Braunton (Wrafton Road) Limited

The Harriet Nanscawen Nursing Home

Inspection report

25 Wrafton Road ,
Braunton, EX33 2BT
Tel: 01271812115

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

This inspection was unannounced and took place on 5 and 9 December 2015. The Harriet Nanscawen Nursing Home is registered to provide care and support, which includes nursing, for up to 23 people. At the time of this inspection there were 20 people living at the service.

A registered manager was 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 2014 and associated Regulations about how the service is run.

There were not enough slings for each person who needed to use the hoist to have their own, which was a risk of cross infection. Following feedback the registered provider purchased additional slings to ensure there were sufficient.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005)

Summary of findings

(MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection, applications had been made to the local authority in relation to people who lived at the service. The registered manager told us these were waiting to be approved.

Recruitment processes ensured only staff were employed who were suitable to work with vulnerable people. Staff understood how to keep people safe following risk assessments, using the right equipment and reporting any concerns.

People's medicines were being well managed, which included written guidance to tell staff when they should consider any as needed medicine (PRN) for people who lacked capacity.

There was sufficient staff with the right skills and knowledge to meet people's needs. Staff received training in all aspects of health and safety as well as understanding the needs of older people and dementia. Staff had support and supervision to help them understand their role and do their job effectively.

People said they felt safe and well cared for. Staff knew people's needs and preferences. One person said ''The staff are delightful, they make me laugh, very kind and caring.'' Relatives were also complimentary about staff. One said ''The staff are all very kind to mum, they talk with her and try and get her to join in. Lovely, couldn't ask for better.''

Staff knew how to protect people from potential risk of harm and who they should report any concerns to. They also understood how to ensure people's human rights were being considered and how to work in a way which respected people's diversity.

Care and support was well planned and any risks were identified and actions put in place to minimise these. People had access to their plans as they were kept in their room. Daily records showed people's personal, health and emotional needs were monitored. People confirmed they were able to see their GP when needed and relatives confirmed they were kept informed of any change in the needs of their relative.

The provider ensured the home was safe and that audits were used to review the quality of care and support being provided. This took into consideration the views of people using the service and the staff working there.

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

Most aspects of the service were safe, but there had not been enough slings to ensure infection control.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately, although people did not have personal emergency evacuation plans.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supported to meet their physical, emotional and health care needs.

People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People's dietary requirements were well met and mealtimes were unrushed and enjoyable for people.

Is the service caring?

Good

The service was caring.

People were treated with dignity, kindness and respect.

People were consulted about their care and support and their wishes respected.

Is the service responsive?

Good

The service was responsive.

Care and support was well planned and any changes to people's needs were quickly picked up and acted upon.

People or their relatives concerns and complaints were dealt with swiftly and comprehensively.

Is the service well-led?

Good

The service was well-led.

The home was well-run by the registered manager and provider who supported their staff team and promoted an open and inclusive culture.

Summary of findings

People's views were taken into account in reviewing the service and in making any changes.

Systems were in place to ensure the records, training, environment and equipment were all monitored on a regular basis.

The Harriet Nanscawen 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 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 inspection took place on 5 and 9 December 2015 and was unannounced. Both days were completed by one inspector.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we met most people using the service, and spoke with six people to gain their views about the care and support they received. We also met with, three nurses, five care staff and the registered manager. We spoke with three relatives during the inspection and one health care professional following the inspection.

We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their dementia.

Requires improvement

Is the service safe?

Our findings

We observed people being hoisted using the same sling and staff confirmed there each person did not have their own sling. Using the same sling for people may result in cross infection occurring. We fed this back at the end of the first day of inspection and the provider had purchased additional slings by the time we next visited. This ensured there were sufficient slings for people to have their own and a spare in case one needed washing.

Fire risks had been assessed and fire equipment had been updated, but people did not have updated personal emergency evacuation plans. The registered manager addressed this once we fed this back. Plans were held in a clip out holder near the main door exit so staff or the fire service could quickly access this information in the event of a fire.

Maintenance and safety checks were completed by staff on a weekly and monthly basis to ensure the environment was safe and well maintained. These were not always recorded or records were filed incorrectly so it was difficult to see if these checks had been done consistently. For example checks on the fire alarm and door closure systems appeared to have gaps in the weekly checking schedule, some of the records had been misfiled. The registered manager said she would ensure the administrator went through the files to organise them so it would be easy to cross check when safety checks had been completed.

Staff recruitment files showed checks were completed in line with regulations to ensure new staff were suitable to work with vulnerable adults. New staff were required to complete an application form and any gaps in employment were checked with them at interview. Their last employer was asked for a reference and the registered manager said where this information had not been forthcoming she would follow up with a phone call.

People said they felt safe and well cared for. One person said ‘‘This is the best place to be. Staff look after me very well.’’ Another person said ‘‘I had to come here because I kept falling at home. My family thought I would be safer here. Staff are very good. I still go out and about every day.’’

Staff understood how to identify possible concerns and abuse and knew who they should report these to. They confirmed they had received updated training on safeguarding on an annual basis. The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to the Care Quality Commission (CQC). There had been no alerts raised either by the service or others within the last 12 months.

People and relatives said there was always enough staff on duty to meet people’s needs. We observed alarm bells and people’s requests for assistance being acted upon promptly by staff. Staff confirmed there were enough staff on each shift to meet people’s needs. There was normally a nurse plus five care staff each morning and a nurse plus two care staff each afternoon, who were supported by a cook, kitchen assistant and cleaners. In addition there was an administrator, training coordinator and patient facilitator who worked week days. Night time cover included one nurse and two care staff. The registered manager said they had a stable staff team, but had recently lost some staff and were currently filling vacancies. Where needed, they used agency nursing staff. On the first day of the inspection an agency nurse was covering the afternoon shift. The registered manager said they did not use agency frequently, but if they needed this cover they used the same agency and asked for nurses who were familiar with the service.

Risks assessments were in place and were up to date for people’s physical and mental health needs. For example, people at risk of developing pressure sores, their risk had been assessed and kept under review. Actions included having pressure relieving equipment in place such as cushions and air wave mattresses. Where people had noted reddened areas, preventative measures were taken to apply barrier cream and promote bed rest to give the area where pressure was being created, time to heal.

Medicines were well managed and people received their medicines at the time it was prescribed. Records for medicines were completed appropriately and consistently. Medicine records matched the prescribed medicine totals in the home and where appropriate staff had double signed entries to help prevent possible errors. The nurse explained that where the agency nurse would be administering the evening medicines, she had arranged for a senior care staff member to stay on to assist with this. The lunchtime medicines were administered following the medicines policy and procedure. People were offered

Requires improvement

Is the service safe?

additional pain relief. People confirmed they received their medicines at the right time. One person said ‘‘The nurse always checks if I need any pain tablets. They are very good.’’

Good

Is the service effective?

Our findings

People were supported to have their needs met by staff who understood their needs, wishes and preferences. People said staff knew their needs and offered support when they needed it. One person said ‘‘All the staff are very good, I use my buzzer and they come if I need them. Sometimes you may have to wait if they are busy, but they normally tell you they will be back.’’

The Mental Capacity Act (2005) provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person’s own best interests.

The registered manager advised there were current deprivation of liberty safeguards applications (DoLS) in the process of being looked at by the local authority. Care staff confirmed they had completed training in this area. Staff did understand the principles of ensuring people were given choices and where possible consent gained. They were able to give examples of how they ensured people consented to their care. Where people lacked capacity, relatives had been consulted as part of a best interest decision for use of equipment which may be restricting people. This included the use of bedrails to keep people safe from falling out of their bed. The registered manager said they had similar discussions with people’s GP’s but did not always record this, but would do so in the future to show how a best interest decision had been made.

New staff were required to complete an induction programme which included the nationally recognised care certificate. This ensures new staff have a comprehensive induction covering all aspects of care. One newer member of staff confirmed they had been given the information to follow to complete the care certificate within a 12 week period. Before starting as part of the staff team, newer members of staff were given two or three shifts to work alongside more experienced staff so that they had an opportunity to get to know people’s needs and the operational ways of working in the service.

Staff said they were given training and support to do their job effectively. This included training in health and safety as well as more specialised areas such as dementia care, end of life care and specific health conditions such as diabetes. Staff said they had regular opportunities to meet with the registered manager to discuss their role and any training needs. One staff member said ‘‘We have DVD’s and workbooks on some areas and we also have a nurse who comes in to provide training on various topics. I feel we have enough training.’’ Staff files showed people had completed a range of training each year and had supervision sessions as well as yearly appraisals to review their role and performance.

People were supported to eat and drink to ensure they maintained good health. Meal times were relaxed and people could choose where they ate their meals. Some people preferred to eat in their own rooms, but most chose to eat in the dining area. When people needed support to eat, this was done in a way which showed staff wanted to encourage people to eat. Staff sat next to the person and talked to them about what food they were serving and assisted the person at a pace which was relaxed and suited the person. Dining tables were nicely laid and people were served their meals in a friendly and pleasant atmosphere.

The cook explained that although they have one main meal choice at lunchtime, she did go around to people to check whether they were happy with this option and if not alternatives were offered. One person asked for a baked potato with cheese and onion. At tea time there was a range of options including homemade soup, sandwiches and a hot option. The cook said she included in the menu information, all allergens as required by new legislation. The cook was aware of who needed to have additional calories to keep their weight maintained. She used powdered milk and cream when preparing foods. The cook was also aware of people’s likes, dislikes, allergies and whether they needed to have a modified diet due to swallowing issues. Where it was noted one person had lost weight, we checked with the cook and nurse. Both said the person was eating well and were not concerned about their weight as they believed a previous weight record may not have been accurate.

Care records showed that health care needs were closely monitored and where needed healthcare professionals were called for advice and support. For example one person had been referred back to the GP for a review as

Good

Is the service effective?

they complained their pain relief was not effective. One healthcare professional confirmed the service referred people in a timely way and followed any advice regarding monitoring of people's healthcare conditions. Relatives said they were kept informed of any health issues. People confirmed they were able to see their GP when needed.

Good

Is the service caring?

Our findings

People said staff were caring in their approach. One person said ‘‘The staff are delightful, they make me laugh, very kind and caring.’’ Another said ‘‘The staff are very helpful and kind here.’’

Relatives were also complimentary about staff. One said ‘‘The staff are all very kind to mum, they talk with her and try and get her to join in. Lovely, couldn’t ask for better.’’ Relatives confirmed they were made to feel welcome, could visit at any time and were offered drinks. One relative said ‘‘We are like part of the family.’’

Staff worked in a way which ensured people’s dignity and respect was upheld. For example, staff offered support to people to attend to their personal care needs in a discrete way. One person confirmed staff knocked on their bedroom door before entering. We observed staff ensuring people were clean and tidy after lunchtime to uphold their dignity. One relative said ‘‘Staff make sure my relative is always clean and nicely dressed, which is important to me and to her too.’’

Staff understood the importance of offering people choice and respecting people’s wishes. Support was offered in a gentle way and when someone did not respond or looked like they did not want support at that particular time; staff respected this and tried again later. When staff was assisting a person with the hoist, they ensured they were covered to protect their dignity and said ‘‘We know you don’t like the hoist, but we need to get you comfortable, is that okay?’’ One staff said they flt being caring was was the most important aspect of their job.

Staff showed a caring approach when talking about people in their handover meeting, making sure the next shift were aware of people’s emotional well-being as well as their physical well-being.

We saw many examples of staff being caring, gentle and compassionate in their approach during the days we visited. When staff were asked about individuals and how they cared for them, they talked about the person and not just their illness. Staff had a good knowledge of what was important for people which showed a caring approach was adopted

Good

Is the service responsive?

Our findings

People said staff were responsive to their needs. For example when one person said they felt unwell, staff responded quickly to get the nurse, who spent time talking to the person about their symptoms and what she could do to assist and alleviate these. One person said ‘‘I have only been here a short while, but staff always check if I am okay and seem very good.’’ Staff were able to describe ways in which they were responsive to people’s needs. For example for one person who was anxious about their bowel movements, staff gave reassurance to them on a regular basis. One staff said ‘‘It’s not a huge home, so you get to know the residents really well and you know if they are unwell or need some comfort because they are down.’’

Care records detailed people’s personal and healthcare needs and were updated and reviewed regularly by the nurses. This meant staff knew how to respond to individual circumstances or situations. Care files included a pre admission assessment and what people’s current assessed needs were in areas such as what they could do for themselves and what help was needed in aspects of daily living. This covered dressing, personal care, teeth, mobility, continence and communication. . Staff confirmed they referred to people’s plans to ensure they deliver the right care in a consistent way. Any small changes to people’s needs were discussed with staff following each shift. This showed the service was responsive to people’s needs and any changes to their needs.

Activities were offered throughout the week by a patient facilitator. She worked with people in groups and on a one to one basis. She said most people enjoyed a chat about their past life and had some great stories to tell. She tried to encourage people to interact with games, puzzles, quizzes and gentle exercise. On one day we visited she was doing hand massages and painting nails, which people were enjoying. They had a programme of paid entertainers and some festive activities planned to celebrate Christmas. The patient facilitator said they also celebrated people’s birthdays and other significant events. People said they enjoyed the activities on offer and one relative said this had really improved with this new role.

The service had a complaints policy and process which was posted in areas of the home and given to people and their relatives as part of their information pack. Complaints were dealt with effectively and the registered manager kept a log of what complaints had been received and how they had been resolved. There was one where it was not clear the outcome of the complaint had been shared with the complainant, but we were assured this was the case. Relatives confirmed they could discuss any concerns they had with the registered manager and were confident any issues raised would be dealt with.

Good

Is the service well-led?

Our findings

There was a registered manager in post. Staff said the registered manager's approach was open and inclusive. Staff confirmed they felt their views were listened to and there were regular opportunities to have meetings as a group and as individuals. The provider information return stated they had a well-being policy to identify and support staff suffering from stress and encouraged an open door policy. Staff confirmed they had regular team meetings were they contributed to how the home runs and the future direction the service should work towards.

The ethos of the service was to promote a homely environment where people were offered choice and their dignity and respect were upheld. Staff described ways in which they promoted this ethos in their everyday practice. The views of people and relatives confirmed this ethos was embedded in the way care and support was delivered. One relative said ''The manager runs a tight ship, this home is very well run.''

People's views were sought in a variety of ways. This included staff spending one to one time with people, meetings and through surveys. Relatives we spoke with also confirmed their views were considered. One relative said ''I have been asked for my views, the matron (registered manager) is very approachable.''

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. She said she checked all reports, but did not record how these were audited, although outcomes were always recorded on the actual accident/incident form. She agreed evidencing that the incident reports were being audited would be a good way of improving their quality assurance processes. Falls were audited and where people needed, were referred to the falls team.

The service had a range of audits to review the safety and suitability of the building, the medicines management and the care plan documentation. The registered manager agreed some of this documentation needed to be better organised for easy reference, but was confident the quality monitoring systems were robust and kept the service safe and well maintained.