise and research areas of interest. There were virtual reality sessions held once a month that were focused on one to one to support with people. The activity allowed for people to travel to places around the world.
- There were exercise classes including Zumba that were held at the service. People asked if they could use one of the classes to do a sponsored event to raise funds for the home. One person said, "The music in Zumba makes me want to dance!"
- People and their families had access to a clinical psychologist to support them with coming to terms with an acquired brain injury. The healthcare professional told us, "It's about thinking adjustment and acceptance. Thinking about the future and care planning." A relative told us, "(Registered manager) has been so supportive towards me as a family member and understands what I am going through watching (their family member) deteriorate."
- People fed back how care at the service had helped them make improvements to their day to day living. There were supported by the inhouse therapy teams with this. One person said, "When I first came, I was fully hoisted, I had my physio and now I able to use a rota stand. I was unable to eat and now eat fairly independently." A relative said, "We chose the home on the basis of whether we would we like to live here and have never regretted this decision." Another said, "Staff are so good here; they anticipate people's needs and recognise when someone is going to have a seizure. There is a good core of staff who share their experience with others."

- There were detailed care records which outlined individual's care and support. For example, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. A member of staff said, "I love speaking to people about who they are and what their interests are. People are so different, and I try my best to support them according to their different wishes."
- There was guidance for staff in people's rooms in photographic format to show how people needed to be positioned particularly for those people who were unable to verbally communicate. Where people had diabetes there was information available to all staff about the management of where their blood sugar levels were too high or too low. Staff on the day were knowledgeable about people's care needs.
- Daily records were also completed to record each person's daily activities, personal care given, what went well, and any action taken.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff went the extra mile to establish what people had done in the past and accommodated activities around this. For example, one person had always wanted to be a musician. Staff contacted a music studio and arranged for them to meet the producer, to have a tour of the building and see how the music was edited. The person said, "This was the best day of my life and I will never forget it."
- Another person had an interest in producing music and had created a 'drum and bass' song. The person wanted to create a music video and staff supported them to do this and to upload it onto YouTube. You could see from the video what this meant to them.
- Staff ensured that people received a more personalised and rich experience, to remain motivated and engaged with their community. For example, one person had been invited to an evening birthday celebration with their friends outside of the service. A member of staff accompanied the person to go, the person fed back, "I thoroughly enjoyed the night. It allowed to me to socialise." People were supported to enter their art for the Claygate Flower show. A person said, "The flower show is great, I get to meet new people and have fun." A pub quiz had also been organised with the neighbouring care home.
- People said they wanted to go ice skating. The provider told us, "This had never been done before at Wingham (considering the people were wheelchair users) and was a very exciting opportunity. With support from multiple departments this was able to be achieved. One person fed back, "Ice skating brought back memories from my childhood. I felt young and free."
- People and relatives were positive about the range of activities on offer at the service. One person told us, "Activities are great. They have music and people coming in. We do days out to the pub, out for lunch and cinema." Another said, "I played bowls. I really enjoy it. I also like to be in my own room watching programmes." A relative said, "The activities team is brilliant."
- People were supported to maintain their hobbies and interests. The registered manager told us, "During December we encourage residents, staff, relatives and visitors to submit a dream for Wingham. Once achieved we add a flower to show that this dream has 'blossomed'. One person had been wanting to visit the Tate Modern and was taken to the viewing point where people got to see a view of London. One person said, "It was colourful and inspiring. It sparked my interest to further my art." Another person wanted to go to Memphis. Staff held a "Memphis" themed day including hot dogs, burgers and milkshakes and an Elvis impersonator. The person fed back, "I loved Memphis when I went and would have loved if I could go back, however the day was lovely and I really enjoyed myself."
- Where people were cared for in their room, staff spent time with them on a one-to-one basis to reduce the risk of social isolation. This was adapted to people's interests, for example: reading short stories or poetry aloud to a person. Staff supported people to watch sporting events to enable them to follow their favourite team's progress
- A member of staff said, "I try to remember that people have often lost what was so important to them. For

example, I make sure to 'wheelchair' dance with a person who loved to dance before they became ill."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff used a variety of methods to communicate with people and were creative in their approach to this. For example, one person's senses and communication support plan gave clear guidance for staff about how to introduce a task breakdown. Their relative told us that staff, "Followed this to the letter."
- Assistive technology, including the use of eye gaze, and iPad were also used to assist in people's communication. During our conversations with people, staff supported them to communicate with us. For example, one person was given a pen and paper by a member of staff, so they could respond to our questions.
- One person was trained to use an adapted switch, so they could operate their electronic tablet. As a result, the person was able to make their own choices, communicate with staff, email their family and operate their television and nurse call bell.
- The PIR stated, "Bupa Care Services aims to ensure that all residents living in our care receive information that is accessible. The policy supports our customers by ensuring that they have access to information that is understandable and translatable for their level of need. Supports our employees by ensuring that our people know how to provide information in an accessible format." We saw this was in place.

End of life care and support

- End of life care was planned around people's wishes. Care plans contained 'final days' records which documented the wishes of people at the end of their lives. This included where they wanted to be, who and what they would like around them and any other matters that were important to them.
- Relatives were complimentary to the staff at the service about the care their loved ones received at the end of their lives. The registered manager told us of one person who had passed away, "The team looked after (person) incredibly well, they also looked after and supported her family. We provided meals, a put you up bed, and dealt with their laundry so that they could stay the whole time." The person's family fed back, "I just wanted to say the kindness and empathy you showed was outstanding and I'm sure was greatly appreciated by (person's) family and friends." Another relative of a person that had passed away fed back, "We can't begin to thank you enough for all the love shown to her. I truly believe you did above and beyond."

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and relatives told us that they knew how to complain. One person said, "Nothing to complain about but I would go to (registered manager), I haven't had to make one." Another told us, "I feel listened to. The manager is a very good listener." A relative said, "The manager immediately sorts out any issues."
- Complaints had been investigated and people and their relatives were satisfied with the response. For example, one person had complained there was not sufficient variety on the menu that suited them. The chef met with the person and actions were taken to ensure they had suitable choices that met the person's needs.

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.

At our last inspection the provider had failed to ensure people's records were accurate, complete and contemporaneous in relation to the delivery of people's care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

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

- At the previous inspection we identified care plans had conflicting information about people's needs and daily notes were not detailed around the care that had been provided. At this inspection, the care plans were up to date and reflective of the current needs of people. One healthcare professional told us, "There has been an improvement since the last visit (from CQC)."
- However, we did feed back to the registered manager that it was not always easy to navigate through exactly what care had been provided to a person. This was because there had been notes written by staff in the folder in the person's room, separate notes in the care plan and also activity notes written in another folder. They told us they would address this to ensure that care notes were more streamlined.
- People and relatives were complimentary about the registered manager. Comments included, "The manager is right on it with everything; always keeping an eye and checking things are kept to a high standard. Staff never seem to be wary of approaching her for advice", "The manager has been absolutely superb, and I cannot praise her enough" and, "Very hands on and will always get things done when asked."
- Staff told us that they communication well in the service and that leadership were clear on what was expected. One member of staff told us, "My manager gives me direction and support; the home is like a well-oiled machine. The registered manager is brilliant; she is so compassionate." Another said, "The clinical leads are always around and about. I know that when I need them, they are there."
- Quality assurance took place to look at the clinical care being provided. This included daily walkarounds and weekly and monthly clinical meetings to look at people's skin integrity, hospital admissions, weight loss, wound care and requests to see the GP. Each audit had an action plan to address any areas of concern.
- Audits were carried out such as care note audits, care plan audits and medicine audits. The registered manager discussed any shortfalls with staff and record this in the event that this needed to be raised again.

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

characteristics

- People and relatives had the opportunity to attend meetings to have input into what they wanted at the service. People took part in a 'Resident steering group' where they discussed activities they wanted. We saw this meeting taking place on the day of the inspection. For those people being cared for in their rooms, the activity staff would visit them to ask them for their involvement.
- People and their relatives were asked to complete surveys to get their feedback on the care. Feedback from families sent to the home included, "I'd absolutely recommend Wingham Court to anyone" and "Wingham Court is a fun home with lots of laughs and music. Modern, clean and warm."
- Staff were invited to discuss any concerns they had or raise useful suggestions to make improvements by attending regular meetings and completing surveys. We saw from a staff survey that staff had asked if the cleaning during night shifts could be looked at. The provider responded by introducing a rotational system of shifts. A member of staff said, "Suggestions are listened to and I feel involved." A healthcare professional told us, "Eyes are on the ground. I think leadership are very much on the ground, very present, very approachable. They are very open to suggestion for growth. Very proud of their work and committed to making improvements."
- Staff told us that they felt valued and supported. One told us, "There is really good teamwork here and career progression is discussed in supervision." Another said, "This place has blown me away; the staff are great; and you can have lovely relationships with people." One member of staff had been nominated for an award for their "Commitment and dedication" in their role. They fed back, "I'm over the moon to have been acknowledged for this award. I love my job."

Continuous learning and improving care

- People fed back that the management team were keen on making improvements at the service. One told us, "The manager has a vision and for me that's important. The management team know where they want to be."
- The registered manager reviewed accidents and incidents to look for trends. For example, where people had frequent falls they were referred to the occupational therapists.
- The service had signed up to receive alerts from MHRA (Medicines and Healthcare products Regulatory Agency) for instances where there may be a concern with a medicine. We saw the information from these alerts was shared with staff and whether they had to taken any additional action.
- The leadership team responded well to areas that required some improvement during the inspection. During the inspection we identified that prescriptions for short-term medication prescribed by the GP did not always have the length of time it should be given. The clinical lead advised us they would ensure the GP entered this in future.

Working in partnership with others

- The registered manager and staff worked with external organisations in relation to people's care. For example, they were working with the local church who managed a shop at the service with the intention of people at the service assisting with working there for a period of time during the week.
- The PIR stated, "We have established links with the community, taking residents to the Church Connections group weekly." We saw this was taking place.
- The service provided placements to student nurses from the University of West London. A nurse who worked with the university stated, "Every time we need a student to be placed, they (the management team) will facilitate their learning." Feedback from the university included, "The high level of care, patience and effort that is put in by staff at Wingham Court to make sure students are maximising their full learning potential and utilising the placement area is beyond amazing."
- The service took part in National Care Home Open Day where the community was invited into the home. An exhibition took place of people's art at the service, and film was played of the residents saying what art

mean to them. The registered manager said, "It really conveyed how much art impacts on our residents and how special their art time is."

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

- Staff fed back how positive they felt about working for the organisation and that this impacted on how they delivered care. A member of staff said, "This job is very fulfilling; the range of people here with differing needs means care has to be absolutely person-centred."
- The PIR stated, "We discuss (with staff) the Human Rights principles of respect and dignity within care delivery, as well as principles of confidentiality, fairness and respect for our colleagues. This is further reinforced during induction training, meetings and one to one performance conversations, when practice is related to the core values within the Bupa Code." We saw this reflected in the care that was provided.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.
- We saw from the records people and relatives had been contacted where care that had been delivered was not to the standard the provider expected. We saw a 'Duty of Candour' letter had been written to a person that related an incident. Apologies were made, and information was provided on how they could prevent this from occurring again.