

Wymondley Nursing And Residential Care Home Limited

Wymondley Nursing & Residential Care Home

Inspection report

Stevenage Road
Little Wymondley
Hitchin
Hertfordshire
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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 inspection was carried out on 13 June 2017 and was unannounced. At their last inspection on 28 October 2015, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet all the standards.

Wymondley Residential and Nursing home provides accommodation for up to 59 older people, including people living with dementia. The home is also registered to provide nursing care. At the time of the inspection there were 58 people living there with another person scheduled to move in.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People told us they felt safe were protected from the risk of abuse as staff were knowledgeable in the subject. Individual risk assessments were completed and accidents were reviewed to help identify trends. People's medicines were managed safely and there was regular access to health and social care professionals.

People were supported by sufficient staff who were recruited safely. Staff had received regular training, received supervision and felt supported.

People had their ability to make decisions assessed, however, best interest decisions needed to be recorded. Consent was sought before care was delivered. People said staff were kind and we saw that they were treated with dignity and respect.

People enjoyed a variety of food and support was provided appropriately. People and their relatives were involved in planning their care and confidentiality was promoted.

People's needs were met and their care plans were up to date and detailed. There were activities offered during the afternoons but these would benefit by being developed further to include mornings and evenings.

Everyone was positive about the management of the service and there were systems in place to monitor the quality of the service. People's complaints were responded to promptly.

The management team actively sought updates to their knowledge and skills to help ensure they complied with regulations and to work to continually provide a good quality service.

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.

People were protected from the risk of abuse.

Individual risk assessments were completed and accidents were reviewed to help identify trends.

People were supported by sufficient staff who were recruited safely.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and received regular supervision.

People had their ability to make decisions assessed, however, best interest decisions needed to be recorded.

People enjoyed a variety of food and support was provided appropriately.

There was regular access to health and social care professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People said staff were kind.

People and their relatives were involved in planning their care.

Confidentiality was promoted.

Is the service responsive?

Good ●

The service was responsive.

People's needs were met.

Care plans were up to date and detailed.

Activities were offered but these would benefit by being developed further.

People's complaints were responded to promptly.

Is the service well-led?

Good ●

The service was well led.

Everyone was positive about the management of the service.

There were systems in place to monitor the quality of the service.

The management team actively sought updates to their knowledge and skills.

Wymondley Nursing & Residential 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was unannounced and carried out by one inspector and an expert by experience. An expert by experience is someone who has used this type of service or supported a relative who has used this type of service.

During the inspection we spoke with 10 people who used the service, two relatives, eight staff members, the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to seven people's care and support. We also reviewed records relating to the management of the service.

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 due to their complex health needs.

Is the service safe?

Our findings

People told us that they felt safe. One person said, "If you need something there is always someone here to help." Another person said, "We looked at several places but I am happy here – I have family nearby and I am safe from falls." Staff were knowledgeable about the different types of abuse. They were also aware of how to report concerns both inside the home and to external agencies. One staff member told us, "I know how to report to safeguarding [authority] and the CQC but I wouldn't need to because I know if I raised it with [management team] I am confident, 100% that they would deal with it." There was information displayed around the home to remind staff how to raise concerns and staff knew where the policies were in relation to safeguarding and whistleblowing.

People had their individual risks assessed and staff were aware of these needs. However, we noted that in some instances staff were not adhering to some elements of these assessments. For example, people who were using bedrails had an assessment that stated there were bumpers fitted to prevent the risk of entrapment but we saw many rails in use without a bumper fitted. We spoke to the nursing manager and registered manager about this who told us that they had felt these people were not at risk of entrapment. We discussed the need to ensure these decisions were recorded clearly and to ensure that these assessments were accurate to maintain people's safety. They told us that they would review the use of bedrails as a matter of urgency to ensure people were safe. Following the inspection the provider wrote to us stating that they had reviewed and assessed all bedrail and bumper use and, "I can confirm that all of the residents at Wymondley who lack capacity but need raised bed sides now also have bed bumpers fitted; and those residents who have capacity and have given consent for raised bed sides also have bed bumpers fitted by default."

Accidents and incidents were recorded along with action taken to prevent a reoccurrence. The nursing manager also maintained an overview to help them identify any themes or trends.

The registered manager was responsible for health and safety and fire safety in the home. We reviewed records relating to the environment and equipment testing. These showed that checks were carried out regularly. We noted that there was not a record of testing of the fire doors but the registered manager told us that they only recorded if there had been a fault with these doors. We discussed the benefit of recording that these tests were carried out. Staff confirmed that there were regular fire alarm tests and that the fire doors closed. They also confirmed that they attended fire drills. We discussed with the registered manager the evacuation process for people living upstairs and they told us that the method stated in people's evacuation plans had been regularly tested and agreed with the fire service. We discussed the benefit of reviewing this to ensure it remained the most effective way to evacuate people from the upstairs rooms. We found that all service certificates were available for review and up to date.

People's medicines were managed safely and provided when people needed them and as they were prescribed. One person told us, "I don't have to remember anything; all my medicines are done for me." We saw that staff had received training and competency checks. We counted a random sample of boxed medicines and found that all quantities were accurate. Temperatures of storage areas were checked and

there was a record of staff signatures. However, we noted that on the morning medicines round the trolleys were left open and unattended by the nurse and there were no plans in place for people's medicines that were prescribed on an as needed basis. These plans would instruct staff when and how people would need these administered. The registered manager and nursing manager told us that they would to speak to the nurse who left the trolleys unattended and that they were in the process, along with the pharmacist, of developing plans for medicines prescribed on an as needed basis. Following the inspection the registered manager sent us a policy stating how they would manage as needed medicines and this included the implementation of a care plan for each medicine setting out when it was needed and how it should be given. The also told us, and provided a sample to demonstrate, individual plans were now in place for people who had medicines on an as needed basis.

People were supported by sufficient numbers of staff to meet their needs. One person said, "I have a carers bell, I can ring and someone will come, and night time isn't a problem either." Another person told us, "If I buzz the buzzer and I need help then help comes fairly quickly but in the mornings they are very busy." Staff also told us that they felt there were enough of them to meet people's needs effectively and that they rarely had shifts that were not covered. They told us that additional staff were added when people's needs increased. The registered manager and matron told us that when people moved into the home they ensured that their needs could be met with the current staffing levels and needs of people already living at the home. They told us if people's needs changed, additional staff were added. There had been a recent addition to breakfast times where domestic staff supported in the dining room to avoid any delays. We noted that people had their needs met in a timely manner throughout the day and the atmosphere was calm and relaxed. Call bells were answered promptly and people's requests were responded to. There were no staff vacancies at the time of the inspection as recent recruitment had taken place. A large number of staff had been at the home for many years. One staff member told us, "I love it here, I hope to see out my working days here." Another staff member who had recently joined the service from another care service told us, "I couldn't believe the difference when I started here, there's so much more staff."

Staff employed were recruited through a robust process. Checks were completed before staff started work. These included a criminal records check, verified references and proof of identity. Nurses had their pin numbers checked and these were monitored to ensure they remained valid. This helped to ensure that staff employed were fit to work in a care setting.

Is the service effective?

Our findings

People were supported by staff who were appropriately trained and supported. Staff told us that they felt well equipped to carry out their role. One staff member said, "We have ongoing training and I have the appropriate knowledge." We saw that training covered areas including moving and handling, safeguarding, health and safety, dementia and fire safety. These were all up to date and staff confirmed they received the training regularly. The registered manager told us that they checked staff competency annually and refreshed their knowledge. As part of staff supervision, knowledge and practice was tested through discussion and observation of practice.

Staff received one to one supervision every other months. They told us that they felt this was effective and a good opportunity to discuss everything. One staff member told us, "You don't have to wait for supervision though, you can go to them [management team] at any time if you need to." All staff told us that they felt very supported in their roles and the management team were also accommodating and helpful if they had any issues outside of work. One staff member said, "You get a lot of support."

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, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

People had their ability to make independent decisions assessed and they were also assessed to see if they were at risk of having their liberty deprived. Where this was a potential risk, for example, in relation to the use of lap belts or going out alone, an application was made to the deprivation of liberty safeguarding team. However, we noted that there were no best interest decisions recorded during this process. We discussed this with the registered manager and matron. We explained the need to ensure that the least restrictive options were clear for people during the application process and that decisions made on a person's half need to be discussed as a part of a best interest meeting and the relevant people need to be part of this to ensure that the actions taken were indeed in people's best interests. They told us that they would act on this to ensure these decisions were recorded.

People's consent was sought before care was delivered. We saw that there was a record of signed consent in care plans and where relatives had signed, there was a copy of their legal authority to do so. During the day we heard staff ask people if it was ok before they supported them.

People enjoyed a variety of foods. One person told us, "We have a choice and the food is generally quite good." Relatives also told us the food was good. One relative said, "We have eaten here on person's]

birthday, the food was excellent." Their relative who lived at the home told us, "They don't put on a show, it is the same all the time." We saw that there were a selection of breakfast foods available and there were also choices at lunchtime. We saw that one person was enjoying a glass of wine with their lunch. Menus were available and the tables were set nicely. Staff encouraged people to the tables and those who did not like to sit with people had tables for one but within the dining room so they were still included. People who needed assistance to eat and drink received this support at the same time as when others were eating. Staff did this in a calm and unrushed manner, chatting to people as they assisted them. People who were at risk of not eating or drinking enough had their intake monitored. Weights were taken regularly, or measurements of people's mid upper arm where they were unable to be weighed due to ill health. Where there were concerns, referrals were made to the appropriate health care professional.

There was regular access to health and social care professionals. One person told us, "There's a nurse here for general things and I can ask to see the doctor anytime." Another person told us, "They arrange hospital visits for me if necessary." We heard one staff member reading a hospital letter for an appointment to a person and reassuring them that everything would be arranged and it would be put in the diary. The GP was visiting on the day of inspection and we saw from notes that they attended the home regularly. There were also referrals to other professionals when people's health required this. For example, the mental health team. There was a visiting optician and chiropodist and a hairdresser visited the home twice weekly.

Is the service caring?

Our findings

People were treated with kindness and told us that staff were caring. One person told us, "The carers are kind and thoughtful." Another person said, "I can't fault the carers, they are very kind and caring." A third person said, "They are very good, they always treat me with respect and give me a choice." We saw that surveys and compliment letters also referred to the kindness of staff and how they will 'go above and beyond' to support people.

Interactions between people and staff were positive throughout the day. We saw staff chatted about people's families, encouraged people to eat a little more and passed the time of time. We heard that while providing personal care staff chatted so to help them feel at ease. Staff treated people with dignity and respect. The explained what they were doing when supporting someone or made sure they were clean. For example, we saw a staff member wiping a person's mouth after they had eaten. People's privacy was also promoted. One person told us, "They always knock on the door when they want to come in but mostly it is open." Staff spoke discreetly when offering the toilet and knocked on doors before entering. Confidentiality was promoted. Care notes were stored securely and staff did not speak openly about people's needs.

People or their relatives were involved in planning or reviewing their care. Plans included information about likes and dislikes, life histories and preferences. People told us that staff were aware of these preferences and choices. For example, people got up in the morning and went to bed in the evening when they liked, regardless of the needs that they had. People did not always recall seeing their care plans. One person said, "I don't have anything formal but I have a good working relationship with them so I can ask for things but I have all my marbles I don't know how that would work for people who don't." We discussed with the registered manager appropriate opportunities that they might try and raise awareness of plans with people. For example, at resident meetings.

People told us that their friends and family could visit whenever they wanted. One person told us, "My visitors come whenever they want to, we can sit indoors or in the garden, whatever we want to do." Another person told us, "There are no restrictions for visitors and they take me out, I like to go out." Relatives also told us that they felt able to visit at any time.

Is the service responsive?

Our findings

People told us that their needs were met. One person said, "I like to have a cup of tea early, about 6.30, I choose that and they are very helpful and I usually get it." Another person told us, "Sometimes I oversleep a little and they will bring breakfast up to me." Relatives were also happy with the care and support people received. One relative said, "I think [person] is very well looked after, always tip top clean and clean clothes, excellent." We saw that people were supported in a way that was reflected in their care plans. Plans were reviewed monthly and included detailed information about people's needs and how staff should assist them. We saw staff were providing pressure care as described in plans, supporting people with transferring using the equipment detailed and people were dressed appropriately for the weather. We noted that hair was brushed, men had received shaves and nails were clean. This demonstrated that staff worked to ensure that all aspects of personal care were met. People who were dependent on staff were also offered the toilet regularly through the day.

People were also positive about the laundry service and how their clothes were treated. One person told us, "They label everything and [staff member] is very helpful. I told [them] the pockets were coming away on my cardigan and [they] mended it." Another person said, "I give them some things in the morning and I have everything back by the evening."

People gave varying views in relation to the activities provided. One person told us, "There is usually something boring and short in the afternoon, nothing in the morning because there isn't time and nothing in the evening." Another person said, "I do go to the quiz but most things, even the quiz, are a bit boring, there's nothing much for me or I would join in." A third person told us, "I used to do a lot of gardening and play the piano. I can't do that here, there really isn't much here at all." Another person told us, "I'm hooked up to their Wi-Fi, they let me do that, I can keep in contact with people and I can even do online shopping, it's good for me." We noted that there was an activity schedule for each afternoon every day of the week. On the day of the inspection it was a quiz which around 10 people participated in. However, there were no activities available in the morning or during the evening. The matron told us this was because mornings were when most of the care was provided and this took priority. However, we discussed the need for something to be available for people who were not receiving care and ways that this could be done. They also told us that they were not a member of any activities organisation and staff who provided activities did not access outside resources to boost knowledge and ideas in this area.

The registered manager told us that this was an area that they had been developing and had introduced activities such as a games console competition which enabled people to do bowling, the champion of the day had their name and picture up on the notice board. They also told us that staff did presentations about their home countries and this included food tasting. We reviewed the activities book and saw that there were a variety of things available for people to join in with in the communal area during the afternoon. Events coming up including a visiting singer and a musical show where the staff were performing. There was also a visiting pet therapy dog and staff offered hand massages to people in their rooms. However people told us that there were no outings arranged. One person told us, "It would be nice to go on outings, it's lovely here but I want to be part of what's out there too." There had been an activities meeting for people in

February and the registered manager told us that the purpose of the meeting was to refresh and improve the activities that they offered to people. The registered manager told us that they had incorporated people's interests in the activities plan. However, further development was needed to the activities schedule, to provide an offer of outings and type of activities available and to increase the frequency of activities for those who were able to participate in the mornings and evenings if they wished.

People told us that if they raised any concerns, they felt listened to and these were dealt with promptly and resolved. One person told us, "I told the nurse that a carer had left me in the sling too long, she dealt with it straight away and it has never happened again." Another person told us, "I have no complaints, it's good living here and I have everything I want." We saw that the home had a low number of complaints, but when they had received one, it was dealt with promptly and efficiently. The registered manager told us that due to it being a family business he, along with his father and brother who also were involved in the home, were available daily and prided themselves on dealing with any issues appropriately. The complaints policy was displayed in the home and staff knew what to do if any raised an issue with them and all were confident that the management team would resolve any issues and share the outcome with them.

Is the service well-led?

Our findings

People, relatives and staff were positive about the management of the service. One person said, "The manager is [matron], she's always very busy but I can go to the office though, they are helpful." A relative told us, "They talk to us or rather we talk to them if [person] needs anything. We talk to [Administration manager] mostly."

Staff told us that the management were very supportive and approachable. One staff member when asked about the management team said they were, "Brilliant, really good management." Another staff member said, "It's very well run."

There were a number of quality assurance systems in place to monitor the quality of the service and resolve any issues. We saw that regular audits were carried in areas which included care plans, health and safety, medicines, activities and staffing. Any shortfalls identified were added into an action plan. Each month there was a management meeting and the outcomes of these audits were discussed. The following months meeting notes showed that the action had been completed. For example, we saw that a freezer which needed defrosting had been signed off as completed and where toiletries had been found in a bathroom, this had been checked again and signed off.

We saw that call bell responses were monitored and the registered manager highlighted any delays in answering the bells or frequency in the use of bells. We saw that one person had increased the number of times they were calling. The registered manager had identified this and their review helped to identify a change to their health and this was then addressed and resolved. This had been checked in the following month and the calls had reduced.

Findings of audits were shared with staff through handover, face to face meetings and through email. The registered manager told us that they had introduced the email system to ensure that the information reached all staff. A copy of these emails were stored in the staff room for their review and for new staff to read when they started.

There were regular surveys sent to people, relatives and staff. The results from these were positive with no actions outstanding. The survey results were shared with people, relatives and staff to keep them informed.

This service was the provider's only care service so did not work within a big organisation. As a result the management team had to source their own updates to their knowledge. To help with this the registered manager subscribed to a company whose role it was to keep them updated in changes to legislation or practice, provide updates to policies and support with other documentation. The registered manager also maintained regular contact with the local authority and a local provider's association to support and update their knowledge.

The registered manager wanted to provide a high standard of care and was dedicated to the home. This ethos was shared by the staff team who were proud of the service. When asked was there anything they felt

could be improved, all staff told us that they didn't feel anything needed improving. One staff member said, "I love it here, I would be happy for my mum to live here." Another staff member said, "There really is nothing, anything we raise gets dealt with and anything we need gets provided." The service was fortunate to have many of their staff team who had been there a number of years who along with the provider and registered manager, were emotionally invested in the home and therefore cared about the standards of care they provided and the people they supported.