Susan Mattinson

Wyncourt Nursing Home

Inspection report

162 Park Road
Timperley
Altrincham
Cheshire
WA15 6QH

Tel: 01619621290
Website: www.wyncourtnursinghome.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection which took place on 23 February 2016. We had previously carried out an inspection in September 2014 when we found the service to be meeting all the regulations we reviewed.

Wyncourt Nursing Home is registered to provide care and treatment for up to 35 people who require nursing care. On the day of our inspection the home was fully occupied. 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 responsible for all the services delivered by the provider. They were supported by a deputy manager in the day to day running of the home.

People who used the service told us they felt safe at the home and had a good relationship with the staff that supported them. During the inspection we observed staff were caring and respectful in their interactions with people who used the service.

Recruitment processes were robust and the correct checks had been done to help protect people who used the service from the risk of staff who were unsuitable to work with vulnerable people.

People received their medicine from suitably skilled and qualified staff. Medicine was stored securely and administered safely.

Systems were in place to help ensure the safety and cleanliness of the environment. A dedicated team was employed to make sure the home was kept clean at all times.

Staff told us they received the training and support they needed to carry out their role effectively. There were systems in place to track the training staff had completed and to plan the training required. All the staff we spoke with told us they enjoyed working in the service and felt valued by the deputy manager and each other. Staff said felt able to raise any issues of concern in supervision and in staff meetings.

The registered manager had a good understanding of the Mental Capacity Act 2005. We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and support and people were supported appropriately in line with the Act.
People who used the service had support plans in place. Records were stored electronically and were easily accessible by staff. Records reviewed showed that, where necessary, people were provided with support from staff to attend health appointments. People who used the service confirmed they were happy with the level of support they received.

People we spoke with told us they felt able to raise any concerns with the deputy manager and were confident they would be listened to. We noted systems were in place to encourage people who used the service to provide feedback on the care and support they received.

Quality assurance systems in place were used to drive forward improvements in the service and the home was involved in forums within Trafford to improve nursing care and share good practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staffing levels were sufficient to meet people's current and changing needs.

Staff knew how to recognise and respond to abuse. We found that safeguarding procedures were available to guide staff and relevant training was provided so staff understood how to safeguard the people they supported.

Servicing certificates and fire safety checks were in place so that people were protected against the risk of harm.

People spoken with said they received their prescribed medication when they needed it. We observed that medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff received the induction, supervision and training they required to be able to deliver effective care and support.

The provider worked within the framework of the Mental Capacity Act 2005 to ensure people's rights were protected.

People told us they were happy with the food. There was a good selection and it was home cooked. People received the support they needed to help ensure their health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect. Staff were seen to be polite and respectful towards people when offering assistance. Staff we spoke with knew people's individual preferences and personalities.

The service provided good end of life care and advocacy was provided for people who needed it.

People said they were happy with the care and support they received. We saw and people told us they were able to see their visitors at any time.

Is the service responsive?

Good

The service was responsive.

We found people were offered a variety of activities which they said they enjoyed.

People's care records provided clear information to guide staff in the safe delivery of people's care.

People were encouraged to provide feedback on the service they received. Any complaints were taken seriously and used to continue to drive forward improvements in the service.

Is the service well-led?

Good

The service was well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They were supported in the day to day running of the service by a deputy manager.

Staff told us they enjoyed working in the service and felt well supported by their colleagues and managers.

Systems to effectively monitor, review and improve the quality of service provided were in place to help ensure people received a good level of care and support within the home.

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.

The inspection team comprised of one adult social care inspector and a specialist advisor. A specialist advisor is a healthcare professional with relevant experience of the care setting being inspected; the specialist advisor on this inspection was a nurse.

We spent time speaking with seven people who used the service, five relatives, the activities co-ordinator, seven nursing and care staff as well as kitchen and housekeeping staff. We spoke with the deputy manager and the registered manager. We also spoke with a visiting GP.

During the inspection we observed how staff supported people in the communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also looked at eight people's care records, staff recruitment and training records as well as information about the management and conduct of the service.

Prior to our inspection we contacted the local authority commissioning and safeguarding teams to seek their views about the service. We were made aware of a two safeguarding incidents, one of which was currently being explored. After the inspection we spoke with a Community Macmillan Clinical Nurse Specialist and contacted the Clinical Commissioning Group who regularly visit the home.

We also considered information we held about the service such as notifications sent to us by the provider of any incidents or any events within the home.

Good

Is the service safe?

Our findings

People living at the home told us, "It was hard giving up my home and I would rather be there but I know I am safe here." And, "I am not sure If I am staying so things are a bit up in the air. I am having a meeting soon to discuss what will happen. [The deputy manager] has been very supportive and keeps me informed."

Staff told us, and records confirmed staff had received training in safeguarding adults. All the staff we spoke with were able to tell us of the action they would take to protect people who used the service if they witnessed or suspected abuse had taken place. Staff told us they would also be confident to use the whistle blowing procedures in place for the service if they observed poor practice from colleagues and were certain they would be listened to by the deputy manager and registered manager. One staff member told us, "if I was not happy and felt people were still at risk I would report any concerns I had to the local authority safeguarding team."

We looked at how the service recruited staff. There were robust systems in place to ensure the people recruited were suitable to carry out their roles. Records showed that the registration of the nurses was checked regularly with the Nursing and Midwifery Council (NMC) to ensure they remained authorised to work as a registered nurse. We also saw that checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We saw people's care records contained risk assessments that identified if a person was at risk of harm from conditions such as pressure ulcers, poor nutrition and hydration, restricted mobility and the risk of falls. Nursing staff recorded what action they would need to take to reduce or eliminate any identified risk. Monitoring sheets were in place so that any changes in need could be identified and acted upon. This was reviewed daily by the registered manager.

People who used the service told us there were always enough staff available to support them to participate in any activities they wanted to do. One person commented, "There are always staff to go out with. The activities lady takes me out she knows where I like to go." All the staff we spoke with confirmed there were always sufficient numbers of staff available to provide people with the support they wanted. We observed on the day of inspection there was enough staff to meet the needs of people whilst we were there.

Staff we spoke with told us they were aware of how to manage risks in relation to cross infection and that they had access to appropriate personal protective equipment. They told us they would always encourage people who used the service to keep the environment clean. We observed housekeepers cleaning people's rooms throughout the day and the home was clean and tidy.

We reviewed how medicines were managed in the service. We saw there were policies and procedures in place to help ensure staff administered medicines safely. We observed a medicine round and found it to be well managed. Staff administering medicine were not disturbed which meant medicine was administered quickly and efficiently.

We reviewed the medication administration record (MAR) charts for all the people who used the service and noted these were all fully completed. This helped to ensure that people received their medicines as prescribed.

Records we reviewed showed that the equipment within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

We saw a business continuity plan was in place for dealing with any emergencies that could arise. Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. Personal evacuation plans (PEEPS) had been completed for all people who used the service; these records should help to ensure people received the support they required in the event of an emergency. Staff had completed fire training and were involved in regular evacuation drills. This should help ensure they knew what action to take in the event of an emergency.

Good

Is the service effective?

Our findings

All the people we spoke with who used the service told us they felt confident staff knew what they were doing. Comments included, "We get on well, I can have banter with them and that is important to me." And, "I make a choice about what I want to do each day."

The registered manager told us they did not use agency staff as they had sufficient of their own staff to provide cover. We saw that during a shift staff were allocated into teams, there were five teams of two on each morning shift. Staff told us they could work the shifts that best suited their family life, Some worked twelve hour shifts, some eight hour shifts and some six hours depending on their needs. Whilst we observed there were enough staff on duty to ensure people received the care and support they needed we found that during the afternoon staff took their break all at the same time. This meant there was not enough staff to respond to the people being nursed in bed. We were asked by two people to find staff as they needed assistance. We were unable to locate any staff on the second floor. We spoke with the deputy manager who assured us this was not usual practice. We spoke to people who were being nursed in bed and they confirmed staff usually did respond in a timely manner.

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. 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection the home had made applications for DoLS for fifteen people who did not have the capacity to consent to care and treatment.

We saw restrictions were being used for some people such as bed rails and pressure mats. We found the provider had followed the correct procedure in line with the MCA to ensure people's rights were protected. For example for one person a best interest meeting had taken place because bed rails and pressure mats were being used to restrict their movement in order to keep them safe. The best interest meeting assessment had indicated that the use of bed rails and a pressure mat was the least restrictive practice and the best way to keep this person safe.

We asked the registered manager about the process for introducing people to the service. They told us there was an initial assessment undertaken to help ensure the service was able to meet the individual's needs; an introduction was then undertaken to enable all parties to get to know each other. As some of the rooms were double rooms this process was particularly important to ensure people using the service were involved and consulted about things which may affect them.

All the staff we spoke with told us they had received an induction when they started work in the service. They told us this involved spending time in all the services delivered by the provider as well as reading policies and procedures. New staff also attended mandatory training including equality and diversity, fire safety, food hygiene, safeguarding adults and record keeping.

Staff we spoke with told us they received the training, support and supervision they required to be able to deliver effective care. Records we reviewed showed there were systems in place to ensure staff received regular supervision and an annual appraisal of their performance. Supervision sessions were used to discuss policies and procedures, the values of the organisation, training and development needs and any ideas staff might have to improve the service.

Staff we spoke with confirmed they were supported to undertake all relevant training by the registered manager and any additional training could be done in their own time, for example NVQ level three. Staff we spoke with told us the registered manager encouraged them to undertake further training for their own personal and professional development, for example nurse training. Two staff we spoke with confirmed they were waiting to do a diploma in Health and Social Care and the other nursing. This meant the provider was committed to ensuring staff developed their skills and knowledge through continual training and development ensuring people who used the service were supported by staff that were suitably trained and qualified.

We asked the support staff and the chef about how people's nutritional needs were monitored and met within in the service. They told us people would always encourage people to make health choices in relation to food. There was a record kept of the nutritional needs and dietary requirements of people living at the home which meant any changes could be quickly identified and acted upon. People who needed it were weighed weekly to ensure people at risk of malnutrition and weight loss were closely monitored.

The home also employed a breakfast assistant, whose role was to assist people in eating breakfast if they need it; this person also discussed choices for lunch and evening meal with the residents. We found this was an effective way to ensure people received the correct level of support they needed to eat their meals.

We spent time observing the mealtime experienced and sampled the menu during the inspection. Lunch was chicken curry which was prepared to the specification of each person. Some people said they liked it mild and some liked it spicy. We also saw alternatives offered to those people who did not want curry. The food was appetising and everybody said they enjoyed what they had had.

Some of the people using the service required enteral feeding. This was undertaken via a Peg (Percutaneous endoscopic gastronomy) tube, which was managed effectively by the care staff.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the care they received and said they were looked after well. One person told us, "If you need to be in a home this is supposed to be the best round here." Another person told us, "I think the staff do care. It's good when you can hold a conversation with them, they like that. You can have a laugh with them."

During our inspection we spoke with relatives and friends who were visiting people who lived in the home. Comments they made to us included; "I can't fault it. It is fine, yes I think [relative] is well cared for. I have no complaints." And, "Generally it's very good; I've not had any concerns; staff seem to know what they are doing and are friendly."

For those people not able to tell us about their experiences, we spent some time observing how they were spoken to and supported by care staff. Staff were seen to be respectful and kind towards people. Staff were seen to provide encouragement and reassurance when assisting people to eat. For example, they showed kindness and compassion by kneeling down by the person they were interacting with and stroking their hand when talking to them.

We saw staff respected people's privacy and dignity. Personal care and support was carried out in private and most staff were seen to knock on people's door before entering. We saw one occasion when staff did not knock. The person whose room it was assured us that this was not a usual occurrence and felt it was because we had closed the door to speak with them when they usually had their door open which was what they preferred.

From our discussions and observations of staff we found they had a good understanding of people's individual needs. People looked clean and well cared for and those people being nursed in bed looked comfortable.

Everybody who needed it had access to advocacy services via an Independent Mental capacity Advocate (IMCA). IMCA's are a legal safeguard for people who lack the capacity to make specific important decisions including making decisions about where they live and about serious medical treatment options. People's care plans outlined that IMCA's had been used to support and represent the person at risk appropriately thus respecting the rights of the individual involved.

We were able to see some bedrooms during our inspection. Rooms seen were homely, personalised and comfortable. One visiting relative told us, "They keep my [relatives] room very clean; whenever I visit it is always clean and fresh."

Policies and procedures were in place to ensure a consistent approach to dignity and respect, such as the equality and diversity policy and staff code of conduct. Staff had received training in equality and diversity. Staff we spoke with had a good understanding of how to ensure people were treated well and how to talk with people in a respectful and compassionate manner. People and their relatives reported their privacy

and dignity was respected and they did not have any concerns about the staff that supported them.

The home was part of the six step end of life programme. The six step programme aims to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. The programme is based on the six steps described in the 'route to success'; a guide to improving end of life care which encompasses the philosophy of palliative care. The programme develops an end of life champion who has access to current national and local information. They are supported to develop their knowledge and skills and encouraged to empower staff within their organisation to deliver end of life care.

We saw a memorial book which had been created to remember people who had lived at the home. The book contained photographs of people who had spent the end of their lives at the home. The photographs showed people doing things which made them happy. The book was done sensitively and with respect and showed how the home cared for people during and at the end of their lives.

After the inspection we spoke with a Community Macmillan Clinical Nurse Specialist (CNS) who worked with the home to provide end of life care. They confirmed that the registered manager and the deputy manager were end of life champions and that the manager delegated and passed on education relating to end of life care to the staff. The staff we spoke with confirmed this. The CNS also confirmed that the advice given to support people appropriately at the end of their life was acted upon in a timely manner.

Staff we spoke with stated they enjoyed working at the care home. Comments included, "It is a nice place to work. I have been here ten years". Some staff also said they had worked in the NHS but preferred the flexibility at the care home. One staff member said they were, "allowed to work set days to work around their family needs". Another said, "It's like a big family. It's really nice; I wish my grandma was living here."

Good

Is the service responsive?

Our findings

The care records we looked at showed that people were assessed by a senior member of staff from the home before they were admitted. This was to help ensure their individual needs could be met. As part of the assessment process staff at the home asked the person's family, social worker or other professionals, who may be involved, to contribute to the assessment if it was necessary at the time. Care records we looked at contained enough information to show how people were to be supported and cared for.

People we spoke with who used the service told us they always received the support they needed and wanted. The care files we looked at contained relevant information about people's background history including, where possible, people's preference, wishes, likes and dislikes. For example, food preferences, routines and people who mattered to them. This helped to guide staff in the care and support people wished to receive.

All the staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. This enabled staff to deliver a personalised and responsive service.

The provider ensured that confidentiality was maintained. Care documents and other information about people were stored securely within the nurses' office. Documents were stored on the computer and were password protected. This meant personal and sensitive information was kept safe.

We viewed information presented to people who used the service and saw that this provided clear explanations of the service that they could expect to receive. This included information about the standards of care and conduct that they should expect from staff.

We noted that care records had been regularly reviewed and updated. This process involved support staff feeding back to nurses on a daily basis through a written handover. Nurses would then update care plans which were kept electronically. The registered manager would review the care records each day and would be alerted if something needed reviewing or updating. This was an effective way of ensuring there was a timely response if people's needs changed.

We looked at the systems for managing complaints in the service. We saw that the service user guide contained information regarding the complaints process and was on display in the dining room. We looked at the log of complaints and saw that people who used the service were encouraged to approach staff with any concerns and that these were recorded and investigated. All the staff we spoke with demonstrated a commitment to encouraging feedback from people who used the service and using this feedback to continuously improve the support people received.

We saw one person had raised a complaint about another person using the service. The registered manager had ensured the complaint was dealt with swiftly and to the satisfaction of the complainant. We spoke with

two people about raising complaints. They both said they would speak to the deputy manager or a staff member and felt confident things would be dealt with efficiently.

We spoke with the deputy manager and the nurse on duty and two care staff. It was evident they knew about the care people needed and escalated concerns to other healthcare professionals when a risk or change in need was identified. We saw evidence of this within people's care files.

People told us they were able to access a wide range of activities which they enjoyed. The home employed an activities co-ordinator who was held in high regard by the people we spoke with. They told us, "[name] is really lovely; [name] takes me out shopping and to visit my relative." And, "If I want to get involved with things I can, [name] knows what I enjoy. [Name] is very enthusiastic; she is very good."

We spoke with the activities co-ordinator who told us how they knew what people enjoyed. They said, "We find out about people's life histories and try and arrange activities to suit." They showed us a list of activities which had been arranged for people in line with their preferences. These included, needlework, reading, people watching, fish keeping, using an Ipad, art, investments, and knitting.

We noted there was a large well maintained fish tank in the lounge area and people were engaged in activities such as knitting, painting reading and sewing throughout the course of the day. This meant the home understood and respected the individual preferences people had and responded appropriately to try and meet each person's needs.

We were also told by the deputy manager that local primary schools visited regularly to sing and play musical instruments. They said "We feel that forging relationships with organisations in the community contributes to the quality of life residents enjoy at Wyncourt and helps bridge the generation gap by enabling children to mix with older people and learn a little about caring and treating people with respect." The home also took part in charity events such as Children In Need, and Macmillan coffee mornings. These were good examples of how the home worked with the community to prevent social isolation and enhance the well-being of the people who used the service.

Good

Is the service well-led?

Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role.

We asked people who used the service about the management of the home. They told us, "We don't really see the registered manager because she is very busy but [deputy manager] is nice. I am able to talk to her if I need to." And, "I spoke with [registered manager] when I first came here; she gave me lots of information. I think she runs a tight ship. [Deputy manager] is available to talk to if I need to; I have no problems though."

A visiting GP told us, "You will never find a better nursing home ever." They went onto explain that they felt this was fundamentally down to the registered manager and the drive and passion they had for the home and for the residents. They went onto say, "if you cut [registered manager] through the middle it would say care. "

The registered manager spoke highly of the service they provided and was clearly proud of the service they offered. We asked them what they thought they did well and they told us, "Myself and our clinical lead have completed the mentorship course and are now qualified to support and assess students undertaking nursing degrees. We accept students from University of Manchester, Manchester Metropolitan University and University of Salford. We have recently been in receipt of a letter of commendation for providing an excellent clinical placement and were invited to Manchester University for an awards presentation. Unfortunately we were pipped at the post for the top award by a large organisation. We were delighted to have reached this stage."

The deputy manager told us, "[The registered manager] and myself host a meeting at Wyncourt every year for 3rd year student nurses from Manchester Metropolitan University who are approaching their elective placement, as well as attending the University annually to give a lecture about 'getting back to basics - what makes a good nurse'. We have also attended secondary schools, giving talks to Year 10 pupils who are contemplating choosing Health & Social Care as an option for GCSE."

They also told us, "We have very close links with local churches of all denominations and they attend Wyncourt for weekly church services, as well as services at Easter and Christmas. Our quarterly memorial church service, which we hold in memory of the residents who have passed away in that period, is always well attended by their families and friends. We make personalised hearts for our indoor memorial tree and wooden doves for the outdoor memorial tree and light candles in their memory." We found this was a good example of how the home encouraged community links and respected the diverse nature and individuality of people who used or had used the service.

We noted the home had achieved the 'Dignity in Care' award as well as 'Dementia Kite mark'. These awards are both assessed and awarded by independent assessors in Trafford and are given to homes that are able to demonstrate an appropriate level of care in these areas.

The home also selected their own Dignity Champion every three months. The deputy manager told us, "This is a member of staff who acts as a good role model, speaks up about dignity and influences and informs colleagues". We saw a certificate was awarded to the person selected was on display on the wall along with their photograph. We found this was an innovative and effective way of promoting and recognising good practice within the staff team.

The registered manager was also involved in the Nursing Home Care Forum within Trafford. They told us this was a good way of ensuring they stayed up to date with relevant information as well as sharing ideas and good practice with other providers within the borough.

All the staff we spoke with told us they enjoyed working in the service and found both the registered manager and deputy manager to be approachable and always available for advice or support. One staff member commented, "I have really good support from [the deputy manager]. I will always speak with her if I have any concerns or worries." Another staff member told us, "[The registered manager] wants the best for all the service users. She is very passionate about the home; it is like her baby."

We found there were a number of quality assurance systems within the service, including a monthly audit undertaken by the registered manager. This audit included a review of records relating to the medicines people who used the service were prescribed as well as any incidents or accidents which had occurred; the audit also recorded when care and support plans and risk assessments had been reviewed and updated. We saw that an action plan was compiled following the audit in order for the staff team to address any issues identified.

Records we reviewed showed the provider undertook an annual satisfaction survey with people who used the service. We looked at the aggregated responses from across all the services delivered by the provider and saw that the responses were very positive. The registered manager told us the information would be shared with people who used the service and with staff at the next consecutive meetings.