

Maria Mallaband 15 Limited

Wyndham Hall 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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Wyndham Hall is a 60 bed nursing home in Bicester, Oxfordshire. People's rooms are located on two floors, the upper floor specialising in dementia care. At the time of our inspection the service supported 55 people.

People's experience of using this service:

- People were safe. There were enough staff to meet people's needs. Staff were aware of their responsibilities to report concerns and understood how to keep people safe. We saw that risks to people's safety and well-being were managed through a risk management process. There were systems in place to manage safe administration and storage of medicines. People received their medicines as prescribed.
- People had their needs assessed prior to receiving care to ensure staff were able to meet people's needs. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.
- People continued to be supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team.
- People were supported to meet their nutritional needs and maintain an enjoyable and varied diet.
- People were treated with respect and their dignity was maintained. People were also supported to maintain their independence. The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights. The provider had processes in place to maintain confidentiality.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People and their relatives knew how to complain, and a complaints policy was in place. People's input was valued, and they were encouraged to feedback on the quality of the service and make suggestions for improvements. People had access to a wide range of individual, meaningful activities.
- The service was well-led. People, relatives and staff were complimentary of the registered manager and the management team. The registered manager promoted a positive, transparent and open culture where staff worked well as a team. The provider had effective quality assurance systems in place which were used to drive improvement. The provider worked well in partnership with other organisations.

The service met the characteristics of Good in Safe, Effective, Caring, Responsive and Well-led. At the last inspection in October 2017 we made a recommendation to the provider to make improvements in relation to the application of the Mental Capacity Act 2005 and updating records. These improvements have been

completed.

Follow up:

We will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

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

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 responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

Wyndham Hall Care 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.

Inspection team:

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Wyndham Hall is a nursing home registered to provide accommodation and nursing or personal care. 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 and took place on 11 April 2019.

What we did:

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and information we held about the service. This included notifications we had received. Notifications are certain events that providers are required by law to tell us about.

We spoke with 12 people, 4 relatives, three care staff, a nurse, the chef, one domestic staff member, the maintenance man, the clinical lead, the deputy manager and the registered manager. We also spoke with two visiting healthcare professionals and a social worker. During the inspection we looked at six people's

care plans, four staff files, medicine records and other records relating to the management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they were safe. One person said, "I feel I am safe here".
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member said, "Any concerns and I would contact the senior nurse and the local authorities".
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medication, environment and emotional wellbeing. For example, one person was at risk of developing pressure ulcers. Measures to manage this risk were in place and currently the person did not have a pressure ulcer.
- The provider ensured there were systems in place to manage emergency situations such as evacuation in case of a fire.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Using medicines safely:

- People received their medicines safely and as prescribed.
- People's medicines were stored securely and in line with manufacturers' guidance.
- The register manager ensured people's medicine were administered by trained and competent staff. One staff member said, "My competency is regularly checked".

Learning lessons when things go wrong:

- The registered manager ensured they reflected on occurrences where a lesson could be learnt, and the team used this as an opportunity to improve the experience for people. For example, following a series of falls the person was assessed by the care home support service (CHSS). Following the assessment, the person has not fallen.

Staffing levels:

- People told us there were sufficient staff. One person said, "I have never felt that there hasn't been enough staff here".
- There was enough staff to support people's needs. One staff member said, "We have plenty of staff at the moment".
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Preventing and controlling infection:

- Staff were trained in infection control and had access to protective personal equipment such as gloves and aprons.
- The environment was spotlessly clean and well maintained.

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 last inspection in October 2017 we made a recommendation to the provider to make improvements in relation to the application of the Mental Capacity Act 2005 and updating records. These improvements have been completed.

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.

We checked whether the service was working within the principles of the MCA.

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

- Staff worked to the principles of the MCA. We observed staff seeking people's consent in a routine fashion. One staff member said, "This protects our client's decisions. If they struggle to make a decision we work in their best interests". One relative said, "The staff here ask my mother's permission before doing anything. They are very good".
- Records relating to the MCA were reviewed, accurate and up to date.
- Where people were being deprived of their liberty appropriate applications had been submitted to the local authority.

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

- People's needs were assessed prior to them using the service to ensure needs could be met. Assessments took account of current guidance. People's communication needs were identified in line with Accessible Information Standards.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to live healthier lives through regular access to health care professionals such as their GP, dentist or optician.
- Where appropriate, reviews of people's care involved relevant healthcare professionals.
- One healthcare professional told us, "I have no issues at all with this service. The staff are knowledgeable and friendly".

Staff working with other agencies to provide consistent, effective, timely care:

- The service worked closely with health and social care professionals to ensure people were supported in a way that maximised their health and well-being.

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

- Care plans contained details of people's meal preferences, likes and dislikes. Any allergies were

highlighted.

- People were supported with their meals appropriately. One person said, "I like it here and they look after us and we get some good food". One relative commented, "Mum eats really well, I've had meals here and the food is excellent".
- Where people were at risk of weight loss a malnutrition universal screening tool (MUST) was used to manage the risk and monitor the person's weight.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles.
- Staff completed an induction and shadowed experienced staff before working alone.
- Staff were well supported in their roles and had regular one to one meetings with their line manager (supervision) to discuss practice and raise issues. One staff member said, "I am well supported here. The training is good, and I am up to date".

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

- People's rooms were personalised, and people were able to bring in their own possessions. People had photographs and mementoes to make them feel at home.
- There were comfortable communal areas where people were able to spend time together.
- There was appropriate signage that enabled people to find their way around the service.

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

Good: 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 confirmed staff treated people in a caring way. One person said, "They [staff] are very considerate really. They look after me very well". A relative said, "The care my mother receives is excellent".
- Staff knew people's individual needs very well as they had built up a trusting relationship over a period of time. One staff member said, "I get on well with all the residents here. I benefit almost as much as they do from our relationships".
- People's well-being was assessed, and any needs were highlighted. This allowed staff to support people emotionally, as individuals. For example, one person could become distressed. Staff monitored this person's moods and, where appropriate, called for specialist, mental health support to maintain this person's well-being.

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

- People were involved in their care. Records showed staff discussed people's care on an on-going basis.
- Where required, information was provided to people in a format that was accessible to them and we saw accessible information was well embedded in care plans. For example, care plans contained details that support them to access information such as, cleaning their glasses or supporting them with hearing aids. We also witnessed staff explaining procedures to people to aid their understanding and involvement.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Care plans guided staff to encourage people to do what they could for themselves. One relative told us, "They [staff] keep my mum doing what she can do".
- People were treated with dignity and respect. When staff spoke with us about people, they were respectful and displayed genuine affection. Language used in care plans was respectful. Staff told us people's privacy was respected.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in offices which were locked and only accessible to authorised persons. Computers were password protected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: Peoples needs were met through good organisation and delivery.

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

- People's care plans were detailed and personalised. There was evidence that relatives were invited to participate in care plan reviews with people. One relative said, "I am supported, informed and fully involved".
- People were supported to undertake activities and follow their interests. One person attended a support group regularly. Another person was supported to go into the local community on their own. One healthcare professional told us this gave the person, "A great sense of self-worth and well-being".
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
- One relative commented on how the service responded to people's needs and preferences. They said, "If she [person] wants anything she gets it".
- One staff member said, "We do treat residents as individual people, individual needs and wants. I treat them as I would like to be treated".

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per the provider's policy.
- Relatives told us they knew how to make a complaint and were confident action would be taken. Details of how to complain were posted around the home. One person said, "I know they would fix things if I complained".
- The registered manager monitored feedback from people and their relatives and used this information to improve the service. For example, where people had suggested changes to the menus, these changes were implemented.

End of life care and support

- There were systems in place to record people's advanced wishes. This included funeral arrangements and whether people wished to be resuscitated in the event of a cardiac arrest.
- The relative of a person who had died at the home spoke about their father's death. They said, "When he [person] died they [provider] arranged everything and they sat us down, took their time and arranged all the death things and told us the staff would be upset too. "He [person] was comfortable here and he was safe, and nothing was a problem for them looking after him".

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

Service management and leadership systems supported the delivery of high-quality, person centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives told us they knew the registered manager and had confidence in the service and provider. One person said, [Registered manger] has been approachable from the start. Very good".
- Throughout our visit we saw the registered manager interacting with people and staff. It was clear people knew the registered manager and they engaged with them in a familiar and relaxed manner.
- Staff spoke positively about the registered manager. Comments included; "She [registered manager] is the very good. She listens and take action" and "This is a good organisation with a good manager who supports us".
- Throughout the inspection the registered manager and staff were open and honest about their work and the challenges they faced.

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

- The registered manager had effective quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys. This allowed the registered manager to drive continuous improvements. For example, one audit identified improvements were required to the fire safety plans. These improvements were made.
- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered manager was supported by the clinical lead and deputy manager. We saw a positive team culture that was clearly embedded within the service. The registered manager told us, "I am well supported by the organisation (provider) and my team".
- 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 was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- People had opportunities to attend meetings, complete surveys or raise any comments. Surveys for people were conducted and the latest results were positive.
- People and relatives told us they felt involved. One person said, "I always have something to say and I know they listen".
- Staff kept in regular contact with people's relatives to reassure them and shared information appropriately to ensure people's welfare.
- Staff told us they felt listened to and valued. Regular staff meetings were held where staff could raise and

discuss issues.

Continuous learning and improving care

- The registered manager and deputy manager ensured where an area of improvement had been identified they acted promptly to address it. For example, it was identified there was a pattern relating to falls at night. The deputy manager attended several night shifts implementing new measures and coaching night staff. As a result, we saw falls at night had reduced.

Working in partnership with others

- People were supported by a range of professionals and the staff team consistently worked closely with these to ensure all aspects of a person's life was recognised as being important. One healthcare professional said, "This is a good service, there's good communication and they act".
- The service also worked in partnership with the local authority.