

Nottinghamshire County Council

Wynhill Lodge Short Breaks Service

Inspection report

3 Wynhill Court
Forest Road, Bingham
Nottingham
Nottinghamshire
NG13 8TE

Tel: 01949838492

Website: www.nottinghamshire.gov.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 15 November 2018. We let the service know on the morning of our inspection visit that we would be arriving because we did not want people using the service to be anxious when we arrived. Also, we needed to be sure that the registered manager or a member of the senior care staff would be in.

The service is a short breaks service that supports up to 70 people at various times throughout the year. Short breaks last between one and 21 nights. At the time of our inspection five people were using the service.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection on 12 May 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of Good overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risk assessments associated with a person's care and support were reviewed before they began their latest stay and, if necessary, during their stay. People were involved in the planning of their care which was person centred and updated before they came to the service. People were supported to access relevant health and social care professionals if they needed to during their stay. They were supported to take their medicines as prescribed by their GP.

Safe recruitment processes were in place. People received care from staff that had received training and support to carry out their roles. There were enough staff to meet people's needs.

Staff understood their responsibilities under the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care. People were supported with their nutritional needs. Special dietary and cultural requirements were met. People had a choice of healthy meals that were freshly prepared by a cook.

People stayed in rooms they had used before unless they requested otherwise. They had use of spacious communal areas where they socialised with other people and participated in activities. Other facilities included People had use of a sensory room where they could relax and a garden.

Staff respected people's privacy and dignity. People had developed positive relationships with staff. Staff

had a good understanding of people's needs and preferences.

People were supported to express themselves, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. People using the service and their relatives knew how to raise a concern or make a complaint.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager was supported by the provider's operations manager. Both monitored the quality of the service. People's feedback about their experience of the service was consistently positive. Feedback from a staff survey was acted upon to improve staff experience of working at the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Wynhill Lodge Short Breaks Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced comprehensive inspection took place on 15 November 2018 and was carried out by one inspector. We gave the service three hours' notice of the inspection visit because it is small short breaks service and we needed to be sure that the registered manager or a senior care worker would be in.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. Before the inspection visit, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

The registered manager was away on the day of our inspection visit. We spoke with two team leaders, a member of the care staff team and the cook. We also spoke with a health professional who was visited the service to support a person. We spoke at length with one person who used the service and briefly with another. We saw how staff interacted with and supported people.

We looked at the care records of three people who used the service. We looked at information about the training staff received and a range of records relating to the running of the service. These included management audits, incident reports and records concerning the maintenance and safety of the premises.

Is the service safe?

Our findings

A person told us they felt safe at Wynhill. They said, "The staff are very gentle with me, I feel safe with them. Its very good here, I like to come back."

People were protected from the risk of harm because there were processes in place to minimise the risk of harm. Staff had received training in relation to these aspects of care and support. Safeguarding investigations were carried out and lessons learned were shared with the staff team. Staff used the provider's procedures for reporting concerns including poor practice by colleagues. Lessons learned from incidents, and where necessary disciplinary action was taken if staff had not supported people safely.

Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. For example, risk assessments were in place to help support people at risk of seizures or people with specific dietary need. Staff knew how to support people with their behaviour because they knew what people liked and disliked and positive behaviour plans were in place.

People were supported by sufficient numbers of experienced staff who had the right skills. We saw that staff were always available and they responded to people's requests very quickly. Staff were well organised and communicated effectively with each other. Staff communicated well with people who had communication difficulties, for example using signs and gestures that people understood. We saw a staff member maintain a long conversation with a person using this method of communication.

The provider had safe staff recruitment checks in place. This meant that checks were carried out before someone started working at the service to make sure they were suited to work at the service.

People received their prescribed medicines safely. Staff had received training about managing medicines safely and had their competency assessed. Audits were carried out monthly to check that medicines were being given as prescribed. Staff checked that people brought their medicines with them and ensured that there were enough medicines for the duration of a person's stay.

Incidents were recorded and analysed for themes and patterns to consider how the risk of similar incidents happening again was reduced. Any lessons that were learnt from incidents were shared with staff at meetings.

There were plans in place for emergency situations. For example, if there was a fire, staff and people knew what to do in the event of an emergency. Each person had a personal emergency evacuation plan in easy to read formats they could understand.

The environment was clean and tidy and staff followed best practice to prevent the spread of infection. Cleaning responsibilities were allocated to staff each day and checks were carried out.

Is the service effective?

Our findings

People had their needs assessed before they used the service for the first time. Their needs were reviewed at the beginning of each subsequent stay. This ensured that staff had the latest information about each person and that their needs could continue to be met. A person told us, "Staff sat down with me on my first day back. The staff know me well, they give me all the support I want during the day and night."

Staff received the training they required to do their jobs and they also received regular supervision where they were given feedback about their performance. The registered manager promoted good practice amongst the staff team. Good staff practice was shared through a scheme called 'A good piece or work'. Under this, staff nominated colleagues for what they believed was exceptionally good practice that made a positive difference to people. These examples were then used as learning points for staff. For example, a person had lacked confidence to go out because of their diabetes. A staff member assured them that they would monitor their blood sugar levels throughout the day so they had nothing to worry about. The person enjoyed their day out and their anxieties about going out ceased.

People were supported to eat and drink enough and maintain a balanced diet. A person had a very detailed diet plan that required close monitoring of calorie consumption. A team leader had redesigned the person's food and fluid charts to enable accurate monitoring. The service's cook had the plan and ensured that the person had the right types and amounts of food and drink. People had a choice of healthy meals that were prepared by the cook using fresh ingredients. The cook used moulds to make meals in a soft or pureed format look appetising. A person told us, "I like the food."

People were supported to attend healthcare appointments that coincided with their stay. Staff were knowledgeable about people's healthcare needs because care plans included health action plans. There was good communication between staff and healthcare professionals such as speech and language therapists (SALT). A SALT told us, "The staff are very good at following my instructions. The aim of losing weight is being achieved."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We found that people's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded. Staff sought people's

consent before they provided care and support. A person told us, "The staff help me with my personal care. They ask for my permission before they do anything."

The premises were purpose built to provide the needs of a short breaks service. People stayed in rooms they had used before unless they requested otherwise. People had use of three furnished communal areas that had ample room for them to socialise and participate in activities. People relaxed in a sensory room fitted with lighting, tactile objects and soft furnishings. We saw people using the facilities and enjoying them.

Is the service caring?

Our findings

A person told us they were very happy with the care and support they received. Feedback from 30 people who completed a satisfaction survey after their stays in September 2018 contained consistently positive feedback. All 30 people said that they liked the staff.

There was a person-centred approach to the service offered and how the service was run. People were able to bring personal possessions that mattered to them which helped them feel at home during their short break. A person told us, "I bring things from home that keep me occupied."

People and their families were encouraged to be involved in making decisions about the support the person wanted during their short break. This meant that staff were able to support people to do things they looked forward to and which mattered them. For example, staff supported a person who wanted to attend a football match which attracted a much bigger crowd than they were used to. Staff knew the person could be anxious about that and the match taking place in the evening. Staff organised travel to and from the match. They provided emotional support to ensure that the person was comfortable being amongst a bigger crowd. The person told staff they had had a 'fantastic' experience. Another person received emotional support to be less anxious about using public transport. They had overcome their anxiety and now regularly went on trips with staff. This had opened new possibilities for the person by supporting them to be more independent.

People were supported to express their views of their experience of the service at the end of each short break. A person told us, "At the end of a stay they asked me how things went and whether I enjoyed my stay. I've always enjoyed my stays." People unanimously said through surveys that they enjoyed their short break and that they looked forward to coming back.

People's privacy, dignity and independence were respected by staff. We saw that staff did not interrupt people who wanted to spend time alone. A person told us, "I like relaxing, the staff let me relax. I spend my time the way I like." We saw that staff knocked on people's doors before entering their rooms. We saw that staff were sensitive and discreet when supporting people. They listened attentively to a person telling them about their day which made the person feel that they mattered. People had varying levels of communication skills and abilities which the staff understood. This meant that they had conversations with people that were rewarding for everyone involved.

People's care plans and records were kept securely in filing cabinets in the registered manager's office. Staff had awareness training about the General Data Protection Regulations (GDPR), which came into force on 25 May 2018. The GDPR protects people's rights about how information about them is used.

Is the service responsive?

Our findings

People's assessments and care plans considered people's values, beliefs, hobbies and interests along with their goals for the future. People, and where appropriate their relatives were involved in developing their care plans. The care plans were person centred, identifying people's background, preferences, communication and support needs.

Staff kept daily records of how people were supported. These showed that people were supported the way they wanted to be and in line with their care plans.

Staff ensured that people experienced a stimulating and satisfying short break. People were supported to go to the cinema, concerts, sports events and places of interest to them, such as the seaside. People were shown how to use public transport safely. Staff at Wynhill offered people recreational activities, including celebrations of little known 'national days', for example national doughnut week which ran from 12 to 19 May 2018. People living with diabetes were supported to make sugar free or low sugar cakes.

Staff supported people to enjoy new and rewarding experiences, such as visiting a pottery making event where they painted newly made pottery. A new activity, music therapy, had recently been introduced. This had proved popular because it provided people with an activity that was both stimulating and relaxing. Pictures and a montage people had made were displayed at Wynhill to celebrate people's achievements.

The registered manager had acted to ensure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS which came into force in August 2016 made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had access to information about them in care plans that was in easy to read formats. The complaints procedure was in that format which meant it was easily accessible to people. People were supported to make choices about activities or meals they wanted by selecting symbols and pictures.

Complaints were investigated by the registered manager and team leaders. When appropriate apologies had been made and actions taken to reduce the risk of matters complained about happening again.

Is the service well-led?

Our findings

The registered manager understood their responsibilities. They ensured there were arrangements in place to inform the CQC of incidents that affected people who used the service, for example where people suffered harm or an injury.

The registered manager and team leaders carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that auditing was effective because it had identified areas for improvement or development. The range of activities made available to people more closely reflected and combined their interests, ambitions and health needs. For example, staff supported people with recreational and physical activities that helped people achieve their goal to lead a healthier lifestyle.

A culture of improvement was evident. The team leaders we spoke to during our inspection visit quickly identified that food and fluid carts for a person were not compatible with a detailed diet plan that had been introduced a week before. They redesigned the forms for that person to make it easier to monitor the persons progress against the plan.

There was a clear vision and culture that was shared by the registered manager and staff. The culture was person centred and staff knew how to empower people to enjoy their short breaks and achieve what they wanted to.

People's and parents' feedback from surveys was consistently positive. In 2018, eighteen compliments were received with comments such as 'Very pleased', 'Really enjoyed stay', 'Loves coming', 'Fantastic' and 'Always goes home happy.' The staff team were motivated by the positive feedback and strove to make continuous improvements, mainly to activities, which were what people looked forward to most.

The registered manager used complaints from relatives to make improvements. For example, improving procedures to prevent people's clothes being returned to the wrong person from the laundry. Action was also being taken to address what the provider considered to be disappointing results to parts of a staff survey where only nine out of 26 staff reported that they 'always felt valued'.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.