

SLR Care Homes Ltd

WYCHDENE CARE HOME

Inspection report

19 Callis Court Road
Broadstairs
Kent
CT10 3AF

Tel: 01843865282
Website: www.wychdene.co.uk

Date of inspection visit:
27 March 2023
28 March 2023

Date of publication:
17 April 2023

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

Wychdene is a residential care home providing accommodation for up to 24 people requiring personal care. The service provides support to older people and people living with dementia in one large adapted building. At the time of our inspection there were 22 people using the service.

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

People, their relatives, staff and health care professionals told us the service had improved since the provider managed the service. People were at the centre of everything that happened and were involved in making decisions about any changes. They were asked for their views and these were acted on. The provider kept up to date with national guidance and best practice and worked with the registered managers to continually develop the service. Staff worked as a team, and felt supported, motivated and appreciated.

People told us they felt safe at the service. They were supported to take risks where they wanted to and action was taken to reduce and manage risks. Staff understood how to protect people from abuse and were confident to raise any concerns they had. People's medicines were managed safely and infection control risks were managed in line with national guidance. Lessons had been learnt when things went wrong. There were enough staff, who had been recruited safely, to meet people's needs.

People's needs had been assessed using recognised tools. They were supported to eat well and had planned menus with staff. Staff worked well with health care professionals to keep people as well as possible. Staff had been supported to develop the skills they required to meet people's needs. The environment had been designed to meet people's needs and make them feel at home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and compassion. They had privacy and were supported to remain as independent as possible. People were given opportunities to share information about their lifestyle choices, sexual orientation and gender identity. Their responses were respected.

People planned their care with staff and staff supported them in the way they preferred. They had been encouraged to share their end of life wishes, so staff knew their preferences. Information was available to people in ways they could understand, such as pictures. People told us they had enough to do each day and were planning trips and outings with staff. The provider and registered managers encouraged people to raise any issues so they could be resolved before they became a complaint.

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

Rating at last inspection

This service was registered with us on 21 January 2022 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 21 November 2019.

Why we inspected

This was a planned inspection based on our inspection programme. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

WYCHDENE CARE HOME

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

Wychdene is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wychdene is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this

information to plan our inspection.

During the inspection

We spoke with 6 people and relatives about their experiences of the service. We spoke with 8 staff including the nominated individual, registered managers, head senior carer, chef, activities co-ordinator and 2 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 4 people's care records, medication records and 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed. We also spoke with health care professionals.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People felt safe at the service. A relative told us their loved one was always calm and settle when they visited. We observed staff reassuring people when they were worried or anxious.
- Staff had completed safeguarding training and knew how to identify risks of abuse. They were confident to raise any concerns they had with the registered managers or provider and were assured they would act.
- The registered managers had shared any concerns they had with the local authority safeguarding team so they could be investigated. They had also informed the Care Quality Commission.
- When staff's practice did not meet the standards the provider required, they followed their disciplinary processes. When required staff had been referred to the Disclosure and Barring Service (DBS) for consideration for the barred list, as part of the disciplinary process.

Assessing risk, safety monitoring and management

- Risks to people had been identified and action had been taken to keep people as safe as possible. Risks were kept under review to ensure actions were always appropriate.
- When people wanted, they were supported to take risks, such as going out alone for a walk, bus ride, shopping or to a cafe. People told us they enjoyed going out regularly and explained how staff supported them to remain safe. This had included practicing routes with staff and taking a mobile phone.
- The risk of people losing weight had been assessed and action had been taken to reduce this. People were referred to the dietician and staff supported people to follow their advice. The action had been effective and people's weight had remained stable or increased.
- Risks relating to the building had been assessed and mitigated. Regular checks were completed to ensure actions taken remained effective. A fire evacuation plan was in place and staff had practiced following it. Guidance was in place for staff and fire crews about how to evacuate people safely from different areas of the building.

Staffing and recruitment

- There were enough staff to support people. People told us staff responded quickly when they asked for help and our observations confirmed this. A person told us they felt safe because staff were always around and helped them when they needed it.
- Staffing levels were based on an assessment of each person's needs and were kept under review. This was to ensure there were always enough staff to meet people's needs. When people's needs had increased, an additional staff member had been deployed in the afternoon to ensure people did not have to wait for support.

- Staff had been recruited safely. Checks had been completed on staff's character, skills and experience. DBS checks were completed before staff worked with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Risk assessments had been completed for any staff with a disclosure on their DBS to ensure they did not pose a risk to people.

Using medicines safely

- People's medicines were managed safely. People told us they received their medicines regularly and when they needed them. Some people managed some of their medicines with staff support. Staff checked they were taking their medicines as prescribed.
- Risks relating to medicines had been assessed and mitigated. For example, people who smoked had been supported to change their prescribed creams to creams which did not contain paraffin. This protected them against the risk of burns.
- Some people were prescribed medicines 'when required', such as pain relief. These were administered safely and staff followed guidance including the maximum dose in a 24 hour period.
- Effective systems were in place to order, store, administer, record and dispose of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on people receiving visitors. We observed people spending time with their relatives.

Learning lessons when things go wrong

- Lessons had been learnt when things had gone wrong. Action had been taken to prevent similar incidents occurring again.
- Reviews of accidents and incidents had been completed to look for any patterns or trends. Any risks to people had been identified and action taken to mitigate them. For example, when two people had dropped their drinks, new cups were purchased and the temperature of the hot water urn was reduced to reduce the risk of scalding.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they began to use the service. Two members of the management team met with people and their representatives to discuss their needs and wishes prior to offering them a service. Information was available to staff when people moved in, so staff knew how to care for people.
- Recognised assessment tools, such as Waterlow and Malnutrition Universal Screening Tool (MUST) had been completed to understand people's needs. MUST is a five-step screening tool designed to identify adults who are at risk of malnutrition, undernutrition, or obesity. Health care professionals used the same tools and this supported effective communication about people's health.
- People and their relatives had been asked to share information about people's lives before they moved into the service. This helped staff get to know them and understand what was important to them. People were confident in the staff, and had shared information about any protected characteristics under the Equality Act, such as race and gender.

Staff support: induction, training, skills and experience

- Staff had been supported to develop and refresh the skills they needed to support people well. This included eLearning and face to face training in practical areas such as first aid and moving and handling. A person told us they felt "perfectly safe" when staff supported them to use the bath hoist. Assessments of staffs' competence were completed to ensure their practice was always to the standard the registered managers and provider expected.
- New staff shadowed existing staff to get to know people and their preferences. All staff completed an induction to the service. Those who did not hold recognised social care qualifications completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff met with a supervisor regularly to discuss their practice and development and had appraisals to review their achievements. Staff told us they found these meetings supportive. Training was arranged for staff to meet identified areas for development..

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

- People were supported to eat and drink enough to keep them well. A relative told us they were pleased their loved one had gained weight since moving into the service. People told us they liked the food and their needs and preferences were catered for.
- People were involved in planning the menu, suggestions they made had been included. Food was prepared to reflect peoples' individual needs and preferences, including low sugar meals for diabetics. Daily

menus were displayed and people were offered a choice of meal. When people wanted an alternative, these were prepared for them. Drinks were available at all times.

- Snacks were offered between meals and people chose what they wanted. One person asked staff for a particular biscuit which they fetched for them.
- When people were at risk of choking, their meals and drinks were prepared in line with Speech and Language therapists guidance. A relative told us their loved one was supported to eat and drink safely. Staff knew the consistency of food and drinks and how to prepare them. Guidance was available for staff to follow in people's records and the kitchen.

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

- The building had been adapted to meet people's needs. Some areas of the building had been redecorated and plans were in place to redecorate other areas. People had been involved in planning the redecoration and choosing colours and wallpaper. Some new beds had been purchased and a person told us, "I sleep very well, I find the bed comfortable"
- Two bathrooms had been refurbished. New flooring had been ordered and was due to be fitted shortly after our inspection. They looked inviting and had been designed to be relaxing as well as easy to keep clean.
- All areas of the building and garden were accessible to people. People enjoyed spending time in the garden in warmer weather. Plans were in place to build high level flower beds so people who wanted could continue to take part in gardening.
- People were encouraged to decorate their bedrooms with personal items, such as pictures and ornaments. They were all different and decorated as people had chosen. New furniture had been fitted in each room and rooms were being decorated when people chose.

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

- People were supported to remain as well as possible. Staff monitored people's health and referred them to relevant health professionals when their health needs changed. A relative told us staff had acted quickly when their loved one had become unwell and stayed with them to offer reassurance. They commented, "I couldn't ask for anything more".
- The registered managers had worked with people, their relatives and health care professionals to develop treatment escalation plans (TEPs). TEPs are personalised plans of the care and treatment people would or would not want to be considered in an emergency and they were unable to share their views. They gave people control over their care and treatment.
- Health care professionals told us staff always gave them all the information they needed to assess people's health and make decisions about their care and treatment. They told us staff consistently followed their advice and this had improved people's health and comfort.
- A dental hygienist, commissioned by the provider, had cleaned people's teeth and assessed their oral health. Detailed guidance was available to staff about how to support people to maintain good oral hygiene. Training for staff around oral health was planned.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Applications for DoLS authorisations had been made in line with MCA. The registered managers had complied with any conditions on people's DoLS authorisations.
- People were not restricted and were free to come and go as they pleased. People were supported to go out. Some people went on their own while others preferred to be supported by staff.
- People's capacity to make specific decisions had been assessed. When people's capacity to make decisions fluctuated, staff assessed their capacity each time they made a decision.
- When people were unable to make choices, decisions were made in their best interests by people who knew them well including staff and relatives. This included decisions around vaccination and the used of bedrails to keep people safe.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The core values of dignity and respect underpinned the service people received. People told us they were treated with respect by staff who were interested in them and what was important to them. We observed staff treating people with kindness and compassion and respecting their wishes and preferences.
- Staff knew people well and spent time chatting with them about things they enjoyed. People and staff were relaxed in each other's company and enjoyed chatting together. We observed people and staff laughing together.
- People had opportunities to chat about their lifestyle choices, sexual orientation and gender identity and their responses were respected. One person had chosen to tell staff member about their sexual orientation. Staff treated the person in the way they preferred. People were able to choose the gender of staff who supported them.
- Staff spoke with people and referred to them with respect. They described people in positive ways. Staff referred to people by their preferred names and supported inspectors to do this when they were chatting to people.

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

- People had been asked about their lifestyle choices and these were respected. For example, some people preferred to spend their time in their bedroom reading or watching television. Staff respected people's decision. They informed people of events and activities they may wish to attend and visited them regularly to make sure they were not isolated.
- People who needed support to share their views were supported by their families or paid advocates. Staff knew people's advocates and advocacy organisations, and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible and do things for themselves. They were in control of their care and staff only supported them when they needed it. One person told us they had a wash without support and staff supported them to have a shower, they commented, "It's wonderful". Another person commented, "Staff don't interfere if I don't want them too". Other people agreed with this.
- People had privacy. Staff knocked on doors before they entered and left people in private when they wanted. A person told us, "Staff don't impose on me".
- The provider and staff knew about the general data protection regulations and kept personal, confidential information about people and their needs safe and secure.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives had planned their care with the staff to meet their needs and preferences. People told us staff followed their wishes and only provided their care in the way they wanted. A relative told us staff had worked with them to understand what their relative liked and always supported them in the way they preferred.
- Staff knew people's likes, dislikes and preferences, such as their routines and supported them to continue with these. People followed their own routine and staff supported them when they requested. People told us they got up and went to bed when they wanted and were free to do what they wanted.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information about the service and guidance for people was available in easy to read formats. This included large print and pictures.
- The provider had installed easy read signage around the building to help people move around independently.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in pastimes and household chores they enjoyed. One person enjoyed doing the weekly food shop with staff. Another person enjoyed going out on the bus as they had before they moved into the service.
- Other people told us they enjoyed reading and taking part in the art and craft activities on offer. The provider was looking for local art classes for one person as they "came alive" when they painted.
- People had joined in with a local community art project. They were supported to spend time thinking about what made them happy and to share this. Their thoughts were included in a community quilt which was on public display.
- Visitors told us they were welcomed into the service and always received a warm welcome.

Improving care quality in response to complaints or concerns

- People and their relatives were confident to raise any concerns they had with the registered managers and

staff. The registered managers encouraged people to raise any day to day issues. This was so they could be resolved before they became a complaint.

- A process was in place to receive, investigate and respond to complaints. Complaints received had been investigated and responses had been made to the complainant.

End of life care and support

- People and their relatives had been given the opportunity to discuss their end of life preferences and these were recorded. This included who they wanted with them and where they would like to be.

- People who wanted to, were supported to remain at the service at the end of their life. Staff worked with community nurses to make sure people were comfortable. The provider had researched best practice guidance and in response to this had purchased a bed for family members. This was relatives had the opportunity to stay comfortably with people at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The providers knew what a positive culture included and supported staff to develop and maintain this. Their aim was to 'promote independence, freedom of choice and always look at ways to make the residents feel at home in their home'.
- Staff and visiting professionals told us the atmosphere at the service had improved under the new provider. Professionals told us staff were accountable for their practice and the service was more organised.
- Staff were motivated and had confidence in the registered managers and provider. They told us the provider spent time at the service, were "hands on", "approachable", "helpful" and "supportive". Staff told us they felt appreciated by the registered managers and provider and were "praised".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour and was open with people and their relatives about what happened at the service. When things went wrong they had apologised.

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

- The provider and registered managers understood the importance of person centred care plans and accurate records. Staff were reminded of the importance of record keeping at regular staff meetings. The provider and registered managers had identified the electronic systems in operation did not support them to maintain detailed and person centred records and were in the process of changing the care planning system.
- The staff group worked as a team to provide the service people wanted. Staff we spoke with told us the team supported each other.
- Services that provide health and social care to people are legally required to inform the CQC, of important events that happen in the service. This is so we can check appropriate action has been taken. The registered managers had submitted notifications as required.

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

- People, their family and staff were asked for their views of the service. These were used to develop the service.

- People were asked for their views during regular meetings, as well as being asked to complete surveys. Positive feedback had been received in response to a survey completed shortly before our inspection. People felt involved and were enjoying the new activities and outings on offer.
- Positive responses had also been received from relatives. A relative had commented, 'We are very happy with how our relative has been cared for right from the very first day that we met staff. Their independence is respected and staff communicated very well with me'.
- The provider had analysed the feedback received and reviewed it against previous feedback to assure themselves the service continued to improve as people wished. They had drawn up action plans to ensure improvements continued as people wanted. This included more outings, further redecoration and people being more involved in reviewing their care plans.

Continuous learning and improving care

- The provider had a development plan in operation and had identified several areas for improvement. These improvements had begun and some were almost complete. The involvement of people and staff underpinned all planned developments. People told us they enjoyed being involved. Staff told us the provider and registered managers listened and acted on their suggestions
- The provider had a robust system in place to monitor the quality of the service people received. This included regular checks of the environment, safety procedures, records and staff's practice. When shortfalls had been found, action had been taken to address them and prevent them from happening again.
- Medicines audits had identified electronic medicines administration records (EMAR) did not always contain accurate information about medicines stock balances. Paper records had been introduced to monitor stock balances and these were accurate. Plans were being followed to stop the use of EMAR and return to paper records. Staff told us this was a positive step and would support them to manage medicines safely.
- The provider had commissioned an independent consultant to complete regular audits at the service to check changes were effective and people continued to be safe. For example, the consultant reviewed care plans written by the registered managers to ensure they were person centred and included all the guidance staff needed to meet people's needs.

Working in partnership with others

- The provider had explored and taken up opportunities to work with others to improve the service. They had arranged for representatives from a local dementia charity to support the activities coordinator to develop activities for people living with dementia. Activities were varied and people enjoyed taking part.
- Links had been made with a local secondary school and the Duke of Edinburgh scheme and pupils were offered voluntary work experience placements. This benefited the children by offering them the opportunity to meet new people and experience working in social care. People benefited from the meeting and spending time with younger people.
- Working relationships with local health care professionals had improved. The provider had acted on their advice when planning dementia training for staff. Staff had completed training around other areas, such as diabetes, provided by health care professionals.
- The provider worked hard to keep up to date with best practice guidance. They had researched national guidance from key stakeholders such as CQC, National Institute for Health and Care Excellence and the Social Care Institute for Excellence and had used this to develop the service. As a result the environment was being made more dementia friendly and oral care had improved.