

Bupa Care Homes (ANS) Limited

# Wykebeck Court Care Home

## Inspection report

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Date of inspection visit:  
03 October 2019

Date of publication:  
24 October 2019

### 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Wykebeck Court is a residential care home providing personal and nursing care to 41 people aged 65 and over at the time of the inspection. The service can support up to 84 people.

The care home accommodates people across two separate floors, with the third floor currently used for events. One of the floors specialised in providing care to people living with dementia.

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

People and their relatives said the service was safe. Staff had been trained in safeguarding vulnerable adults and safeguarding referrals were made appropriately.

People received their medicines as prescribed. Systems and processes around medicines were safe. Risks to people were assessed and monitored appropriately.

There were enough staff deployed to meet people's needs. Staff received appropriate levels of training and ongoing support from senior staff.

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's nutritional intake and general health and wellbeing were monitored by staff with referrals to health and social care professionals made in a timely way. People's nutritional preferences were recorded and reflected by staff.

Staff took into account people's diverse cultural and religious needs when delivering care. Staff provided people with choice and control in their care, and people said their independence and dignity was respected by staff.

Activities staff were engaged, and staff ensured people were not socially isolated, taking into account their hobbies and interests. Care plans reflected people's life histories and preferred routines.

Care plans were not always up to date with regards to people's needs and documents were not always signed by people or their representatives as required. There were plans in place to address this. We have made a recommendation about care plans.

The registered manager promoted an open culture and staff said they felt supported by senior leadership. The registered manager used the provider's quality assurance processes to ensure the quality of the service was monitored and improvements identified and followed up with clear actions.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published January 2019) with four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Wykebeck 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

The inspection was carried out by two inspectors, a specialist advisor with a nursing background and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 fifteen people who used the service and three relatives about their experience of the care

provided. We spoke with eleven members of staff including the registered manager, senior care workers, care workers and the chef. 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 six people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and their relatives we spoke with said the service was safe. Comments included, "It's very nice here, I feel very safe", "I like staying here, I have my own room, I can't walk well but I feel safe here".
- There were systems and processes in place to protect vulnerable people from the risk of abuse. Staff received training in safeguarding vulnerable adults.
- Safeguarding incidents were reported to appropriate stakeholders and investigated in line with the provider's safeguarding policies and procedures.
- Staff were able to describe steps they would take to identify and report potential abuse.

Assessing risk, safety monitoring and management

- Risks to people were appropriately assessed and monitored. Risk assessments were person centred and reviewed regularly, and staff used nationally recognised tools such as the malnutrition universal screening tool (MUST) and the falls risk assessment tool (FRAT) to assess and reduce risks to people.
- People had individual personal emergency evacuation plans with information on how to support them in the event of a fire.
- There was a clear system of regular checks and inspections to ensure the environment and any equipment used in the premises were safe. These included internal routine checks carried out by maintenance staff and checks conducted by accredited third party organisations.

Staffing and recruitment

- People and their relatives said there were enough staff deployed to meet people's needs. Comments included, "There seem to be plenty about, there is always someone there if I ask for help", "Look around, there are plenty of staff here", "Staffing has improved, it wasn't good last year", "Staffing levels are much better now, seems to have stabilised".
- Staff we spoke with said there were enough staff deployed to ensure everyone's needs were met. Comments from staff included, "New staff are brilliant. Morale's picked up massively, the contrast is huge. Completely different home so much more positive, teamwork is brilliant" and "They make sure the floors are covered and they get people in it's a lot better. There are enough staff for the people in here."
- Staff were recruited safely. New candidates passed background and identity checks before being offered employment.

Using medicines safely

- People received their medicines as prescribed. Comments from people included, "Yes, I have tablets and they're always on time", "I have lots of tablets, the nurse stands there and waits to make sure I've swallowed

them".

- Systems for ordering, storing, administering and recording medicines were safe and in line with national guidelines. Records contained detailed information about people's medicines, what allergies they had and how they liked to take their medicines.
- Staff received training in medicines administration, and medicines records were audited regularly. Staff received a competency check conducted by a senior qualified member of staff before administering medicines.

#### Preventing and controlling infection

- The home was clean and well presented with no malodours observed. People's comments included, "It's beautiful, I'm just glad I don't have to clean it all!", "It's lovely here, very clean" and "It's spotless, they clean everywhere, every day. Housekeeping staff really know what they are doing".
- Staff were observed wearing personal protective equipment while delivering care. Staff received training in preventing and controlling infection.
- There were internal cleanliness audits carried out to ensure the home was clean and well maintained.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated appropriately. There were systems in place to analyse incidents and accidents to see if there were any trends and take appropriate action.

# 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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed appropriately before using the service. The assessment formed the basis of the person's care plan. This included getting information about key social and health care professionals involved in the person's care, their daily routine, health needs and personal preferences.

Staff support: induction, training, skills and experience

- Staff said they received good training and ongoing support from the leadership team. One member of staff said, "The manager does supervisions and appraisals. She'll talk about how good you are doing or what you need to improve".
- Staff received an induction which included a programme of training the provider considered mandatory and shadowing senior members of staff.
- Staff received regular supervisions and appraisals in line with the provider's policy.

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

- People were supported to maintain a balanced diet. Comments included, "Food is very, very good", "Food is lovely, the chef knows what I like" and "There is plenty of choice on menus but staff will always do an alternative if need be".
- People's dietary needs and preferences were clearly recorded in people's care plans.
- Where people had specialised needs such as different? textured food or drink thickeners as the result of an assessment by health professionals to prevent choking risk, this was clearly documented in people's care plans with guidance for staff.
- There were daily menus with a range of options for people. Food was visually appealing. People were frequently offered drinks and snacks, and snacks were available in communal areas. There was a 'hydration station' on the dementia unit with clear signage encouraging people to have a drink.

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

- People received good access to health and social care professionals. Comments included, "Doctors will visit if you are poorly and the chiropodist visits" and "It's easy to get a GP out, they are very good".
- Care plans had clear records of referrals and interactions with health and social care professionals, with actions for staff to take.

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

- The home was a purpose-built care home, with bright and clean décor. There was clear signage on doors.
- There were a number of sensory stimulation resources for people living with dementia, and the decoration was appropriate.

#### 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training on the principles of the MCA. Staff we spoke with had an understanding of capacity and the principles of the MCA.
- People's capacity was assessed appropriately and where necessary DoLS referrals made. Where people had restrictive equipment, there were appropriate assessments in place and best interests meetings held with relevant stakeholders involved in the decision making process.
- The registered manager had a log of DoLS referrals made to the local authority in order to track them and ensure they were followed up.

# Is the service caring?

## Our findings

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

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

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

- People and relatives spoke highly of staff as caring, compassionate and attentive. Comments included, "I watched a carer who didn't know I was here help my Mum and someone else to eat. She was really attentive, most caring, talking to them, was lovely to watch. I must find out that person's name and tell the manager", "Staff are very polite, very helpful, they always ask before helping you" and "I've no complaints, all are very kind, I get on with all the girls".
- Care plans contained good detailed information about people's diverse needs and characteristics. One care plan contained information about a person's belief system with practical steps for staff to take to ensure their beliefs were respected.
- During the inspection we observed kind, patient and attentive interactions between staff and people using the service. It was clear from our observations that staff knew people's personalities and personal preferences.

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

- People were supported to express their views and be involved in decision making as much as possible. Comments from relatives and people included, "They ask me what I want to do, would I like a shower, what clothes would I like to wear" and "They always explain to mum what they are going to do".
- There was information in communal areas on how to access an advocate. An advocate is someone who helps vulnerable people make important decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People said they felt their independence, privacy and dignity was respected and promoted. Comments included, "They are very good about respecting privacy", "I can have a bath or shower whenever I want, staff always respect privacy and dignity" and "Staff always ask before helping you".
- Staff understood the importance of promoting people's privacy, dignity and independence. Comments included, "If somebody doesn't want to do anything, we can't just force it. It's their home, all we can do is document it" and "With personal care just make sure they are covered, make sure they are as independent as they can be, ask what they can do for themselves".

# 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 requires improvement. At this inspection this key question has remained the same, requires improvement This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained good person centred information with clear guidance for staff on how people wanted their needs met.
- Care plans contained information about people's life histories, their interests and hobbies and things that were important to them.
- Care plans were not always up to date. We found examples where certain consent forms had not been signed, or a care plan did not reflect a person's recent change in health.
- We discussed this with the registered manager who acknowledged that not all care plans were up to date, and that staff, including newly recruited senior staff, were in the process of ensuring all care plans were being updated.

We recommend the provider ensure care plans are updated and reviewed regularly so that they continue to be effective in reflecting people's needs.

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.

- Care plans contained clear information on people's communication needs and preferences, with guidance for staff on how to ensure effective communication with people.

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

- There were positive and engaging activities staff who planned a range of activities. Comments included, "The activities coordinator talks to us, asks us about our families and what we used to do", "I like it when the school children visit", "In the summer an ice cream van pulled up outside and the activities coordinator fetched us all an ice cream, it was so funny, she was running back and forth with ice creams!", "I used to knit a lot, we all did, I am going to teach the activities coordinator how to knit" and "I love the activities, they do everything from sing a longs to making Christmas decorations".
- Catering staff were involved in arranging food for special occasions. One relative said, "It was our wedding anniversary, the chef made a beautiful cake and the lounge was all decorated out. There was a lovely spread for everyone. Staff put on the most amazing party for us, I was overcome, I wasn't expecting anything like

that, it was wonderful".

- There were a range of internal and external activities planned relevant to people's needs and interests. They were inclusive of all areas of the home. We observed activities taking place throughout the inspection, staff were engaging and attentive and had a good knowledge of people, their hobbies and preferences. We saw there was an event planned where the local MP had been invited and agreed to talk to people about ongoing political processes.

Improving care quality in response to complaints or concerns

- People and their relatives said they knew how to raise complaints, and that their complaints would be dealt with satisfactorily. Comments included, "Not had any reason to complain" and "I complained once, I have a good relationship with staff and management, it was all dealt with to my satisfaction".
- We reviewed the service's complaints file and found complaints had been dealt with in line with the provider's policy.

End of life care and support

- Staff received training in end of life care and support. There was a clear policy with delegation of responsibility with principles for staff to follow to ensure people were comfortable and dignified at the end of their lives.
- Where people had a 'do not attempt resuscitation' order this was clearly documented in the front of their care plans.

# 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 inadequate. 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.

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

- There was a relatively new senior leadership team in post. People, relatives and staff said there had been improvements in the culture of the service.
- People and relatives said the service has improved and the registered manager was approachable. Comments included, "Yes, I know the manager, most approachable", "It wasn't well managed previously, we had concerns last year. Things have improved massively in the last six months".
- Comments from staff included, "It's lovely here. The atmosphere is just amazing everyone is relaxed, everyone is approachable, they make you feel so welcome" and "[Name] is definitely the most supportive manager I have had, very approachable, she is very constructive with criticism".

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

- There was a clear duty of candour policy and process in place. We saw examples where people's relatives had been informed of incidents and accidents, and people were openly supported and signposted towards formal complaints processes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were clear and well organised systems and processes to monitor and improve the quality of the service which were followed by the registered manager.
- There were a range of regular walkarounds, audits, checks and reports both internally and externally. Where areas of improvement were identified, there were clear actions, timeframes and delegations of responsibility. Actions were carried out promptly and signed off by the registered manager.
- Audits included catering quality audits where the chef observed the meal service and gathered feedback, 'first impressions' audits, cleanliness audits, unannounced night time spot checks and regular medicines audits.
- The registered manager understood their legal obligation to notify CQC of important events. Incidents and notifications to CQC were clearly logged and filed.

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

- The registered manager had not yet issued an annual survey but was in the process of doing so. There

were regular residents and relatives' meetings where the registered manager gathered feedback in order to make improvements. They were well attended with actions recorded. There was a 'you said, we did' board updating people on what improvements had been made such as purchasing new benches for outside areas.

#### Working in partnership with others

- The service demonstrated it worked with other organisations such as the local authority and healthcare professionals as necessary. The registered manager had invited the local community policing team into the home to provide reassurance and to make their facilities available to officers in the area.