Sentimental Care Limited

Horton Cross Nursing Home

Inspection report

Horton Cross
Ilminster
Somerset
TA19 9PT

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on 30 March 2016 and was unannounced.

The last inspection of the service was carried out on 2 April 2014. No concerns were identified with the care being provided to people at that inspection.

Horton Cross Nursing Home provides accommodation with nursing care for up to 47 people. The home provides a service for older people. Accommodation is arranged over two floors and all bedrooms are for single occupancy. The home is staffed 24 hours a day and a registered nurse is on duty at all times.

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.

From the management down; staff were committed to making sure people were safe, happy and received the care and support they needed and wanted. Staff were very kind, caring and patient when they interacted and assisted people. People spoke highly of the staff team. One person said "All the staff are so very kind. That's from the top down." Another person said "I cannot speak highly enough of the staff. Nothing is too much trouble and they are all so kind to me." A visitor told us "I can't praise them [the staff] enough. They are so kind and welcoming."

People received care and support which was adjusted to meet their changing needs. People had access to appropriate healthcare professionals to make sure they received effective treatment when required. People received their medicines when they needed them and medicines were stored securely. Medicines were managed and administered by registered nurses whose skills and knowledge were regularly monitored.

People were supported to have enough to eat and drink. People were positive about the quality, quantity and choice of food available. One person told us "The food here is very good and there is plenty of it." Another person said "The food is excellent and they know what you like."

Risks to people were minimised because there were effective procedures in place to identify and manage risks. These included reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. A plan of care had been developed to minimise risks and these were understood and followed by staff. Staff recruitment procedures minimised risks to people because potential staff were thoroughly checked to make sure they were suitable to work with vulnerable people. Staff had received training and knew how to recognise and report abuse. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

The registered manager made sure staff skills and knowledge were up to date and that they were competent to care for the people who lived at the home. This was achieved through regular supervisions, observation of their practice and on-going training. People were very complementary about the staff who supported them and felt they had the skills required to effectively care for them. One person said "All the staff are really good. They know what they are doing and I have great confidence in all of them."

People told us they were never made to do something they did not want to do. One person said "I get up when I want and go to bed when I want. It's very relaxed here." During the afternoon we heard staff asking one person if they would like to go to their room as they appeared sleepy. The person indicated they would and they were assisted to do so.

People were provided with opportunities for social stimulation and they were supported to maintain contact with their friends and family. People told us they could see their visitors whenever they wished and that they were always made to feel welcome.

People and their visitors knew how to make a complaint. Everyone we spoke with said they felt confident any concerns would be addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

People received their medicines when they needed them. There were procedures for the safe management of people's medicines.

The provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Is the service effective?

Good

The service was effective.

People could see appropriate health and social care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in their interactions with people and their visitors.

People were treated with dignity and respect.

Care plans were in place to ensure people's wishes and preferences during their final days and following death were respected.

Is the service responsive?

Good

The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans had been reviewed and updated to reflect changes in people's needs.

People were able to take part in a range of group and one to one activities according to their interests.

Is the service well-led?

Good

The service was well-led.

The registered manager was described as open and approachable.

The performance and skills of the staff team were monitored through day to day observations and formal supervisions.

There were quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

Horton Cross 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 30 March 2016 and was unannounced. It was carried out by two adult social care inspectors.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

At the time of this inspection there were 42 people using the service. During the inspection we spoke with 13 people and a visitor. We spoke with the registered manager and another five members of staff. We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of four people who lived at the home. We also looked at three staff recruitment files and records relating to the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

There were adequate numbers of staff to help keep people safe. People looked relaxed and comfortable with the staff who supported them and staff were available when people needed them. One person told us "I feel very fortunate to be here. I feel safe because the staff are always there when I need them." Another person said "I prefer to stay in my room. The staff are always popping in to see if I am alright. If I need anything during the night I just ring my bell and they come pretty quickly."

Care plans contained risk assessments which helped to minimise risks to people. These included reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. A plan of care had been developed to minimise risks and these were understood and followed by staff. Where there was an assessed need, people had specialised mattresses on their bed and pressure relieving cushions on their chair.

Risks of abuse to people were minimised because there were effective recruitment processes for all new staff. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

Staff told us, and records seen confirmed, that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

People's medicines were administered by registered nurses whose competency had been assessed on a regular basis to make sure their practice was safe. There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used printed medication administration records. Medication administration records showed medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Each person who lived at the home had an emergency evacuation plan. These gave details about how to evacuate each person with minimal risks to people and staff.

The premises were well maintained. A maintenance person was employed and regular checks were carried

out to make sure the environment and equipment remained safe. Records showed that repairs had been completed without delay. There were risk assessments in place relating to health and safety and fire safety.

Good

Is the service effective?

Our findings

People received care and support from staff who had the skills and knowledge to meet their needs. People were very complementary about the staff who supported them and felt they had the skills required to effectively care for them. One person said "All the staff are really good. They know what they are doing and I have great confidence in all of them."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. During their induction period new staff were allocated a mentor to support them and assess their competency with various tasks. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. This included caring for people living with dementia, wound care and nutrition. Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles. Registered nurses were able to attend training which kept their clinical skills up to date. Staff were positive about the training opportunities available to them. They told us they were never asked to perform a task they had not been trained to do. They also told us they could ask for additional or refresher training if they did not feel confident.

People were cared for by staff who felt well supported in their roles. Records showed staff received regular supervision and appraisals These were an opportunity for staff to discuss their jobs and highlight any training needs. It was also an opportunity for any poor practice to be addressed in a confidential setting. A member of staff told us "I feel really well supported. I can go to any member of staff or [name of registered manager] about anything and they are all so helpful." Another member of staff said "Everybody is so supportive. I've learnt so much since I've been here and my confidence has really grown."

People could see healthcare professionals when they needed to. People told us the home was very good if they were unwell and made sure they were referred to appropriate professionals. People also saw other healthcare professionals to meet specific needs. Examples included speech and language therapists, dieticians, opticians and chiropodists.

People received effective care which met their needs. An example included the management of wounds. We looked at the care plan for a person who was being treated for a pressure sore. The pressure sore had developed prior to the person moving to the home. The plan of care provided clear information about the size and status of the wound, the prescribed treatment and frequency of the treatment. Running records completed by the registered nurses demonstrated they were following the plan of care. The effectiveness of the treatment had been regularly reviewed and we saw the person's wound was much improved.

People were supported to have enough to eat and drink. People were positive about the quality, quantity and choice of food available. One person told us "The food here is very good and there is plenty of it."

Another person said "The food is excellent and they know what you like." Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences. Staff, including catering staff knew about people's preferences, risks and special requirements. People who were at risk of malnutrition were weighed at least monthly. We saw weight charts in each person's care records. All records were recorded accurately and were up to date. Staff had highlighted any concerns with regard to weight loss and they had sought the advice of appropriate health care professionals where needed. People had access to jugs of squash and a choice of hot and cold drinks were offered regularly throughout the day and on request.

Staff asked people for their consent before assisting them with a task. People told us they were never made to do something they did not want to do. One person said "I get up when I want and go to bed when I want. It's very relaxed here." During the afternoon we heard staff asking one person if they would like to go to their room as they appeared sleepy. The person indicated they would and they were assisted to do so.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made for people to be cared for under this legislation. Staff had received training in how to protect people's legal rights and they knew about the need to involve other people when making decisions in a person's best interests. Care plans contained evidence that significant decisions had been made in people's best interests. These included the use of bedrails and pressure mats.

Good

Is the service caring?

Our findings

People were very positive about the management team and of the staff who supported them. One person said "All the staff are so very kind. That's from the top down." Another person said "I cannot speak highly enough of the staff. Nothing is too much trouble and they are all so kind to me." A visitor told us "I can't praise them [the staff] enough. They are so kind and welcoming."

There were numerous thank you cards displayed. Comments included "We would like to say a big thank you to all the staff who made [person's name] stay so happy" and "No group of people could care more. Thank you for the care and kindness shown to myself and my family on losing [person's name]."

When staff interacted with people or supported them with a task they did so with great kindness and consideration. For example, one person became distressed. A member of staff sat with them and reassured them with kind words and appropriate touch. Screens were place around them to protect their dignity. The person responded positively to the interactions from the member of staff. We heard another member of staff chatting to people who were in their bedrooms. They spent time asking people how they were, if they wanted anything and if they were warm enough. They chatted with people about their interests and the important people in their lives. The atmosphere in the home was warm and welcoming. Staff morale was good and there was lots of laughter and friendly banter.

Staff were competent and confident when assisting and interacting with people. They communicated with people in a very kind and respectful manner. They were patient where people had difficulties in communicating and were knowledgeable about how to support people. For example staff made sure they communicated at eye level with people whose hearing was impaired. We observed staff assisting people to transfer with the aid of a mobile hoist. They reassured the person throughout and explained what they were doing. People responded positively to staff interactions.

People were treated with dignity and respect. Staff spoke about people in a very warm and respectful way. One member of staff said "I love it here. Everyone who lives here feels like they are part of my family." Staff supported people to make choices about their day to day lives and they respected their wishes. Throughout the day we heard staff checking whether people were happy where they were and with what they were doing.

There was a dignity tree in the lounge area with a notice inviting people who lived at the home, their families and friends and staff to complete a leaf with their thoughts on what dignity meant to them. Comments included "I like to stay in my room" and "Whatever I want, they seem to get for me. The girls are great to me and very caring."

People said staff respected their privacy and people were able to spend time alone in their bedrooms if they wished to. All bedrooms were used for single occupancy and were personalised with people's belongings, such as photographs, ornaments and furniture to help people to feel at home. Staff knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other

people at the home which showed they were aware of issues of confidentiality.

The staff were able to provide care to people who were nearing the end of their life. Care plans outlined how and where people would like to be cared for when they became very unwell. The home was accredited to the 'National Gold Standards Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. The registered manager made sure people were supported by professionals when nearing the end of their lives so they remained comfortable and pain free.

Good

Is the service responsive?

Our findings

Before people moved to the home the registered manager or clinical lead nurse visited them to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet people's needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there. A visitor told us "[name of registered manager] spent three hours with my [relative]. She was so kind and patient and did a really thorough assessment. I looked at a lot of homes and I knew this was the one as soon as I walked through the door."

Care plans were personalised to each individual and contained information about the person and their lifestyle choices. Care plans were based on people's assessed needs, abilities and preferences. Care plans showed that people and/or their representatives had been involved in writing and reviewing their plan of care. One person told us "They [the staff] always check that I am happy with everything. I feel the staff know me well enough. They know the help I need and how I like things done."

Staff had up to date information about the people who lived at the home. Care plans were regularly reviewed and updated to reflect any changes in people's needs. Staff attended a handover before they commenced their shift. This provided them with information about people's well-being, healthcare needs and treatment.

People's care was tailored to their individual needs and staff responded promptly to any changes in people's health or well-being. For example, staff noticed one person had a possible infection. Records showed the person's GP had been contacted and staff had implemented the GP's recommendations. Another person's GP had been contacted because the person had lost weight. Their care plan showed they had been seen by a dietician and staff ensured the person received their prescribed supplements. We saw the person was now gaining weight.

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health, how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences.

Care plans contained information about how to support people to maintain a level of independence. For example; there was clear information about what the person could do for themselves and how staff should support them to do this. Examples included washing, dressing, mobilising and making decisions about their day to day lives. We observed staff assisting people in accordance with the person's plan of care.

People were supported to maintain contact with their family and friends. People told us their visitors were welcome at any time and were always made to feel welcome. One person told us "My [relative] visits me regularly. It's so relaxed here. We sit and chat in my room and we are always offered refreshments."

People were provided with opportunities for social stimulation. There were designated staff employed who

provided group and one to one activities. These included reminiscence sessions, cake decorating, flower arranging and music and movement. One person was keen to show us their nails which had been painted. They said "I love the pampering sessions. It makes me feel beautiful." Outside entertainers also visited the home. One person told us "I really enjoy the man who comes to play the piano. They come regularly and we can make requests. It's good fun." The home produced a monthly newsletter for people which gave information about up and coming events and birthday celebrations. The newsletter for March included visits from a 'pets as therapy dog' and birds of prey. Outside entertainers and Easter celebrations were also planned.

People and their visitors knew how to make a complaint. Everyone we spoke with said they felt confident any concerns would be addressed. One person said "I have no concerns at all but believe me; if I did; I know they would be dealt with straight away." Records of complaints showed that all complaints expressed verbally or in writing were responded to in a timely manner. We saw complaints had been fully investigated and action was taken to address people's concerns.

Good

Is the service well-led?

Our findings

The home was managed by a person who had been registered by the Care Quality Commission. The registered manager was available throughout our inspection.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager was supported by an office manager and a clinical nurse lead. There was a team of registered nurses, care staff and two support workers. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities which came with that. Catering, domestic, administrative and maintenance staff were also employed. This meant nursing and care staff were able to dedicate their time to supporting the people who lived at the home.

The registered manager had developed a dependency tool which they used to determine the number of staff required to meet the number and assessed needs of the people who lived at the home. They told us staffing levels were increased where required. This was confirmed by the staff we spoke with.

People who lived at the home, staff and a visitor described the registered manager as very approachable, supportive and always willing to listen. A visitor told us "[registered manager's name] leads from the top. I cannot praise her enough." Through our discussions with the registered manager and clinical nurse lead it was evident that they were committed to ensuring people received the best care possible. They spoke with great compassion about the people who used the service and it was evident they knew people very well.

Positive feedback about the registered manager and service provided was received by the Commission from a member of the public. This stated "I should like to say that the manager [registered manager's name] always had time to talk to me and support me during the difficult period prior to my [relative's] death. I was so relieved to see that there were always sufficient carers and nurses to cater for my [relative's] needs. I cannot express my thanks enough for the kindness, care and consideration which I received at Horton Cross Nursing Home."

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had an annual appraisal where they were able to discuss their performance and highlight any training needs. There were also meetings for staff where a variety of issues could be discussed. There was also a handover meeting at the start of every shift to ensure all staff were kept up to date with people's care needs.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. These included environmental and health and safety checks, the management and administration of people's medicines and care planning. The service used an external company to conduct annual in-depth health and safety audits. The last audit had been positive and prompt action had been taken to address the two areas identified for improvement. The registered provider also monitored how the home was managed and the quality of the service provided. We read their most recent monthly report. Findings had been positive and no areas for improvement had been identified.

Annual satisfaction surveys were sent to the people who lived at the home and their representatives. The results of a recent survey showed a high level of satisfaction about the quality of the service they received. People said they felt safe and well cared for. They said staff treated them with dignity and respect and that staff were available when they needed them.

In their completed Provider Information Return (PIR) the registered manager said "We have had, within the last year, two areas reviewed by external professionals. The first area was pressure area care and management. This involved a CCG (Somerset Clinical Commissioning Group) peer group visit and audit of the home regarding care planning, equipment, nutrition and hydration, palliative care and tissue viability. The second area was safeguarding. This audit involved talking with staff, reviewing care plans and the homes overall understanding of the Mental Capacity Act." We were provided with a copy of the report completed by the CCG entitled "Eliminating avoidable pressure sores. Pressure ulcer peer review." Findings were very positive. Some of the comments made included "There was good evidence of positive role modelling demonstrated by the registered manager and nurse clinical lead, with regular meetings for feedback and discussion about adverse incidents." And "There was evidence of clear organisational leadership within the home with a commitment to the reduction in pressure ulcer incidence. The registered manager and clinical nurse lead were clearly able to demonstrate how they led all the staff in the home to help to prevent pressure ulcers, including kitchen and maintenance staff."

Significant accidents/incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. The registered manager reviewed incidents to see if there was any learning to help improve the service. An example of this included a falls audit. The registered manager's detailed audit clearly identified whether there were any traits such as the same person, times or same place. They had also developed a map of the home which showed where each incident had taken place. They explained this helped to identify possible "danger areas" such as poor lighting or trip hazards.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. The registered manager had also followed their legal responsibilities relating to the duty of candour. We saw where incidents had occurred they had written to the person concerned and/or their representatives and provided a full account of the incident and action taken along with an apology.