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Wyncourt Nursing Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Wyncourt Nursing Home is a care home providing personal and nursing care for up to 35 people. The service provides support to older people and younger adults, including those living with dementia. At the time of the inspection there were 31 people living at the home.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or provide support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Staff excelled at providing care and support which was extremely person-centred and responsive to people's needs. Staff were passionate about their roles and dedicated to improving people's quality of life.

Feedback from people and relatives was excellent. Comments included, "I cannot begin to tell you how much it means to us to know [person's name] is in such safe hands" and "All care is excellent, they can't do enough, all carers are excellent."

People, relatives and staff told us the service was led by an exceptional management team and their visions and values were at the heart of the service. The management team used every opportunity to develop, discuss, promote and implement innovative ways of involving people in developing a high quality, outstanding service.

The service supported people nearing the end of their life to have a comfortable and dignified death by working closely with health care services and through consulting people about their end of life wishes. Staff talked with pride about the care they were able to give to people in their final days.

People, relatives and professionals highly commended staff's ability to respond with patience and knowledge when supporting people. Nursing staff received specialist training to successfully manage situations and avoid hospital admissions. Staff met regularly with the registered manager to discuss their performance and any further training needs.

People benefitted from a variety of activities, events and trips out that were organised to help reduce social isolation and enhance their health and wellbeing. Activities were tailored towards people's likes and

preferences, which gave significant meaning and purpose. There were extremely strong links with the local community, which people valued.

There were always enough staff available to meet people's needs and keep them safe. People were supported by consistent staff who knew their needs well. Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed. People's medicines were managed safely, and staff managed risks well to keep people safe.

The design and décor of the home had been carefully considered at the construction stage to ensure it was reflective of best practice guidance in relation to supporting people living with dementia.

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.

Medicines were administered safely to people and staff were observed following safe infection prevention control practices. Where incidents occurred, the provider had a system in place to review and learn from these to prevent reoccurrence.

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

Rating at last inspection

The last rating for this service was good (published 25 September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our safe findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our safe findings below.

Outstanding ☆

Wyncourt Nursing 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 carried out by 2 inspectors 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

Wyncourt Nursing Home 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. Wyncourt Nursing Home is a care home with 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 was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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.

During the inspection

We spoke with 6 people who used the service and 4 relatives when we visited the service. We spoke with 10 members of staff including 2 deputy managers, the compliance manager, 1 nurse, 3 care workers, a housekeeper, 1 nutrition staff member, and the maintenance officer. Following the inspection, 4 staff reached out with positive feedback and we also received positive feedback from 4 health professionals and 2 professionals working in education.

We reviewed a range of records. This included 3 people's care records and multiple medicine records. We looked at 3 staff recruitment files. A variety of records relating to the management of the service were reviewed.

We spent time conducting observations of staff interactions in communal areas as well as observing the lunch time experience and activities on offer.

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.

Following the inspection site visit we requested some documents electronically. These included further evidence of quality assurance checks and records relating to achieving outcomes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There was enough staff on duty to ensure all aspects of people's care and support needs could be delivered in a person-centred way.
- Staff numbers meant staff had the time to spend with people without feeling rushed and were able to meet people's needs in a holistic and meaningful manner.
- Staffing levels were often adapted to accommodate people's needs. For example, following staff feedback the provider increased the staffing levels in the evening time to ensure people were supported in a timely manner.
- Safe recruitment processes were in place and thoroughly followed to ensure only suitable staff were employed. Interviews were used to explore candidate's suitability for the role in line with the provider's ethos and values.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- A safeguarding tracker was in place that provided clear management oversight of safeguarding issues, correct reporting to external agencies, actions identified and outcomes.
- There was an open and transparent culture that encouraged people to raise any safeguarding concerns. Comments from staff included, "We would report straight away to the managers if we had any concerns."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People's care plans recorded what specific risks were relevant to individuals and measures staff should take to minimise such risks.
- Staff could recognise signs when people experienced emotional distress and knew what to do to reduce the need to restrict their freedom and to keep them safe.
- Records demonstrated that health and safety checks had been completed on key equipment such as hoists, electrical equipment and the lift.

Using medicines safely

- People were supported to receive their medicines safely.
- Medicine Administration Records (MAR) were detailed and completed accurately. There were robust quality checks in place to identify any issues, with systems in place for reporting any errors. Staff could also discuss any issues or concerns during morning meetings.

- Staff responsible for administering medicines had received the relevant training and had annual competency assessments to support them in their role. Staff had a good understanding of their responsibilities and were aware of potential side effects or if further monitoring was needed.
- The service had worked with the local pharmacist to improve medicine practice in the service. The clinical pharmacist provided the following feedback, "I have always found the Wyncourt staff especially [manager's name] are extremely knowledgeable about all the residents and their health and medications and the home are very responsive to any suggestions I have to optimise medications."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The premises were clean and tidy, and people were protected from the risk of infection. A dedicated housekeeping team followed cleaning schedules to ensure all areas of the home were systematically and regularly cleaned. Surveys issued to people by the provider reflected a high level of satisfaction with the cleanliness of the service.
- The provider had policies and guidance in place to support staff to maintain good IPC practices.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The service had an electronic system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The compliance manager explained that following any incident or accident, a review would be undertaken so that any learning or improvements could be considered to prevent any re-occurrences.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were well supported to ensure they had the skills and knowledge to carry out their role to a high standard.
- The provider ensured staff received training appropriate for their role and tailored to meet each person's individual needs for example PEG feed which allows nutrition, fluids and/or medications to be put directly into the stomach, catheterisation, phlebotomy and palliative care.
- All staff new to health and social care completed the Care Certificate, which is an agreed set of 15 standards that define the knowledge, skills and behaviours expected of staff working in the health and social care sector.
- Staff were very positive about the supportive environment related to training and supervision which helped them develop their skills and experience.
- Staff were supported to develop their skills in the service. We saw examples of carers developing into senior carers and other staff developing within the organisation. Maintaining and developing a stable staff team meant that people received care and support from a committed staff team who knew them well.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- The management team worked proactively and collaboratively with other healthcare professionals in order to continually assess people's needs. For example, the deputy manager provided an example of where they were making plans within the home in order to ensure they could meet a person's cultural needs before they moved in.

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

- People who required support to eat and drink were well supported with a member of staff assigned to them.
- Staff supported people living with dementia to be independent by showing the choices of food available in a food menu booklet that was created and by describing the dishes to people, so they could make a meaningful choice.
- We observed staff helping people at each person's pace of eating, checking whether they were enjoying the food, interacting courteously, protecting their dignity and providing reassurances when needed.
- Staff supported a small number of people with their nutritional intake using a percutaneous endoscopic gastrostomy [PEG] tube, which enables people to receive nutrition directly into the stomach. This process was managed safely to ensure the person maintained adequate nutrition and hydration.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- The service had strong links with health professionals to benefit the people living at the home by ensuring they had equal access to health care services.
- The compliance manager provided an example of how they had worked with other agencies such as the local authority. A recent piece of work included the delirium pilot, whereby the home was 1 of 3 homes actively working to identify delirium quicker, reducing hospital admissions, and improving the overall well-being of people. The compliance manager felt the service made great strides in this area and cascaded training to all staff.
- There were 'champions' within the service in a number of areas. These champions received extra training in their area of interest (such as dementia care) and supported other staff to develop their skills. This meant that good practise was regularly demonstrated in the service and staff knew who to go to should they have any queries.
- Nursing staff worked closely with the care staff, and all other staff working at the home, to the benefit of people living at the home. This was because they recognised the importance of emotional well-being, as well as people's physical healthcare needs.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- The design and décor of the home had been thoroughly considered to ensure it was reflective of best practice guidance in relation to supporting people living with dementia and people with physical needs.
- The home is well furnished to high standard. On the ground floor it is open planned, and space was maximised to promote independence where people felt safe to explore. People had access to well-kept garden that was easily accessible.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use photographs and documents were signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act.

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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Outstanding. This meant people were truly respected and valued as individuals extremely well. They were fully empowered as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity There was a strong person-centred culture that ensured everyone was valued, loved and respected.

- People received outstanding care and support from a dedicated provider, and a team of compassionate care staff.
- The service promoted a strong person-centred culture, and the team were committed to making a positive difference to people's lives. One relative told us, "Wyncourt is like an extension of our family, they treat my wife beautifully." Another person in their feedback to staff said, "Last week we happened to be visiting on the day that Father [priest], was saying mass for residents. My sister and I were able to stay and celebrate mass with Mum and received communion with her. This was truly wonderful and not something we were expecting to be ever able to do with Mum again."
- The service was exceptionally caring and would often go above and beyond for people and their relatives. For example, 1 person was unable to attend a family wedding, to ensure they didn't miss out on the celebrations the provider arranged a wedding celebration at the home. Additional staff were brought in, and a buffet was provided.
- People's individuality was key. During the inspection we saw that people's rooms were exceptionally well personalised. In each of the rooms there was information about the person including their detailed likes and dislikes and what was important to them. One person had their own post box outside the room. Another person had a bird in a cage in their room. One relative said, "Taking into consideration my grandma's needs and mobility, after a few weeks my grandma was allocated a lovely ground floor room, with a view, windows and door out to the garden (she always loved her garden when at home)."
- There was a strong embedded person-centred culture at the home. For example, 1 person diagnosed with a life limiting health condition was supported by the manager to fulfil many of their interests. Such as watching their favourite football team in an executive box and the home organised movie nights and sleepovers for the person's family member creating moments that went beyond the routine of caregiving.
- People were supported by staff who were passionate about their jobs and driven by ensuring that the best possible care was delivered. One staff member told us, "Residents are the most important people." Another staff member said, "We all pull together in times of need, everyone goes above and beyond what is expected of them, with a smile on their face." One relative told us, "This is the best place to home." People told us: "All care is excellent...can't do enough...all carers are excellent." Another person had shown us a message that they had written to the provider saying: "It's like a home from home. They [staff] are like friends, I'm so lucky to be here."

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

- The service was exceptional at helping people to express their views so that staff at all levels understood their views, preferences, wishes and choices. This led to the development of meaningful relationships based on trust and mutual respect.
- To facilitate the control people had about their care and explore their own options, staff approached them for advice and guidance to support them to make their own decisions. This empowered people to be independent and take ownership, recognising diverse perspectives.
- For people who had difficulty communicating verbally, staff found other ways to support them to express their views. This was done by understanding what gestures, behaviours and non-verbal communication methods mean. One person used an iPad to communicate with staff, the provider ensured this person was provided with protected staff time in order to communicate their thoughts.
- Staff improved their knowledge by forging positive relationships with people and nurturing a positive and comfortable atmosphere. One staff member told us, "We always ask questions, we always communicate. You will get residents who can't do things for themselves, but you communicate with them." Another staff member said, "Residents will tell us how they like things. I will always ask. It is about respecting what they want."
- Records confirmed people and their relatives were fully involved and consulted in any decisions about the care and support they received. One relative told us about regular meetings taking place, "I do get invited to the meetings and can talk to anybody."
- Throughout the inspection visit we saw staff spending time with people. We heard laughter between staff and people and saw respectful interactions. People were offered choices and were listened to. Staff looked at people when they spoke with them and made sure people had the time they needed to communicate. One person's relative told us, "They [staff] listen to her [person's name] and to us."

Respecting and promoting people's privacy, dignity and independence

- Staff had an excellent understanding of the importance of respecting people's privacy and dignity and it was clear this was an embedded culture across the service. We observed positive interactions throughout the inspection that showed respect for people's privacy and dignity was at the heart of the service's values.
- People and their relatives told us that staff were consistently respectful and treated people with dignity and kindness. One relative told us, "Staff respect my wife's dignity. I'm very happy with my wife's care." Another relative explained how important it has always been for her parent to wear dentures and how staff ensured they always had dentures in especially when her husband and family visited, as the person has always been very proud of their appearance.
- Staff had a very good understanding of the importance of promoting people's privacy. One staff member said: "I always knock on the door" and explained in detail how they protect people's dignity for example when delivering personal care. Another staff member said, "We treat people with the upmost dignity." We observed staff speaking and interacting with people in a kind and compassionate way, knocking and asking permission before entering people's rooms. Staff felt strongly about promoting people's independence. One staff member said, "We don't de-skill people."
- The promotion of privacy, dignity and independence was at the heart of the service's culture and values. For example, people experienced an enhanced life with positive risk taking to ensure people remained independent as much as possible. One person was unsteady when mobilising due to a gradual deterioration in their health, however the service created a dynamic risk management plan to ensure the person could mobilise during periods of the day with staff close by when the person was not tired, to promote their independence.
- People and their family members also provided extremely positive feedback about the home on carehome.co.uk, with the home rated 10 out of 10. Further comments from relatives included, "When you enter Wyncourt the first thing you see is a statement on the wall that says, "Welcome to the Wyncourt Family". This is no empty promise but is an indication of the overriding philosophy of the nursing home."

Another comment included, "Everyone at Wyncourt Nursing Home showed such professionalism, kindness, compassion, respect, dignity and patience to our dearest Mum. They became like a second family to us."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

End of life care and support

- People were exceptionally well supported at the end of their life to have a comfortable, dignified and pain free death.
- There was multiple thank you cards and emails from relatives and friends expressing their gratitude to the staff for the sensitive care shown to them and their family member during their final days.
- People and where appropriate their relatives were involved in making advanced decisions and developing any end-of-life plans if they wanted to. If people did not wish to discuss this their wishes were respected and documented.
- End of life link roles had been developed with designated staff taking ownership for the development of end-of-life care at the home. The provider had previously achieved the national Gold Standard Framework (GSF) for end-of-life care. The home now followed the Six Steps to Success in end-of-life care. Six Steps to Success programme aims to enhance end of life care through facilitating organisational change and supporting and educating staff to develop their roles around end-of-life care.
- The deputy manager explained the home would often prioritise Fastrack admissions to give families and relatives a dignified death. A memorial tree was planted on the grounds, which had little doves with people's names printed who had sadly passed away.

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

- People were supported as individuals, in line with their needs and preferences.
- Care plans were personalised and contained information relating to people's physical, emotional and mental health needs, their life histories and preferences.
- People were supported by staff who knew them well and who supported them to have maximum choice and control over their lives.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide person centred care.

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.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were assessed and there were detailed communication plans in place and advice for staff about the level of support needed. This included visual or hearing impairments, or where people's health conditions impacted their communication.

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 given plenty of opportunities to take part in a wide range of activities, which contributed positively to their well-being. The management team and staff worked particularly hard to get to know people and ensured opportunities suited people's age, interests and personal preferences.
- There was a range of activities on offer which included, music, arts and crafts, exercise, trips around the local area and visits from external entertainers. For people who chose to stay in their room, staff scheduled one to one activity time with them.
- The home was also proactive at ensuring people could go on trips further afield. A wide selection of trips had been planned for November and December 2023, including a trip to the Manchester Christmas markets and the Halle Choir.
- People were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans. If requested, church representatives visited the service, so that people could observe their faith.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- People living at the service and their relatives told us that they were happy to raise concerns.

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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service they created drove and improved high-quality, person-centred care.

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

- A truly person-centred culture had been embedded at Wyncourt Nursing Home. Since the last inspection, the provider, management team and staff had continued to work exceptionally hard to drive forward practice, continually innovate and challenge themselves to improve further. Every member of staff recognised the importance of their role to be part of a vibrant community. People told us, "Staff understand what you want and go the extra mile to get it for you" and "From the moment I entered the doors, I sensed a welcoming atmosphere that instantly made me feel part of their family."
- People, their families and the staff team consistently spoke of outstanding leadership that was visible and wholly focused on people receiving exceptional care. A relative told us, "Wyncourt makes it such an incredible place for mum to be and I hope you know how much it means to us all. They always go the extra mile, these days that seems to be rare unfortunately."
- The management team worked exceptionally hard and had established a strong visible person-centred culture at the home. The staff were dedicated and caring and treated people with kindness, compassion, respect and this clearly had a positive effect on people. The staff were particularly sensitive at times when people needed caring and compassionate support.
- The ethos of the service was to provide people with high-quality person-centred care. The service strived to deliver excellent care. All nursing staff were trained to an exceptionally high standard to ensure person centred care was provided to its maximum. For example, nursing staff were trained in the administration of subcutaneous injections. This had a positive impact, in reducing the number of hospital admissions.
- The provider was not only committed to improving the quality of care provided within their own homes but was passionate about driving up quality across the North West area. The home had recently been hand selected by the local authority to deliver end of life care in the borough and were awarded the syringe driver lead home pilot as a result of this. A health professional commented, "They are going to train other nursing homes in the area on the use of the BD bodyguard syringe driver. Wyncourt have been instrumental in the development of this project that will be going live early in 2024."

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

- People and staff were at the heart of the running and development of the service. The provider fully incorporated a diverse range of views that embraced people's protected characteristics. People at the home were offered the opportunity to be involved in the recruitment process of new staff, where people would meet prospective staff and give their feedback to the management team.

- The provider sought feedback from people and those important to them and used the feedback to develop the service. The registered manager had a clear vision for the direction of the service, which demonstrated ambition and a desire for people to continue to achieve the best outcomes possible.
- Staff told us they felt appreciated and valued and spoke positively about the level of support they received. Comments included, "The teamwork at Wyncourt is unique, everyone pulls together and supports each other whatever their job role is, whether it is catering, care, housekeeping, administration, management, nursing or maintenance" and "Wyncourt, it's a truly remarkable place to work. The atmosphere is characterised by the team's dedication to go the extra mile for every resident. This is more than a nursing home, it's a place where residents are well cared for, and the entire team works seamlessly together as one big family."
- Staff also told us they had been able to develop their skills and attributes. A staff member said, "I took on the role of infection prevention and control champion. Over the past 2 years I have been given time to gain further knowledge through training courses, and I could not have done it without their support. Personally, I pass on my updated knowledge to the care teams and strive to ensure standards are always kept very high."
- The home supported staff to excel professionally. Three members of staff had been supported to complete an assistant practitioner's course. The service also supported several students who completed placements at the home. One post graduate student commented, "I developed essential care skills and it was a great opportunity to develop my confidence and so I'm very grateful for my first placement." Staff development opportunities had resulted in increased staff retention which meant better outcomes for people from staff who knew them well.
- Staff were motivated by and proud of the service. The management team developed their leadership skills and those of others. All staff we spoke to told us the management team actively listened to them and involved them. Staff told us how the support they received from the management directly impacted their willingness to go above and beyond for the service and people. One staff member said, "I cannot express enough, that the support given to me by my managers at Wyncourt Nursing Home and the staff has helped me through my difficult time and continues to do so."

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

- The management of the service was outstanding. The management team were incredibly clear of their roles and responsibilities and led the service to have a person-centred ethos that promoted positive outcomes for people.
- The provider had invested in the service and appointed an experienced management team, including implementing a compliance manager, whose sole focus was rigorous and constructive challenge, with a performance management approach whilst reflecting the provider's core values and giving people the best quality of life. We saw how these changes had already become embedded into staff practice and the management team ethos.
- Highly effective and robust governance systems supported the provision of high-quality person-centred care and support. These extensive governance systems reflected best practice and were extremely proactive in identifying any potential shortfalls or areas of concern.
- Staff talked to us about the development of champion roles to train other staff and act as role models. This included the provider using the expertise of a psychologist within the staff team, a dedicated role was created for the experienced staff member who was able to provide dedicated support to people who have psychological needs. A positive impact had been noticed recently for a person who had previously declined support with their personal care needs, however after providing dedicated 1 to 1 support this person's well-being and personal care has improved greatly.

Continuous learning and improving care

- The provider had created an exceptional learning culture at the service which continuously improved the care people received.
- Nurses attended regular clinical meetings where key clinical issues were discussed, such as wound management, weight loss and falls prevention. Action plans were in place to ensure that issues were addressed and reviewed, for example, referrals to dieticians or specialist nurses.
- The provider had a commitment to investment and innovation across the service to ensure high standards of care and support for staff. The service worked in collaboration with partners from the NHS in the original pilot of the 'Red Bag and The Hospital Transfer Pathway'. The 'Red Bag and The Hospital Transfer Pathway' helps provide a prompt, safe and efficient transfer of clinical care, when a person moves between a care home and other clinical settings. The compliance manager explained how the use of the 'Red Bag and The Hospital Transfer Pathway' has provided better communications with the hospitals.
- A culture of learning was promoted throughout the team where staff could reflect on practice or areas of improvement in order to change and develop. Lessons learned were discussed in morning clinical governance meetings. All staff we spoke to told us the registered manager listened to them and was always available to speak to them.

Working in partnership with others

- The provider worked exceptionally well in partnership with others.
- The service was an integral part of the local community. There was a good relationship with the local primary school who visited regularly to talk to people and also put on shows for the people in the home. A member of staff from the school commented, "Wyncourt Care Home has become a treasured partner in our community engagement efforts. The positive impact of these visits extends beyond the festive seasons, leaving a lasting impression on our children. We are grateful for the opportunity to perform at such a special place and look forward to many more years of shared happiness and connection."
- The registered manager worked in partnership with local health and social care teams and had a good working relationship with other healthcare professionals, for example GPs and physiotherapists. One healthcare professional commented, "As a team we have found the care staff to be enthusiastic and conscientious when we have liaised with them. They seem to have a genuine caring nature towards all of the residents and a person-centred approach to resident care. All staff are knowledgeable about the residents including life story and current presentation."

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 fully embraced their responsibilities under duty of candour and had embedded the ethos at the service.
- People and their relatives had positive relationships with the senior management team and told us they were reassured they would be open and honest with them.