Care Quality Commission

Wyndham Court Limited

Wyndham Manor Care Home

Inspection report

Wyndham Street
Cleator Moor
Cumbria
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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This was an unannounced inspection that took place on 31 July and 1 August 2015. We carried out this inspection to check that improvements had been made following our previous inspections of the 15 and 28 January 2015. The findings of these previous visits led us to rate the home as inadequate and serve warning notices and compliance actions as the provider failed to meet all the requirements of the regulations.

At the inspection in January 2015 we found the home was in breach of the following regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010:

Regulation: 9 Care and Welfare of people who use services

Regulation: 10 Assessing and monitoring the quality of service provided

Regulation: 11 Safeguarding people who use services from abuse

Summary of findings

Regulation: 12 Cleanliness and infection control

Regulation: 13 Management of medicines

Regulation: 14 Meeting nutritional needs

Regulation: 16 Safety, Availability and suitability of equipment

Regulation: 18 Consent to care and treatment

Regulation: 20 Records

Regulation: 23 Supporting staff

Regulation: 21 Requirements relating to workers.

In addition the home was failing to notify us of events they are required to by law. Which was a breach of Regulation: 18 of the Care Quality Commission (Registration) Regulations 2009; Notification of other incidents.

The above regulations have now been replaced with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had asked the provider to make improvements in meeting people's health and welfare needs, infection control, records, nutrition needs, safeguarding, safety and suitability of equipment, assessing and monitoring the quality of service and completing statutory notifications appropriately. We received an action plan from the provider detailing how these improvements would be made.

At this inspection of 31 July and 1 August 2015 we looked at all the areas where the home had breached the regulations set out above, and other areas to ensure that we carried out a fully comprehensive inspection. We found that there had been improvements across all areas that we looked at.

We found that the home was no longer in breach of the above regulations with the exception of Regulation: 14 Meeting nutritional and hydration needs.

We also found two new breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation: 18 (Staffing) and 10 (Dignity and respect).

We found that the provider had not taken appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff to meet people's needs . This was in breach of Regulation: 18(1) Staffing.

We found a breach of Regulation: 10 Dignity and respect. The provider had not actively worked with people to maintain their involvement in their local community and had not ensured that people were not unnecessarily isolated.

There was no registered manager in post at the time of our inspection. This is a breach of the provider's condition of registration and we are dealing with this matter outside of the inspection process.

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 2008 and associated Regulations about how the service is run.

Wyndham Manor is a purpose built residential care home situated in a residential area of Cleator Moor, Cumbria and is within walking distance of the local amenities. Accommodation and communal space is over three floors and all rooms are for single occupancy and have en-suite facilities. There are suitable shared areas and a garden. The home provides accommodation for up to 60 older people some of whom may be living with dementia.

We found that people's care needs were being better met. People looked well cared for with good attention to detail to ensure people were well dressed and to their own taste. Call buzzers were answered promptly, and everyone we spoke to said they were well cared for by staff that were kind and caring. The atmosphere in the home was calm and orderly.

We judged the home to be safer because the provider had ensured that all staff had been given training to identify and report any potential harm or abuse of vulnerable adults. We had evidence to show that senior staff understood how to report, and where appropriate, manage any issues related to possible abuse.

Summary of findings

Risk assessments related to the environment and the delivery of care were up to date. Accidents and incidents were managed correctly and reported to the appropriate authorities, including ourselves, CQC.

The home had recently employed a number of new staff and a further 11 where due to start once all employment checks had been completed. The home's manager had introduced the paperwork for a staffing dependency tool to work out the right levels of staff to meet people's needs. However this had not yet been put into action and we found that the staffing levels on the middle floor of the home were not sufficient to meet people's needs, with staff reporting being "over stretched" on this floor. On the other floors the care needs of these people were generally being met with the exception of enough staff to allow people to go out of the home and engage in the local community. People living in the home told us they didn't get out enough. Care staff also held this view.

We saw that the way staff were being utilised and deployed in the home had improved, with the addition of a "breakfast person" on each floor to help at this busy time and with more activity co-ordinators hours. We saw that senior staff were giving more of a lead and direction to staff to ensure people's needs were met in an orderly and timely manner.

New staff were recruited properly and disciplinary action had been taken when staff were not fulfilling their job role.

We found that the provider had significantly improved the way medicines were managed. People received their medicines at the times they needed them and in a safe way.

Infection control had improved. The staff team had been suitably trained and had access to personal protective equipment. The home was clean and orderly.

All of the staff had received induction training. This had been followed up by training in all the core subjects the provider felt the team needed. Some staff had received further specialist training.

We did however identify a need for senior staff, including the manager, to have more in-depth training in the care and support of people who were living with dementia. We recommended that this should include developing a full dementia care strategy for the home on best practice in promoting consistent personalised care for people living with dementia.

We checked on staff supervision and appraisal and we found that the manager was in the process of updating these records and making them more in-depth. We saw good practice at a recently introduced staff handover session that used newly developed paperwork to communicate people's changing needs.

People continued to tell us about the lack of variety in the food and menus offered. We found that there was a lack of detail in the dietary requirements of those people prone to weight loss, malnutrition and with specialist dietary requirements.

We observed mealtimes being much more orderly and staff were spending time and giving appropriate support and care to those people who needed more help. However we found that there was no overall strategy to focus on the quality and types of food offered to people who were at risk of malnutrition due to old age and for those who were living with dementia.

We saw evidence to show that the staff team sought support and advice from local GPs, community nurses, dieticians and mental health workers to promote peoples health and well-being. Healthcare and social services professionals told us that they had seen a marked improvement in the appropriateness of the referrals the home was making as staff were gaining confidence in their own skills and judgments.

The home's environment had improved with new furniture purchased and suitable redecoration and refurbishment being done.

We judged that the care staff approach was much more individualised. Staff had been trained in delivering person centred care and we saw a much more focussed approach on the needs and strengths of people in the home. People told us the staff team were caring, respectful and supported them to retain as much dignity and independence as possible.

Assessment and care planning had been developed in more depth. A new style care plan had been introduced that was much clearer and with more detailed assessments of people's needs. These plans were more

Summary of findings

person centred and were being regularly reviewed. There was a good level of detail that gave clear instructions to care staff. Care staff were given time to read these and both staff and people in the home were more involved in the development of the care plans.

Risk assessments were better developed and tools were being used to assess risks to people's health and wellbeing. We found that some care plans still required more detail, particularly when a person had a more complex healthcare needs. We saw that some staff required more training on how to use risk assessment tools associated with these more complex healthcare needs.

Care planning now identified in more detail the needs of those people whose behaviour may challenge the service. These now gave staff more detailed guidance on the most appropriate approach. These had been based on training and guidance given by social and healthcare professionals. Staff told us they were more confident in supporting people.

While we found people's personal care needs were being better met we found that community involvement and socialising outside of the home was limited due to staffing levels.

Activities and entertainments within the home had improved significantly, with activity coordinators engaging people in activities they found interesting and stimulating. The arts and crafts session was now a very positive feature of the home, with people's art work being displayed in the corridors and communal areas of the home. However, this was currently limited to weekdays only and people expressed being bored at other times, especially those who could not leave the home without family or staff supervision. The manager discussed plans to extend the activity coordinators hours to cover evenings and weekends.

We found that the home was now meeting the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Assessments were being carried out of people's capacity to make decisions. Where people lacked the ability to make a decision about living at the home or when restrictions had been placed on them in their best interests we saw that appropriate application had been made for a DoLS assessment. Staff had received training in this area.

Measures had been put in place to improve the running of the service. Staff meetings, unit meetings, supervisions and the newly developed training matrix were now being monitored by the manager.

The home had developed a more robust quality assurance system. However this had yet to be embedded into the running of the service in a way that identified the issues we had found and continued to find at this inspection.

We saw improvements in most areas of concern highlighted at our previous inspections. However we felt that sustaining and building on these improvements was crucial to offering people a consistently good level of care and support. This would require commitment from the provider in appointing a registered manager and to offer support to the staff team so that they provide an effective service. This is concerning given that we found new breaches and one continuing breach relating to people's nutrition. The registered provider gave us assurances that every effort was being made to secure a registered manager.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Staffing levels did not meet all the assessed needs of the people in the home.

Basic care needs were generally being met with the exception of one to one time with staff when people became upset, distressed or agitated.

There were not sufficient staff to allow people to engage in or access the local community.

Staff had been trained to recognise and report any harm and abuse.

Medicines in the home were managed appropriately.

Is the service effective?

Requires improvement

The service was not always effective.

People were not given choice and variety at mealtimes to meet their needs. The home lacked a strategy on promoting good nutrition for people with special dietary needs.

The senior staff team required more in-depth training to enable them to be more effective at leading a coherent dementia strategy for the home.

The manager and the staff team were aware of their responsibilities under the Mental Capacity Act 20015 and had made appropriate referrals when they felt people were deprived of their liberties.

Is the service caring?

Good

The service was caring.

We observed staff working with people in a kind and sensitive way. Staff were motivated to improve the quality of people's lives and had been creative in the ways they did this in the home.

Staff had received training and support so that they could work in a person centred way.

Care planning showed staff how to maintain dignity and privacy and how to support independence.

Is the service responsive?

Requires improvement

The service was not always responsive.

We judged that care planning had improved and people were more involved in the development of their plan and this ensured that care was increasingly more person centred.

Summary of findings

Activities and entertainments were being developed to meet the needs of the people in the home. However people's ability to engage in the local community was limited and some people had become socially isolated.

There was a suitable complaints procedure in place and people told us they felt comfortable about making formal and informal complaints.

Is the service well-led?

Requires improvement

The service was not always well led.

There was no registered manager in post at the time of our inspection.

The home had developed a more robust quality assurance system. However this had yet to be embedded into the running of the home in a way that identified the issues we had found at this inspection.

The home was now notifying us, CQC, of events they were required to by law.

Record keeping had improved and staff had received some training on this as part of other core training. However we did continue to see some recording errors.

Wyndham Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.'

On 31 July 2015 the inspection was conducted by an adult social care inspector, an adult social care inspection manager, an expert-by-experience and a specialist professional advisor in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This included experience of caring for older people and people living with dementia. On the 1 August 2015 a pharmacy inspector visited the home and looked at medicines' management and the adult social care inspector visited for a second day.

We reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke to the local authority about the progress made in the home. The local authority had arranged quality improvement meetings which we attended.

We had taken enforcement action after our last two inspections on 25 September 2014 and 15 and 28 January 2015. The admission of new people into the home had been stopped by adult social care. We asked for an action plan to be sent to us after the last inspection in September 2014 and we had received a plan. We planned the inspection using all of this information.

We talked to 25 people who used the service. We also observed people on all three floors who found verbal communication difficult. We spoke with seven visiting relatives and friends.

We spoke to three members of the housekeeping team and to the cook. We spoke with 12 care staff on duty and observed how they worked with people. We spent time with the registered manager going over the action plan. We spoke to visiting healthcare professionals.

We looked at a number of records in the home. We looked at 11 care plans in depth and read some parts of another three care files. We looked at the daily personal care delivery forms kept in bedrooms for seven people. We also looked at the care staff handover book and at records kept about dietary needs.

We looked at eight staff files. These included information about recruitment, induction, supervision, training and appraisal. We also looked at records related to disciplinary matters.

We saw the quality monitoring documents for the home. We looked at records related to care delivery, fire and food safety and infection control. We also saw records of surveys and meetings with people in the home and other stakeholders.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living in Wyndham Manor Care Home (Wyndham Manor) and the home provided them with a safe environment. Comments from people and relatives were all positive and included, "I feel perfectly safe in the home and I trust the staff". Another person said, "I feel safe in my room and the home, the call bell is answered quickly." And, "My medication is given on time throughout the day. I generally see the same staff all the time and there appears to be sufficient of them".

People told us that they would speak to a member of staff if they had any concerns about their safety or about how the staff treated them. Some people were not able to tell us their views. We saw that they looked comfortable and relaxed in the home and with the staff who were supporting them.

Visitors we spoke with told us that they had never heard or seen anything that concerned them and said that all the staff treated them well. One relative said of their relative, "She feels safe perhaps too safe because she can only go out with a carer or a family member, there are plenty of staff and the call bells are answered quickly enough. We as a family cannot fault the staff, medication is given on time".

We looked at how many staff were supporting people at Wyndham Manor. We asked the manager for copies of the last four weeks' duty rosters for all staff by day and night. We saw that there had been some increase to the staffing levels and that now there were additional staff at breakfast times and more activity co-ordinator hours.

The home had recently employed a number of new staff, and a further 11 where due to start once all employment checks had been completed. The home's manager had introduced the paperwork for a staffing dependency tool to work out the right levels of staff to meet people's needs. However this had not yet been put into action and we found that the staffing levels on the middle floor of the home were not sufficient to meet people's needs. Staff reported being "over stretched" on this floor and at times people had to wait to receive personal care. A relative said, "The lasses are pushed and work hard. Personal care is dealt with as soon as the girls are free. But they are rushed off their feet."

We also saw that at weekend's people's behaviours that may challenge the service increased as they were unable to go out of the home and the activity coordinators did not work at weekends. Staff reported that people were bored and certain behaviours could escalate during this period. We observed this on the inspection when someone's behaviour escalated as soon as staff had to attend to another person. Staff reported that they just didn't have the time to spend one to one. This had a knock on effect to making other people agitated and unsettled. They reported that most of staff time was spent on tasks and there was little time to "Do the quality things, like sitting and chatting or reading a paper to someone."

Overall the care needs of people across the home were generally being met with the exception of not having enough staff to allow people to go out of the home and to engage in the local community. People living in the home told us that they didn't get out enough. One person told us, "It's like a flaming prison because my family are away and have been for a long time, I'm unable to go out without a carer going with me."

We had reported on this issue at the inspection of September 2014. While we could see that some plans were in place to improve the current situation we found that the registered person had not taken appropriate or timely steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff to meet people's needs . This was in breach of Regulation: 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we visited the home in January 2015 we found that staff needed further training in how to recognise, report and manage safeguarding matters. At this inspection we found that these issues had been dealt with and that safeguarding referrals had been made appropriately. We noted that the staff team had been trained in safeguarding. When we contacted the safeguarding team they reported having delivered training to the home recently and that staff had been open, enthusiastic and receptive.

We looked at the arrangements in place for protecting people from harm and abuse. We saw that the home now had suitable policies and procedures in place. We spoke with staff on duty who could explain their responsibilities in relation to safeguarding people. One senior staff member spoke with said, "I already knew most of it but it has made it clearer about how I need to report straightway and I know now I can report it to the safeguarding authority myself if I wanted to and how to do it."

Requires improvement

Is the service safe?

Staff told us, and we saw from training records, that they had received suitable training in how to manage behaviour that could challenge the service or other the people who used the service. One care worker said, “With the training I feel more confident about how to calm people down and what things can trigger them to become more anxious in the first place”. We observed this in practice and saw how staff were much more skilled with the interactions of those who may challenge the service. We observed staff being calm, reassuring, and using diversion methods whilst also retaining dignity for people.

We therefore found that appropriate arrangements were in place to ensure that people were protected from abuse, or the risk of abuse. We found the service to no longer be in breach of this regulation.

When we looked at individual care files we noted that suitable risk assessments were in place in relation to people's needs. The registered manager had made appropriate referrals to the local authority when people were at risk. We walked around all areas of the home and observed them to be clean and tidy. We saw that the provider had minimised risks in the environment and the home was safe for vulnerable adults.

We looked at accident records and found that these were managed correctly. We noted that any accidents or incidents with individuals in the home were analysed and suitable risk management plans put in place.

We looked at the personnel files for the last three members of staff appointed to work in Wyndham Manor and found they contained all the required documentation. There were completed application forms, two references, copies of contracts of employment and documents of proof of identity. All this information helped to ensure only suitable people were employed.

We also noted that the home had policies and procedures in relation to disciplinary action for staff. We saw evidence to show that disciplinary action was taken appropriately in the service.

A pharmacy inspector checked on medicines in the home. At our previous inspection we had found the service was in breach of the regulation related to medicines management. At this inspection we found that overall that the provider had significantly improved the way medicines were managed. We found that people received their medicines at the times they needed them and in a safe way.

We found that there were appropriate arrangements were in place in relation to the recording of medicines. We looked at records, and care plans relating to the use of medicines in detail for nine people. The records were signed correctly when medicines were given with only occasional gaps. Most records were printed by the supplying pharmacy. Handwritten records were double-checked for accuracy. We looked at the handling of medicines liable to misuse, called controlled drugs. We checked a sample of controlled drugs and these were stored and recorded correctly.

However, we found that the service did not always receive clear and timely guidance from healthcare professionals, for example following a medication review. But we spoke with one healthcare professional who praised the home for identifying an error that should have been picked up by another agency.

We looked at care plans relating to medicines. Some care plans needed more detail to provide clear guidance on the administration of medicines to promote safe and appropriate use. We found that the service was updating these. For example, the service was reviewing the care plan and the tools used for assessing pain in a person who was not able to effectively communicate that they were in pain.

Overall we found that medicines were safely administered. We watched a care worker giving medicines to people. This was done carefully and patiently. Medicines records were completed promptly and correctly. We looked at records and ‘body maps’ for the application of creams. These showed that creams were applied regularly as directed by the prescription to promote good skin care.

We therefore found that the service was safe because people were protected against the risks associated with use and management of medicines. We found the service to no longer be in breach of this regulation.

In January 2015 we found the service to be in breach of the regulation related to infection control. We looked at infection control management at this inspection. We noted around the home that there were suitable arrangements in

Requires improvement

Is the service safe?

place to control infection. The infection control systems had improved since our previous inspection. We saw there were gloves and aprons in place together with paper towels and liquid soap in all the communal bathrooms and toilets.

The home was cleaner and we saw that the waste bins in the bathrooms were now appropriate, having either lids or being sealed. The manager had an up to date infection control policy and there was now an infection control lead for the home. All staff we spoke with said they had training in this area as well as on health and safety.

We did see some areas for improvement still, for example in the individual fridges in each of the dining rooms where food was being stored incorrectly and some food was out of date. The manager told us that she was working on introducing additional audits for cleaning schedules and for food hygiene standards. However, we noted that the laundry and systems for infection control in that area were exemplary, and people in the home and relatives commented on how well their clothes were cared for.

We contacted the Council's Infection Control Officer who had carried out an audit of the home in July 2015. They reported only minor issues had been raised and overall they had been impressed with the cleanliness of the home.

We therefore found that appropriate arrangements were in place to protect people from the risks of acquiring a health care associated infection as appropriate standards of cleanliness and hygiene were being maintained. We found the service to no longer be in breach of this regulation.

Requires improvement

Is the service effective?

Our findings

We asked people who lived in the home about how effective they judged the service to be. People we spoke to made many positive comments about the support they received from the staff in the home. One person told us, "All the staff are nice lasses and they give me all the care and support I need. If I wished I could have my meals in my room but I prefer the dining room." Another person told us that "I'm happy with the care and support from the staff, I can get up and go to bed when I wish".

A relative told us, "The staff appear knowledgeable about people's needs and give sufficient care and support". Another said, "The staff are knowledgeable about her needs, we came here when we were in a crisis and they dealt with everything very well."

We received mixed views about the food. This is what people told us about the food and the meal time experience: "The food is very good but we don't get enough chips I love them". "The food is excellent and I am really happy with it."

While others said, "I get fed up with the food because I am diabetic I'm usually offered scrambled eggs for lunch, it would be nice to have a change. We get lots of tea and coffee during the day along with biscuits and cakes but they are not usually for diabetics." We saw this person being offered a fried egg instead of their usual scrambled egg for lunch.

"The food is sometimes really good, other times it is disappointing because it is over cooked, we get very little fresh fruit and vegetables, and occasionally we get a banana". Another person spoke to said they were "Sick to death of spaghetti on toast." This person told us that the variety of food was poor and they would love to have the occasional curry, pizza or some pasta.

At the last inspection we had been told by a number of people living in the home about the lack of variety in the food and menus offered.

We saw that spaghetti on toast was on the lunchtime menu during the inspection, along with vegetable soup and sandwiches. We spoke with staff and they said that for those people who required a soft or liquidised diet they were also having the vegetable soup. We noted that vegetable soup has a low calorific and protein value. Staff told us that they thought the variety and quality of the food for those on soft or liquid diets was limited. The evening meal was fish and chips or ham and chips.

We also saw that the afternoon tea trolley was lacking in variety and mainly consisted of biscuits with four bananas on it to serve 16 people for one floor. There was little in the way of tempting, fresh or higher calorie food on the trolley. Staff told us that fresh fruit or vegetables were not often offered to people. We also saw that many people's relatives were bringing them in their favourite foods and storing them in the small fridges on the dining rooms on each floor.

We checked the care plans of those people at risk of being malnourished. We found that these care plans were lacking in detail as to what type of foods to give a person and instructions on special diets or needs, such as for those people who were diabetic. A file of a person at risk of fluctuating weight stated, "Offer cream shots if awake at night, offer sandwiches and/or milkshakes." The detail of what this person liked and a strategy for maintaining this person's weight was lacking.

We did see however that the home had sought the advice and support from speech and language therapist and dieticians, where people had been identified as at risk of weight loss or had swallowing difficulties. We saw that people's weights were being monitored in line with their identified risk assessment and need. We also saw that people were being offered plenty of drinks across the day, with covered jugs of juice in their rooms and a juice and water coolers in each of the dining rooms.

The home had introduced a new whiteboard in each of the dining rooms to identify those people on specials diets or requiring thickeners in their drinks. We spoke with staff and they said they found this very helpful when supporting people to eat and drink safely. We saw that only people's room numbers were used on the whiteboard to protected confidentiality and to preserve people's dignity. However on the floor where people who were living with dementia lived the special display board for the daily menu was blank on both days.

We saw that the provider had ordered plastic red plates and cups for people on the floor designed for people living with dementia. When we spoke to staff about this one said she thought that red was part of a special design to help people living with dementia. All the other staff on that floor

Is the service effective?

said they had no idea why they were red and that they really didn't like them. Staff said that they thought they were undignified being plastic and reported that no consultation had taken place with the people living in the home. When we looked at the mugs we saw that the handles were very thin and we found them difficult to hold. We had also seen people at lunchtime who would have benefitted from specialist plates and cutlery to help them eat in a more dignified manner. For example with the use of a plate guard or a thick handled, angled spoon.

We observed lunchtime on two days and found that staff were good at prompting, encouraging and supporting people with their meals. We saw that senior staff were effective at directing staff. We saw that some people who required extra one to one support had their meals at a slightly earlier time so staff could spend time with them undisturbed. We saw that staff sat next to these people and had good eye contact, were unhurried and the mealtimes were calm and pleasant.

However also saw that there were some people who could challenge the service at mealtimes, and while staff used skilled interventions with them, this had still caused other people to become upset at mealtimes. We discussed this with the manager who said she was looking into a more staggered mealtime and had already referred this particular person for a review with a specialist healthcare team.

Overall we found that the home had improved the ways in which it supported people at mealtimes. However we found that there was no overall strategy to focus on the quality and types of food offered to people who were at risk of malnutrition due to old age and for those who were living with dementia.

At our previous inspection on 25 September 2014 and on the inspection in January 2015 we found the provider was in breach of Regulation: 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs. On this inspection although we found improvements in some areas we found that the provider was still in breach of this regulation. This is a continued breach of Regulation: 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to provide people with a variety of nutritious and appetising foods to meet people's nutritional needs and choices. The provider did not have a food and drink strategy in place to address the nutritional needs of people using the service.

At our last inspection we judged the service to be in breach of the regulation related to training and developing staff. At this inspection we saw that all of the staff and the manager had attended basic training across a range of areas. We also saw that staff had received training in supporting people living with dementia and supporting people whose behaviour maybe challenging to the service. When we spoke with staff on duty we learned from talking to them that this training had given them a much better understanding of the theoretical knowledge to care for older people.

We looked at staff files and at the training matrix which showed the training delivered. We saw that the staff had received good levels of training in the last six months and we could see that more was planned. Staff told us of a diverse mix of training they had completed recently, such as moving and handling, first aid, infection control, Mental Capacity Act 2005 (MCA), pressure care and catheter care.

When we spoke with staff they were really enthusiastic about the training they had received. A number had been on a dementia awareness day with a guest speaker who was a national lead in promoting good practice. One said, "I loved every minute of it, it was so enlightening, it was just a taster really and I just want to do more as soon as I can now." We saw a number of staff were wearing "dementia friendly" badges and said they had signed up and done on-line training in this. And another member of staff said of the training, "With the training I feel more confident about how to calm people now and what things can trigger and make people anxious in the first place. I just want to know more now so that I can make life easier and happier for everyone."

While we saw that care staff had received additional training in basic dementia care and in managing behaviours that may challenge, we saw that senior staff team lacked current specialised knowledge of good national practice in this field. A senior staff member had a diploma in person centred care but overall the dementia care strategy for the home did not indicate a consistent approach and clear leadership from the senior carers and the manager.

Requires improvement

Is the service effective?

Some work had commenced on researching dementia care strategies but this needed to be made more specific to the home and embedded into practice. We saw that the drive for more people centred care planning was bringing about an approach that was conducive to good care for people living with dementia .For example people's full life histories were now in place and we observed that staff were knowledgeable of people's backgrounds.

We checked on staff supervision and appraisal and we found that the manager was in the process of updating these records and making them more in-depth. Staff told us that they could discuss their practice using both formal and informal supervision which had helped them to develop. Staff said that communication at all levels had improved.

We found when talking to the team that staff development and training had brought about more awareness of what was good practice. Staff told us that the new systems in the home allowed good communication between shifts, such as the new handover sheets and meetings. Staff told us they were given paid time for staff handovers, training and for reading care plans.

We found the service to no longer be in breach of this regulation as the provider had taken appropriate measures to ensure staff had support, training, professional development, supervision and appraisals. These were necessary to help enable them to carry out the duties they were employed to perform.

We looked at how consent was obtained from people living in the home. We saw forms that people, where possible, signed saying they gave their consent. Where people lacked capacity the registered manager had checked as to whether any other person had a lasting power of attorney. This was now documented on people's files. Best interest reviews had been held and health and social work professionals consulted for people living with dementia.

We found that the home was now meeting the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Assessments were being carried out on people's capacity to make decisions. Where people lacked the ability to make a decision about living at the home or when restrictions had been placed on them in their best interests we saw that appropriate applications had been made for a DoLS assessment. Staff had received training in this area.

The home's environment had improved with new furniture purchased and suitable redecoration and refurbishment had been undertaken. The garden had been improved to make it more accessible for people with limited mobility. At the request of people living in the home a substantial gazebo had been erected to provide shade, if it were needed.

The home had also recently adopted good practice in the area of supporting people living with dementia. This had included developing a cinema room, for black and white movies and themed quiet sitting rooms with furniture and ornaments from across the decades. Some areas also had sensory and tactile pictures, artefacts and items that could be picked up and examined. An area of one quiet room had been set up as a laundry with items for sorting and carrying out domestic chores. We could see that the staff team had put a considerable amount of effort into making the home better suited, more homely and more interesting for the people living there.

Good

Is the service caring?

Our findings

We asked people and their relatives if they were happy with the care and support provided by the staff at Wyndham Manor. All the replies we received were positive. We had found this to be the case at the last inspection in January 2015. At that inspection we reported that from our observations there was an excellent, warm relationship between the staff and people living in the home. Staff knew the people they supported well and we saw they responded well to their support needs. Again we found this to be the case on this inspection also.

The people we spoke with told us that they felt well cared for. One person said: “The staff are kind and caring and are really lovely, when carrying out personal care they respect my dignity and allow me to do certain things myself, allowing me space when bathing to wash myself”. Another said, “The staff cannot do enough for me, they treat me with dignity and respect and there is nothing wrong with this place”.

“They listen to me and I have never had to complain”. One said to us, “Don’t run the place down, it’s quite reasonable really. I have choice and all the staff are friendly and always say hello and have a kind word.”

We spoke to seven relatives over the two days we were in the home. All the comments were very complementary and they told us there was no restriction on visiting times. We asked family members if they were kept informed about their relative’s care. They told us, “The staff are good about letting us know if there is anything wrong or there are changes.” And another said “They take the time to get to know people.”

We also observed staff working with people. People living with dementia responded well to the staff on duty. We noted that staff were more skilled in their responses to people than they had been at previous inspections. Staff were better able to communicate with people living with dementia.

We saw that staff anticipated people’s needs and they were skilled at engaging people in conversations using their knowledge of the person to prompt conversations about their past. We saw that people became visibly more animated and enjoyed these conversations. Staff were also sensitive when talking to people who were living with dementia and any confusion was 'played down'. We saw that people were calmly reassured when they became upset or disorientated.

We noted that the staff had been trained in matters of equality and diversity, as well as in understanding dementia and person centred thinking. We saw on this inspection that all staff were now more involved in care planning and were actively encouraged to read care plans and to write in them.

Staff were given dedicated paid time to familiarise themselves with the care plans of the people they were looking after. We found that this gave staff a better understanding of each person’s support needs and people received a more person centred level of care.

The staff team showed care and compassion in the time and effort they had taken to find new activities to engage people in and to make sure that the environment better suited their needs. Staff had used their own time to develop some of this. We saw that through the arts and craft work that people had been given the opportunity to take part in meaningful activities that had visibly promoted their well-being and boosted their self-esteem.

Requires improvement

Is the service responsive?

Our findings

We asked people about responsiveness and people told us that they were asked about their needs and wishes and care plans were in place. People told us they knew they had a care plan and some said they had been involved in setting it up. A few people said they had left this for their families to do. They also said that they were asked about entertainments and activities. One person said that they had been helped to go out into town once a week to buy their favourite foods and a newspaper. Another person said they had helped with the garden and had enjoyed this but said they would like to do it more often.

However a number of people told us that they didn't go out or leave the home often enough and some relied totally on their relatives to do this. One person said, "I am so safe it's like a flaming prison because my family are away, and have been for a long time, I am unable to go out without a carer going with me." However they did say as well that, "The staff have helped me change my room around to make it more comfortable for me".

Another person said, "The staff are good and do what they are told and they do what I ask but I just cannot get out in the garden." We looked in this person's social activity diary and saw that for a number of weeks they only left the building once to be taken out by their family. We found that some people were at risk of being socially isolated especially if they relied on staff in the home to take them out or for social interactions within the home.

We spoke to the manager who said that she was discussing with the provider plans to allow people to go out more frequently, for example she said the idea of a mini bus for the home had been discussed.

We found that this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation: 10 Dignity and respect. The provider had not actively worked with people to maintain their involvement in their local community and had not ensured that people were unnecessarily isolated.

In 2014 we had judged the home to be in breach of the regulations related to care provision because care planning lacked detail and did not reflect individual needs. At this inspection in July 2015 we looked at 12 care plans in depth and checked some aspects of other care plans for people in the home. We saw that each person had been re-assessed and had a new care plan in place since the last inspection.

Assessment and care planning had developed and people were now receiving more consistent, personalised care treatment and support. A new style care plan had been introduced that was much clearer in detailing a person's assessed need and the care to be delivered. These plans were more person centred and were being regularly reviewed. There was a good level of detail that gave clear instructions to care staff. Care staff were given time to read these and were now involved in contributing to, and identifying any changes to need, in peoples care plans.

We saw that people in the home were more involved in the development of the care plans. Staff had taken time to develop life histories with people and to use these to identify preferences and to help people to make clear their choices in care plans. Care plans were now much more individual and had a more positive focus on what people could do for themselves and how to promote people's independence and dignity. For example, one read "X can assist, give X a flannel and soap and assist with drying, if needed. Ask X what they would like to wear that day". When we spoke with people they confirmed this type of supportive and respectful approach.

Assessments overall were better developed and tools were being used to assess people's health and wellbeing. We found that some care plans still required more detail, particularly when a person had a more complex healthcare need. We also saw that some staff required more training on how to use some of the assessment tools associated with these more complex needs.

Care planning now identified in more detail the needs of those people whose behaviour may challenge the service. These now gave staff more detailed guidance on the most appropriate approaches to take. These had been based on training and guidance given by social and healthcare professionals. Staff told us they were more confident in supporting people. We saw evidence to show that care planning was working well for people in the home and that staff understood that the process needed updating on an on going basis.

A member of the mental health team was visiting and they told us that they had recently provided training to staff and

Requires improvement

Is the service responsive?

had helped the home develop a more organised and planned approach to caring for people who might present a challenge to the service. They reported that the “staff were doing a lot better, some were now really on the ball, some were brilliant while others were still after a quick fix”. They said staff were now not ringing them as frequently as their confidence and skills had increased. This was helped by a new “triage” system for making referrals that had been set up in conjunction with the home.

We contacted other health and social care professionals working with the home and they all reported an improved working relationship with the home. A termed used repeatedly by these professionals was "work in progress". A nurse practioner said, “Previously there were lots of issues and the home was always ringing for support. Now staff are trained to look for causes, think more about issues, they’re doing really well and are questioning things. There’s some really good practice going on now.”

On this inspection we found that the provider was no longer in a breach of Regulation: 9 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2010. This was because the registered provider had not taken steps to ensure people received care that was appropriate and safe.

Activities and entertainments within the home had improved significantly, with activity coordinators engaging people in activities they found interesting and stimulating. The arts and crafts session were now a very positive feature of the home, with people’s art work being displayed in the corridors and communal areas of the home. The home had a formal chapel area for use by people living in the home, and regular visits were made by religious clergy to support people’s religious and spiritual needs. The home had also recently developed a cinema room, arts and crafts room (relocated to make it more accessible for people to use) and the hair dressing room was designed to simulate one in the local community, with beverages, magazines and items of jewellery to buy.

However, the majority of these activities were currently limited to weekdays only and people expressed being bored at other times, especially those who could not leave the home without family or staff supervision. The manager discussed plans to extend the activity coordinators hours to cover evenings and weekends.

Within the home people we spoke to reported that they were given choice as to how to spend their time. Some said they really enjoyed the new activities on offer while others said they still preferred to spend a lot of their time in their own rooms, following their own interests. We saw people in their rooms reading, doing puzzles and receiving visitors. People told us they were given the choice on how to spend their time within the home.

We looked at the complaints procedure for the service and this was in order. The manager said that there had been no formal complaints made to her. We had received no complaints in the months since our last inspection. We asked people about making complaints and were told that in the first instance they would go to the manager or senior on duty at the time. The people we spoke to were aware that there was a formal complaints procedure but no one felt that they needed to use this.

We saw that copies of the complaints procedure were readily available and each person had a copy in their room. The home arranged regular ‘residents and relatives’ meetings but the manager reported that these were not well attended. As a result both the manager and the provider tried to see people individually in their own rooms so that they could voice any concerns or raise any issues. The home also used annual questionnaires to give people another opportunity to comment and influence the running of the service.

Requires improvement

Is the service well-led?

Our findings

The people who lived in the service were asked, where possible, about how well led they thought the home was. All the people we spoke with were satisfied with how the home was run and with the manager. We had the following comments: "I know who the manager is and feel that I am listened to". "I know the manager well and see her every day when she is on duty." "There have been changes just recently and all for the better."

Relatives we spoke were also positive about how the home ran. Stating to us: "We have noticed a positive change in the last few months, there is a good manager in place now." And, "The home is managed well with a nice and calm atmosphere."

There was no registered manager in post at the time of our inspection. This is a breach of the provider's condition of registration and we are dealing with this matter outside of the inspection process.

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 2008 and associated Regulations about how the service is run.

The home had been without a registered manager for six months and the deputy had been acting manager over this period. The acting manager told us that she was recommencing her manager qualification. The registered provider gave us assurances that every effort was being made to secure a registered manager . We were informed that a new deputy manager had been employed and was due to start once all employment checks had been undertaken.

When we visited at the previous inspections we had judged the service to be in breach of the regulation related to quality management and good governance. At this visit in July 2015 we saw that the provider had improved the measures in place to identify, assess and manage risks relating to the health, welfare and safety of people who used this service. This is often referred to as a quality assurance (QA) system. The QA in place at Wyndham Manor had been recently been revamped and strengthened. We checked this QA system and found it covered all the main areas to ensure quality and safety. We did not find however a QA policy statement or a QA strategy for the home or for the providers services as a whole.

We did however find that the system was still in development and that it needed time to be embedded into the running of the service. For example some areas had only been checked once since its introduction. We found that there was still room for improvement as we saw that some audits did not have a section to state who was responsible for taking action and what the timescales would be.

The audits we saw covered monitoring of care planning, infection control and the environment. The manager worked at least one night shift per month with care staff to monitor this shift, It also allowed them to make sure that staff meetings and supervisions for night staff were carried out. We saw that the manager carried out a monthly visual environmental check of the home, including bedrooms and bathrooms. However, again we saw that there were some areas for improvement that should have been picked up by such an audit. These included toiletries left out in the rooms of people who were living with dementia, who might be prone to confusion. We saw that some light pull cords were too long and also some were in need replacement. We pointed these out to the manager and she immediately took action to address these risks.

We had concerns that many of these QA and auditing measures, as well as all the new care plans, had been undertaken by the manager. The manager had begun delegating some responsibility to seniors in the home. The manager stated that she received good support from the provider. However, in light of the number of breaches of the Health and Social Care Act 2008 found at the last inspection and the volume of work that was, still, required, we had concerns about the support offered to the home and to the manager by the registered provider.

At this inspection we saw measures had been put in place to improve the running of the service. For example we saw that staff meetings, unit meetings, and supervisions were now taking place on a regular basis and these were being monitored by the manager, as was the newly developed training matrix.

Staff we spoke with told us that communication in the home and with other agencies had improved. For example

Requires improvement

Is the service well-led?

we saw two new forms that had been designed to particularly address communication. These included the staff handover sheets that accompanied shift handover meetings, and the visiting professionals' communication sheets. One visiting professional told us that staff in the home were being much more assertive about these forms being completed, so that the home had up to date documented information on people's needs. We judged that this was a positive development. However we found on the staff handover sheet there was no evidence to demonstrate who was responsible for updating the care plans when changes had been made by visiting professionals. The seniors who we spoke to about this were going to add an extra section to these sheets to address this to ensure that system for monitoring changes was robust as possible.

At the last inspection January 2015 we found a breach of Regulation: 20 of the Health and Social

Care act 2008 (Regulated Activities) Regulations 2010 because the registered provider did not take proper steps to ensure records about care, treatment and support of people who used this service were not up to date or accurate. On this inspection we found that record keeping had improved and staff had received some training on this as part of core training. However we did continue to see some recording errors, such as missing signatures and dates not filled in. The manager informed us that she would be including this in staff supervisions and we saw evidence that this had been raised at staff meetings.

We checked the information that we hold on the home and we crossed referenced these to information from other agencies, such as for safe guarding alerts. We also checked for incidents of accidents, falls and emergency hospital admissions. We found that the home was correctly recording and reporting these to the relevant authorities. The home was now notifying us, CQC, of events they are required by law to do so. The provider was no longer in breach of Regulation: 18 of the Care Quality Commission (Registration) Regulations 2009; Notification of other incidents.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found that the registered person had not taken appropriate or timely steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff to meet people's needs. Regulation: 18 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The provider had not actively worked with people to maintain their involvement in their local community and had not ensured that people were unnecessarily isolated. The opportunities for people to go out of the home were limited. Regulation: 10 (2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs The provider had failed to provide people with a variety of nutritious and appetising foods to meet people's nutritional needs and choices. Regulation: 14(1) The provider did not have a food and drink strategy in place to address the nutritional needs of people using the service. Regulation: 14(4)(a)