The Manor at Merton Ltd

Winterbrook Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 18 December 2018 and was unannounced.

Winterbrook Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Winterbrook Nursing Home is registered to accommodate up to 41 people in one adapted building. At the time of our inspection there were 21 people using the service. The service supports older people with a range of conditions and includes supporting people living with dementia.

This was the first inspection since the service had been registered with CQC under the provider, The Manor at Merton Limited. The provider had carried out an extensive refurbishment programme of the premises which had resulted in an improved environment.

There was a registered manager who was new in post. 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 registered manager was developing systems to ensure the service was monitored effectively and was aware of most of the issues identified during the inspection.

Lack of communication between management and staff resulted in staff not always feeling supported. Staff were not always aware of the plans for the service. The registered manager recognised that they were not always visible around the service and this was being addressed through changes in staffing structure.

There was a relaxed, happy atmosphere throughout the inspection. People benefited from support by staff who were kind and compassionate. Staff knew people well and treated them with dignity and respect. There was a person-centred culture which ensured people were treated as individuals and their rights were protected.

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

There were a range of activities available for people to enjoy. People were supported to maintain relationships that were important to them. There was a warm atmosphere, where friends and families were welcomed and encouraged to be involved in people's lives.

Care plans did not always contain up to date information relating to risks and records relating to pressure

relieving equipment did not always contain sufficient information.

Medicines were managed safely and people received their medicines as prescribed.

There were sufficient staff to meet people's needs and staff had time to spend with people. The provider had effective recruitment processes in place that enabled them to make safer recruitment decisions. People were supported by staff who understood how to keep them safe.

Staff had the skills and knowledge to meet people's needs. Staff received regular training and had their competencies assessed.

People enjoyed a range of nutritious food to ensure their dietary needs were met. Where people required a specialist diet this was provided.

There were systems in place to ensure the premises and equipment were maintained and safe to use.

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.

Care plans and risk assessments were not always up to date.

Staff understood their responsibilities to identify and report concerns relating to harm and abuse.

There were sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA)

Staff had the skills and knowledge to meet people's needs.

People were supported to access health professionals to support them to maintain healthier lives.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate.

People were supported to maintain their independence.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People enjoyed a range of activities to meet their needs.

Staff promoted a person-centred culture and valued people as individuals.

Complaints were investigated and resolved.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Communication between management and staff had resulted in some challenges for the service.

Systems for monitoring and improving the service were being developed.

There was a person-centred culture where people were at the forefront of all the service did.

Winterbrook Nursing 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.

This inspection took place on 18 December 2018 and was unannounced.

The inspection was carried out by two inspectors and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service. This included notifications. Notifications are events that providers must notify us about by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who used the service and six relatives. We spoke with the registered manager, one nurse, four care staff, the activity coordinator, two catering staff and a member of the housekeeping team. We looked at four people's records, medicine records, three staff files and other records relating to the management of the service.

We observed care practice throughout the day. 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.

Requires Improvement

Is the service safe?

Our findings

Risks to people were identified and there were plans in place to manage the risks. However, risks were not always regularly reviewed to ensure management plans were up to date. For example, one person had experienced a choking episode. The incident record identified the person required supervision when eating and drinking. The risk assessment and care plan had not been updated since the incident to reflect the changes in the person's care needs. We spoke to the nurse who told us the person was supervised during meals. The registered manager told us they would ensure the care plan was updated.

Where people were identified as at risk of pressure damage, there was pressure relieving equipment in place. Some people had pressure mattresses in place to minimise the risk of pressure damage. However, we found one person's mattress chart detailed the mattress setting but there was no weight recorded for November or December 2018. Therefore, we could not be certain that the setting was correct for the person's current weight and that the risk of pressure damage was being effectively managed. We spoke with a registered nurse who told us that pressure relieving mattresses were set according to the weight of the person in accordance with the manufacturer's guidance. The registered nurse took action to amend the mattress charts to ensure people's weights were checked against the mattress settings.

People told us they felt safe. One person told us, "All of what I've seen I feel particularly safe". Relatives were also confident people were safe. One relative said, "It's definitely safe here. Our [person] feels so secure at this home".

There were sufficient staff to meet people's needs. People told us staff responded to their needs in a timely manner. One person said, "I press the red button and they come".

Throughout the inspection staff were responsive to people's needs and were not rushed. Staff spent time sitting and speaking with people. One relative told us, "It is calmer now. More staff sitting with people coaxing them to eat and drink".

Medicines were managed safely. Medicine Administration Records (MAR) included detailed information regarding people's prescribed medicines. MAR were fully and accurately completed. Where people were prescribed 'as required' (PRN) medicines there were protocols in place to ensure people received their medicines when required.

Where people were prescribed topical medicines, records showed these were administered as prescribed. For example, one person was prescribed a medicine that was administered via a patch placed on their skin. Records showed the person had the patch replaced as prescribed and records included where on the body the patch had been applied in line with guidance.

Medicines were stored in a locked medicine trolley which was stored in a locked clinical room when it was not in use. Storage temperatures were checked and recorded daily to ensure medicines were stored at the appropriate temperature.

Staff responsible for the administration of medicines had completed training and their competencies were assessed to ensure they had the skills to administer medicines safely. We observed a member of staff administering medicine. The member of staff was patient and took time to ensure people were ready to take their medicines. The member of staff stayed with people to ensure they had taken their medicines and that they were comfortable.

People were supported by staff who understood their responsibilities to identify and report concerns relating to harm and abuse. Staff had completed training in the signs of abuse and the processes to follow should they suspect abuse. Staff were ale to tell us different types of abuse and the indications that someone may be experiencing harm and abuse. Staff knew the outside agencies to contact if they felt appropriate action had not been taken.

Information advising people, relatives and staff how to raise concerns relating to harm and abuse were displayed within the service and included contact details of external agencies. Records showed that concerns were investigated and external agencies notified appropriately.

The provider had safe recruitment processes in place that ensured staff employed were suitable to work with people using the service. This included recruitment checks, such as references and Disclosure and Barring Service (DBS) checks.

The service was clean and there were no malodours. Staff followed infection control procedures and used personal protective equipment (PPE) appropriately.

There were effective systems in place to ensure the environment and equipment were maintained and kept people safe. There were regular checks that included: fire systems, hoists, water systems and the call bell system.

Good

Is the service effective?

Our findings

Assessments and care plans showed that people's needs were met in line with current legislation and good practice guidance. For example, care plans included information in line with National Institute for Health and Social Care Excellence (NICE) guidance for oral health for adults in care homes and Accessible Information Standard (AIS). NICE provides national guidance and advice to improve health and social care. AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.

People were supported by staff who had the skills and knowledge to meet people's needs. The provider employed an in-house trainer who provided training to staff to ensure their skills and knowledge were kept up to date. Training included: Equality and diversity; food hygiene; dementia care and infection control. Staff were positive about the training they had completed. One member of staff said, "Training is fantastic and we have an in-house trainer employed. Everyone is up to date with training. Just had new thickener (powder to thicken drinks to reduce risk of choking) training and we all tasted it. It was very good and much better than the old thickener we used to have".

The registered manager kept a training matrix that enabled them to ensure staff received updates when required. Staff competence was monitored through observations to ensure they had the skills and knowledge to meet people's needs.

People were positive about the food they received. One person told us, "You get good food here and the staff are nice". Another person said, "I have my food squashed up. I always eat every bit. It [lunch] was very nice". People were offered a choice of food and if they did not like the choices available they were offered alternatives. One person said, "They will change the food if I don't like it".

We saw staff supporting people to eat and drink. They offered encouragement and alternatives if people did not like what they were eating. Staff supported people at their own pace and created a sociable atmosphere.

Where people had specific dietary requirements, this was identified in their care plans and we saw people received food and drink in line with their care plans. Risks relating to weight loss were identified and managed. This included providing a fortified diet and monitoring people's weight.

People were supported to eat meals where they chose. Some people ate their meals in their rooms. One person told us, "I eat lunch here in my room. I like it on my own".

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had completed MCA training and understood how to apply the principles in their work. One member of staff told us, "It's about respecting decisions and providing choice to maximise ability. People can communicate by nodding or shaking their heads so questioning is important to enable this to happen. People can make what we think are poor decisions but we must respect this if not harmful".

Care plans included appropriate mental capacity assessments to identify if people were able to consent to their care. Where people were assessed as lacking capacity to make specific decisions there was a record of best interest decisions being made.

The registered manager had identified those people who lacked capacity to make decisions relating to their care. Where support resulted in a restriction on the person the registered manager had made DoLS referrals to the supervisory body for authorisation.

Records showed that people had access to a range of health professionals. Care plans identified that advice from professionals had been followed. Health professionals involved in people's care included: G.P; Speech and Language Therapy; Care Home Support Service and Mental Health Team.

Good

Is the service caring?

Our findings

People were positive about the caring nature of staff. Comments included: "The staff are kind"; "Oh God, all the staff are kind. They all laugh and chatter. I get on with them all" and "On the whole they are kind and helpful".

Relatives were also complimentary about the care provided to their loved ones. One relative told us, "The staff are caring. They seem more interested in her [person] now. We're very happy with her here. They're a nice bunch, they're lovely". Relatives also told us they were made to feel welcome when they visited. One relative told us, "We're definitely made welcome. We always get a tea or coffee, we don't even ask they just bring it".

Visitors knew staff well and there was cheerful banter. Children visiting people were welcomed by staff and were involved in the activities people were enjoying. This created a cheerful and relaxed atmosphere.

Staff spoke with genuine affection about people and enjoyed the meaningful relationships they had developed with people. One member of staff told us, "'I love everything about my job. The love and determination here is something else. I always do the MUM test".

Throughout the inspection we saw many kind and caring interactions. For example, one member of staff was supporting someone who was low in mood. The member of staff showed empathy and compassion and reassured the person about the love of their family. The member of staff said, "My mission is to cheer you up because that's what friends do". The person's demeanour brightened after the interaction.

People were treated with dignity and respect. Staff responded discreetly to people who required support with personal care, encouraging people in a way that maintained their dignity. Staff knocked on doors before entering.

Staff spoke with and about people in a respectful manner. Staff gave people time to answer questions and involved them in decisions about their care. For example, one person was brought to one of the communal areas of the home. The person stated they had wished to spend more time in their room. The member of staff immediately checked with the person whether they wished to return to their room and respected their choice to do so.

Staff understood the importance of promoting independence. We saw staff patiently supporting and encouraging people to complete tasks for themselves. Staff stepped in when people appeared to tire.

Relatives felt involved in decisions about people's care. One relative told us, "I am definitely involved. They are very quick to update me".

Good

Is the service responsive?

Our findings

People's needs were assessed prior to moving to the service and assessments were used to develop care plans. Care plans detailed how people's care needs should be met. Some people had a detailed personal history on their records containing sections such as the person's childhood, relationships, careers and other information to enable care staff to engage with the person meaningfully. However, not all care plans had a 'Life story' record fully competed.

We spoke to the registered manager about the lack of personal histories for some people. The registered manager told us they had developed a new care plan format as they recognised the current format was 'clinical' and 'task' focused. The registered manager provided a completed 'My routine of daily living'. This had been completed with the person and their family and detailed how the person liked to spend time and how their care needs should be met. This ensured people's individuality was recognised in line with the provider's equality and diversity policy. One relative was extremely positive about the new approach. They said, "Her [registered manager] strength is she sees the detail about the person".

People received person centred care. People were supported by staff who treated them as individuals and knew them well. For example, one person enjoyed writing. Staff ensured the person had pens to hand at all times and were supportive of the person writing on all different surfaces. We heard staff speaking with the person, praising and encouraging their writing. One relative told us, "Everything they [staff] do is about people and making it work. The difference now is that it is not about staff personalities. They're here to do their job".

Throughout the inspection staff spoke with people about their families and things they enjoyed doing. All staff interacted with people on a personal level. For example, one of the housekeeping staff chatted with a person about articles on the news and the maintenance person took time to speak with people as they went around the service. There was a lively atmosphere that was friendly and relaxed.

People enjoyed a range of activities both in groups and one to one. There was an activity coordinator who worked Monday to Friday and a second member of the activity team who worked two days a week. The registered manager told us there were plans to increase the activity staff to provide activities at the weekend. During the inspection we saw people enjoying an exercise class and a game of skittles. Some people also enjoyed a manicure. The activity coordinator told us there had been a range of activities leading up to Christmas. This had included a pantomime, visits from local school children and a Christmas party.

Staff understood the importance of supporting people to maintain relationships that were valued by them. For example, one person had been invited to family for Christmas. The relative was unable to transport the person in their car. The registered manager had arranged for extra insurance on the services mini bus and was providing training to the relative in how to use the mini bus safely. This was enabling the person to send time with their family away from the service.

There was a complaints policy and procedure in place. Relatives were confident that complaints would be

dealt with in a timely manner. One relative told us, "[Registered manager] is very approachable and has an open-door policy". Records showed that complaints had been investigated and responded to in line with the complaints policy.

At the time of our inspection there was no-one receiving end of life care. Care plans included people's end of life wishes and whether they wished to go to hospital or be cared for in the service.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. 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.

Winterbrook Nursing Home had been registered under a new provider and a new management team was in place. The staff team consisted of staff who had previously worked at Winterbrook Nursing Home and others who had moved with the registered manager from a sister home. This mixture of staff had resulted in some challenges and this was reflected in feedback we received from staff about the management of the service. Staff did not always feel supported and told us that communication was poor. One member of staff said, "We used to have staff meetings and a newsletter but this has stopped now. I think the biggest improvement would be better communication between management and staff".

We spoke to the registered manager about the mixed feedback we had received. The registered manager was aware of the poor staff morale and this had been identified as a priority action in the monthly governance report completed by the provider in November 2018. The registered manager had prioritised supervisions for the registered nurses and agreed that more could have been done to communicate with staff through the transition period.

The registered manager was aware of most of the issues we found during the inspection. The registered manager had started to complete a service improvement plan which identified the priority areas for improvement. This included; a review of the staffing structure that would enable staff to have a clear understanding of their roles and responsibilities and a review of administrative support to enable the registered manager to be more available to staff and more visible throughout the service.

Throughout the conversation the registered manager showed an enthusiasm and commitment to improving the service and promoted a person-centred approach that ensured people were at the centre of all the service did.

Relatives we spoke with were positive about the care provided in the service and the management team. Although one relative said they were not aware of the registered managers name, others were extremely positive about the management of the service and the changes that had been made. One relative said, "It's tons better. [Registered manager] is brilliant. She is exceptionally perceptive. She is very approachable and makes time to speak with people".

Staff enjoyed their work and although there were some concerns about the management style of the registered manager, staff showed a commitment to their role. One member of staff told us, "I've been here for three years. It feels more homely than any other place I've worked before. Every where's new. The new owners have done really, really well. I have no complaints here".

Although there were some systems in place to monitor and improve the service these were not always effective. For example, audits of care plans had not always been completed and had not identified the issues we found. We spoke to the registered manager who recognised that systems were not always effective. The registered manager told us they were working closely with the provider to establish systems that would enable the registered manager to have an overview of the service and identify further areas for improvement. The registered manager provided a monthly governance report for November 2018 which covered areas such as care plan audits, accidents and incidents, pressure care, weight loss and infections. The registered manager told us this was being further developed.

There were systems in place to ensure people and relatives were involved in the service. The provider had sent out a quality questionnaire and had taken action to address issues raised. For example, concerns had been raised about the environment. As a result, there had been significant refurbishment of areas of the service.

The registered manager was a member of the Oxfordshire Association of Care Providers and accessed information and training to keep their skills and knowledge up to date.