Susan Mattinson

Wyncourt Nursing 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

Wyncourt Nursing Home is situated in Timperley, a suburb of Altrincham, Cheshire. It is within walking distance of Timperley village and other local amenities. The Home also has good access to all public transport services. The home is registered to provide care and treatment for up to 35 people who require nursing care. On the day of the inspection there were 34 people resident at the home. The home supports a number of people who are privately funded.

The provider was also the owner and the registered manager. 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 registered manager was supported by a deputy manager and a junior deputy manager in the day to day running of the home. There were three floors, the ground floor housing some bedrooms, lounges, conservatory, garden room, bathrooms and dining room. The first floor had more bedrooms and bathrooms and the second floor had the manager's office, training room and hairdressing room.

At our last inspection in February 2016 we rated the service 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 ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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People felt safe at the home. Safeguarding adults and whistle blowing policies were in place. and staff had undertaken training. Health and safety measures were in place and general and individual risk assessments had been completed appropriately. All risk assessments were regularly reviewed and updated as required.

Staffing levels were high and people said there were always enough staff to meet the needs of the people who used the service. Staff induction was thorough and training was up to date. The recruitment process was robust. Medicines systems were safe and appropriate. Care records included relevant health and support information.

The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Care was person-centred and people were given choices. Appropriate equipment, was used to help ensure people remained as independent as possible. People said the food was good and there were choices available.

People were treated with the utmost respect and compassion. Relationships between staff and people who used the service were friendly and relaxed. Relevant policies with regard to General Data Protection

Regulation (GDPR), confidentiality and privacy were in place.

There were activities occurring throughout the day and people were taken out on trips. Complaints were responded to appropriately.

People we spoke with told us the registered manager was always accessible if they needed to speak with them. Staff we spoke with said they were well supported by management.

Staff supervisions and appraisals were undertaken on a regular basis and staff meetings were held regularly. Quality checks were undertaken regularly and results monitored and analysed to drive improvement to service delivery.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Wyncourt Nursing Home

Detailed findings

Background to this inspection

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

This was a comprehensive inspection which took place on 28 August 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at the information we held on the service. This included the last inspection report and statutory notifications we had received from the service. We also contacted the local authority. This helped us to gain a balanced overview of what people were experiencing when accessing the service. No concerns were raised about the service.

We received a provider information return record (PIR) from the registered manager. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make within the next 12 months.

During the inspection we spoke with three people who used the service and five relatives. We spoke with the registered manager, the deputy manager, one nurses, two members of care staff, the activities coordinator and the maintenance person.

We looked at the electronic care records for five people, five electronic staff records, training records, supervision records, medicines records, audits and health and safety information. We observed care throughout the day. 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.

Good

Is the service safe?

Our findings

One relative told us, "I am more comfortable [with relative] here than anywhere with regard to safety. I leave [relative] here and know she will get the best care". Another said, "I am happy to leave [relative] here. I feel he is safe".

Safeguarding adults and whistle blowing policies were in place and staff had undertaken training. Those we spoke with were knowledgeable and aware of how to report any issues. The registered manager and deputy were both safeguarding champions. We saw that safeguarding concerns were logged and responded to appropriately.

There was an up to date fire risk assessment in place. We saw evidence of appropriate fire and health and safety checks. All required certificates for areas such as gas and electricity safety, legionella testing and assistive equipment were in place and up to date. There was a business continuity plan in place which set out arrangements for staff and people who used the service in the event of an emergency.

Individual risk assessments were in place for issues such as the use of bed rails, choking, use of equipment and skin integrity. These were regularly reviewed and records were up to date. There were personal emergency evacuation plans (PEEPs) in place for all people who used the service. These set out the level of assistance each person would require in the event of an emergency evacuation.

There were ample staff on duty on the day of the inspection, comprising of four nurses, ten care staff (including seniors), a breakfast assistant, a chef, a kitchen assistant, three housekeepers, two activities coordinators, two maintenance people, the registered manager and deputy manager. Rotas confirmed that the staffing levels were always high. Relatives commented, "Plenty of staff around"; "Always enough staff"; "Lots of staff"; "Always enough staff, all permanent and not agency and there is little turnover".

Staff personnel files evidenced safe recruitment and included all relevant documentation. Disclosure and Barring Service (DBS) checks had been obtained for all staff and personal identification numbers (PIN) were held for all clinical staff. These checks helped ensure staff employed were suitable to work with vulnerable people.

There was infection control file information and guidance to assist staff. One of the nurses was the infection control lead and linked in with the local infection control team to ensure they were up to date with guidance and good practice. The latest external infection control audit scored 96%. Staff had undertaken training in infection control and competence in this area was regularly checked. A relative said, "There is no smell, the home highlights cleanliness".

Accidents, incidents and falls were recorded appropriately. These were audited regularly and analysed for any trends and patterns to ensure the service learned lessons and implemented improvements where appropriate.

Medicines systems were robust and we observed medicines being administered safely. We witnessed a member of staff displaying patience and gentle encouragement when offering medicines to an individual who was refusing to take it. Medicines were kept in trolleys which were locked and fixed securely to the wall. Appropriate systems were in place with regard to controlled drugs, which are drugs that are subject to The Misuse of Drugs legislation. Some medicines, such as insulin, were kept in a medicines fridge. Temperatures of the fridge were taken daily to ensure they were within the manufacturers' recommended limits.

Good

Is the service effective?

Our findings

Staff induction was thorough and one staff member said, "The induction was really good. I feel well equipped for my role". The training information evidenced staff were up to date with all mandatory training and staff spoken with confirmed that there were lots of opportunities for further learning and development. There were thorough handovers at the start of each shift which helped staff deliver appropriate care and support to people who used the service.

We looked at electronic care records for five people, which included relevant health and support information. There was clear information about allergies and medical conditions. Do Not Attempt Resuscitation (DNAR) forms were in place where required. Relevant assessments were included and care plans were complete and up to date for all areas of care and support. There was evidence of partnership working with other agencies and professionals, such as Speech and Language Therapy (SALT) team and GPs. The home followed the Trafford Nutritional Guidelines for Care Homes 2017, which set out the criteria for identification of nutritional issues and referral to the dietetic service, and had very close links with the community dieticians.

The home had piloted the 'Red Bag' initiative, the aim of which was to improve the experience of people when they were admitted to hospital and reduce their length of stay by speeding up the discharge process and improving communication between hospitals and nursing homes.

We observed the lunch time meal and saw tables were nicely set with condiments and flowers and people were encouraged to sit where they wanted. Glasses of juice and hot drinks were offered as well as wine for those who wanted it. People were given clothes protectors if they required them. There was one choice of meal, but people were aware that they could ask for an alternative. Assistance was given patiently and effectively to those who required it. People who used the service told us the enjoyed the food and relatives agreed. One person said, "The food is beautiful. You only have to mention if you want something else".

The kitchen was clean and tidy. The home had a food hygiene rating of 5 which is very good. A nutritional folder was available in the kitchen for all staff to access, setting out each individual's dietary needs, as assessed within the care plans. The home had monthly nutritional champions amongst the staff, who were employees who had gone 'over and above' in this area.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Consent forms were in place for issues such as the use of photographs. We saw relevant documentation of best interest decisions for issues such as the administration of covert medicines. Staff were knowledgeable about the MCA and were able to give examples of best interests decision making. DoLS authorisations were applied for appropriately and the DoLS information was updated on a monthly basis.

The building was constructed over three floors and there were two passenger lifts. Most bedrooms were en-suite and the rooms were large and light. Communal areas, bathrooms and corridors were large and airy and easily accessible for people with restricted mobility or who required the use of a wheelchair.

Good

Is the service caring?

Our findings

One person who used the service told us, "I was surprised how good it [the home] was. If you have to go in anywhere I don't think you could do better. I've dreaded it all my life, but it is really good". Another person said, "If you walk round you will hear a lot of laughing". A third told us, "I've been looked after marvellously. The food is excellent".

Visiting was open at the home and relatives were positive about the care and support offered to their loved ones. One person said, "They communication well and are very tolerant, marvellous. I visit daily and am always offered food. All my requests are acted on". Another told us, "It is very good care. Communication is good, food is excellent, I am welcome to stay for a meal – can come for Sunday lunch. It is like a big family. [Relative] is happy. I can leave her here knowing she is cosy and well cared for". A third said, "I wanted [relative] in a home, a friendly home, he settled down very quickly". Others made equally positive comments, including "Absolutely nothing to fault, second to none"; "[Relative has a sense of relief, of being home, when we bring them back [from taking out]"; "Staff are very caring, I can spend quality time with [relative]".

A staff member told us, "It is the best job in the world". A second said, "I love it, it doesn't feel like a chore. The best thing about it is spending time with them [people who used the service]". Another staff member said, "I enjoy coming to work. If [relative] was in this area then this is the home they would be in".

We observed care throughout the day and saw that people were treated with the utmost respect and compassion. For example, staff took time with people whose verbal communication was compromised, to ensure they understood what the person was saying. There was no occasion when anyone was rushed in relation to any communication or care delivery. Relationships between staff and people who used the service were friendly and relaxed and people's dignity and privacy was respected. The home identified a dignity champion each month which was voted for by people who used the service and staff for going 'over and above' in this area. A relative told us, "Staff are all polite and respect people's dignity. The way [relative] is treated cannot be faulted".

There was a Residents' Booklet containing all relevant information in each person's room. The home had an advocacy policy and procedure and the Residents' Booklet included information about how to access this service. Contact details for local advocates were contained within the booklet so that people, who needed someone to represent their interests, could be supported to access this service.

The service catered for people of different backgrounds, cultures and faiths. Discussions with the registered manager evidenced how each individual's wishes and beliefs were addressed within the home and the practicalities of this were set out in the residents' guide. We saw evidence of how staff understood and addressed people's diversity throughout the day, including ensuring those with sensory impairments had the correct aids to assist them with communication. All staff had undertaken training in equality and diversity.

Relevant, up to date policies with regard to General Data Protection Regulation (GDPR), confidentiality and privacy were in place. Staff were aware of the need for confidentiality and records were kept electronically and password protected or stored securely within the home.

Good

Is the service responsive?

Our findings

Information about people's likes and dislikes, social activities, backgrounds, hobbies and pastimes were recorded within their care files. We saw choices being offered throughout the day. Those who wished to be assisted by staff of a particular gender were accorded their choice. People got up when they wanted to, and some were getting up for breakfast quite late in the morning, having had a lie in. There were a variety of breakfasts being eaten. Some people chose to sit in the communal lounges while others went back to their rooms. A relative told us, "[Relative] has a choice whether to be in bed or up. The staff change and adapt".

Appropriate equipment, such as hoists, wheelchairs and sensor mats, was used to help ensure people were kept safe and remained as independent as possible. Staff assisted people to use technology, such as face time to remain in touch with family who may not be nearby.

There were activities occurring throughout the day, such as dominoes, reminiscence and pampering. We saw photographs of people enjoying the garden and feeding the birds, going out to the local garden centre, having a summer barbeque, watching fireworks and watching a local procession. Events and special occasions, such as birthdays, Halloween, the royal wedding and the Queen's birthday were celebrated with parties and special food at the home. A staff member said, "We enable people to take part in activities. We adjust them to meet individual needs and involve family as much as we can". One relative told us, "[Relative] joins in what he can. He likes music and entertainment, dominoes and cards".

The local community were encouraged to come in and there were religious services, school visits and volunteer attendance to assist with activities or simply chatting to people. The home sometimes hired a minibus to transport people to trips out to the Trafford Centre, local community gardens and events and shows.

Residents' and relatives' meetings were held regularly to gain people's views. Minutes of meetings showed discussions included dignity champions, surveys, CQC inspections and safeguarding. Concerns and complaints were discussed and contact details reiterated. Suggestions made at the meetings were responded to with actions, such as adding different activities and changing menus.

Information could be produced in a number of different formats if required. There was an easy read version of information about MCA and DoLS in the reception area of the home for people who used the service or visitors to look at. The Residents' Booklet, which set out information about the service, was also produced in an easy read version.

The complaints procedure was outlined within the publications given to relatives and people who used the service and displayed in the reception area of the home. Complaints were responded to appropriately. People told us they knew how to raise a concern and felt issues would be dealt with promptly. One relative told us, "[Relative] will complain if not happy and they will sort it".

Comments within thank you cards and letters included; "I think the five years that [person] has been living at

Wyncourt must be some of the happiest years she has ever known"; "Thanks for giving us peace of mind knowing [person] was well looked after and safe"; "You gave [person] back some comfort, quality of life and dignity in the last few months and made a very difficult time much easier to bear for us all".

There were memory books in the reception area with photographs of people who used the service who had died. The home held quarterly memorial services and relatives whose loved ones had passed away were encouraged to attend. The families were given a personalized wooden dove for the outdoor memorial tree and a personalized heart was placed on the indoor tree. On the anniversary of the death of a person who had lived at Wyncourt the staff sent a memorial anniversary card.

Staff were trained in the Six Steps programme. This is the North West End of Life Programme for Care Homes and means that for people who are nearing the end of their life can remain at the home to be cared for in familiar surroundings by people they know and could trust. We saw end of life care plans where people's wishes were recorded.

Good

Is the service well-led?

Our findings

The provider was the owner and the registered manager. 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 management team included a deputy manager and a junior deputy manager. People we spoke with told us the registered manager was always accessible if they needed to speak with them. One relative said, "The manager is accessible if needed and always response". Another told us, "They take notice of any concerns. The management are approachable". A third said, "Any concerns, they are always there. The door is always open".

Staff we spoke with said they were well supported by management. One told us, "[Registered manager is] the best boss you could possibly have. Really supportive". Another said, "Very supportive, can talk to management about anything".

The latest CQC report was in the reception area and there was a link to the report on the web site. It was also included within the Residents' Booklet. Policies and procedures were in place for all relevant areas and these were up to date and appropriate. The home had a statement of purpose which included all relevant information.

Staff supervisions and appraisals were undertaken on a regular basis. Staff meetings were held regularly and we saw minutes of these meetings where discussions included meals and drinks, visitors, medicines, activities, residents, staff issues, housekeeping and laundry.

The service was pro-active in going out to local schools and universities to talk to students about the nursing home environment and careers in a nursing home. There were regular student nurse placements within the home and there were five trained mentors at the service to support the students.

The service encouraged feedback from people who used the service and their relatives in a number of ways. Quality monitoring surveys had been sent out, but there had been a low. Albeit positive response. Relatives told staff they felt the survey was long winded. As a response to this comment the survey content had been changed to make it shorter. Comments in professionals' surveys included; "Over the last three years I have developed an excellent working relationship with the team at Wyncourt". A visitors' and advocates' survey included equally positive comments.

Quality checks were undertaken regularly, including a manager's daily walk round where they looked at environmental and clinical issues. We saw evidence of monthly hand hygiene audits, medicines audits, infection control audits, call bell audits care plan and wound audits. Managers undertook medicines spot checks during the night. Records were complete and up to date. Clinical competencies were regularly checked. Falls and incident audits were undertaken monthly and we saw evidence of root cause analysis

with issues were addressed with actions. This meant the service was constantly looking at ways to improve service delivery.

An independent health and safety consultancy was used by the service to ensure compliance with health and safety law. The home had also employed an external IT consultancy to ensure IT data was backed up and stored safely and correctly in line with GDPR.

The home was externally monitored annually by the local authority and the latest monitoring showed positive results for all areas. Management attended the local nursing home forums and provider meetings with the councils and Clinical Commissioning Group (CCG) so they were kept updated with any events. The registered manager was involved in a local pilot scheme. This involved attending the End of Life Care ambitions workshops for Trafford to review local progress in delivering End of life care. The aim was to identify current challenges and gaps in the provision and service delivery and look at how this could be improved. The service also had close links with the dementia crisis team and community mental health teams.