Sentinel Health Care Limited

Waverley Lodge Nursing Home

Inspection report

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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

The inspection took place on 13 October 2018 and was unannounced. □

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

The service is registered to accommodate 26 people and specialises in providing care, treatment and support for people living with physical disabilities. The home was split over two floors with the first floor accessible by stairs or a lift. There was a large open plan lounge and dining room which led out onto a large decked patio. There was ramp access to the outside areas. There were 26 people living at the home at time of inspection.

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

People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse and the who to report this to both internally and externally if abuse was suspected.

Staffing levels were adequate to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. Registered nurses had the necessary permissions to practice.

Risk assessments were individual and detailed which meant that staff understood safe practices which helped keep people safe.

Medicines were administered and managed safely by trained and competent staff. Medication stock checks took place together with regular audits to ensure safety with medicines.

People told us the home was clean and staff understood their responsibilities in regard to infection prevention and control.

People had been involved in assessments of care needs and had their choices and wishes respected including access to healthcare when required. The service worked well with outside professionals.

People were involved in what they had to eat and drink. Assessments and specialist input was sought where people required it so people could be safe when eating and drinking. People were happy with the quality, variety and quantity of the food.

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.

The registered manager actively sought to work in partnership with other organisations to improve outcomes for people using the service.

Care and support was provided by staff who had received an induction and continual learning that enabled them to carry out their role effectively. Staff felt supported by the management and received regular supervision and they felt confident in their work.

People, their relatives and professionals described the staff as wonderful, kind and caring.

People had their dignity and privacy respected and independence was encouraged.

People had their care needs met by staff who were knowledgeable about their individual needs and how they communicated. Their life histories were detailed and they had been consulted.

The home had a complaints process and people were aware of it and knew how to make a complaint. The service actively encouraged feedback from people, relatives and staff.

People's end of life needs were discussed and revisited regularly. The service had their own end of life pathway which they used with input from the GP and the palliative care team.

Activities were provided and people were involved in choosing them. Individual activities were provided for those that preferred them. The service actively encouraged people to access the community.

Relatives and professionals had confidence in the service. The home had an open and positive culture that encouraged the involvement of everyone.

Leadership was visible within the home. Staff spoke positively about the management team and felt supported.

There were effective quality assurance and auditing processes in place and they contributed to service improvements. Action plans were carried out and those responsible kept things up to date.

The service understood their legal responsibilities for reporting and sharing information with other services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains good.

Good

Is the service effective?

The service remains good.

Good

Is the service caring?

The service remains good.

Good

Is the service responsive?

The service remains good.

Good

Is the service well-led?

The service remains good.

Good

Waverley Lodge 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 site visit took place on 13 October 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We used the 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.

We spoke with six people who used the service and three relatives. We spoke with a health and social care professional and four staff.

We spoke with the director of care, registered manager and a senior nurse. We reviewed four people's care files, three medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at four staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of

observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People felt they were safe living at Waverley Lodge Nursing Home. A person told us, "I feel safe because we are well looked after". Another person said, "They wrap us up in cotton wool, we are protected". Staff thought that people were kept safe and they were confident they worked in a safe way. A staff member told us, "We know our residents well and we are such a close team, we keep them safe". A relative told us, "I feel my loved one is safe because it's a secure environment and staff are professional". Another relative said, "When I leave my loved one I have no worries at all".

We saw that risk assessments, policies, audits, quality assurance and support systems were in place. People's risks were assessed for all aspects of their daily living as well as general risk assessments for the home. The service encouraged people to be independent and this included being supported to take risks. The service had worked with some people to access the community in small groups independently using a taxi. A person told us, "We sometimes rely too much on the staff and it's good to get out there, even though it is a little daunting it's good to have our freedom".

People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines, were all trained and had had their competency assessed by the management staff. Medicine Administration Records (MAR) had a photograph of the person, their medical conditions and allergies. Staff cross checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR's were completed correctly and audited both daily and monthly. Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

The service had enough staff on duty to meet people's needs. The registered manager used a dependency tool to support them to determine how many staff were required. The registered manager told us, "If I need additional staffing this is never a problem and the director of care supports this". Staff felt that there was enough staff on duty and this enabled them to spend time with people. A person told us, "I think there is enough staff here, if I need them I press my bell and they come straight away". A relative told us, "I think there is enough staff, they never seem to be struggling".

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Registered nurses' Personal Identification Numbers (PIN) were kept under regular review to ensure they were up to date and could continue to practice. Nursing staff were aware of their responsibilities to re-validate with their professional body, the nursing and midwifery council. Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their

professional responsibilities to practice safely and remain up to date.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy and visibly clean. The service employed domestic staff with two on duty on the day of inspection. We observed staff hand washing and changing gloves and aprons throughout the day. Staff received training for the prevention and control of infection and understood their responsibilities. The service had a clinical auditor and they attended infection prevention and control meetings regularly to keep updated. The registered manager completed hand washing observations of the staff at various times and these were recorded. A relative said, "The home is always kept clean and bright". Another said, "The home is extremely clean". A professional told us, "The home has good cleanliness".

The service had effective arrangements in place for reviewing safeguarding concerns. Staff demonstrated a good knowledge of signs and symptoms of abuse and who they would report concerns to both internally and externally. Safeguarding reporting contact numbers were displayed in the office. A relative told us, "I have no safeguarding concerns". A professional said, "I have never had a concern about Waverley Lodge".

Accident and incidents were all recorded and analysed by the registered manager and director of care. Actions were taken when needed. Lessons were learned and shared amongst the staff through monthly staff meetings. We saw an example where a person had an accident, following this there were discussions with them, their family and GP to make changes to their support plan. The service had then updated risk assessments and communicated this with the staff through a meeting. A professional told us, "They are very good at sharing information".

The service employed a maintenance man who carried out monthly health and safety checks. An external company completed a whole home health and safety audit annually. All electrical equipment had been tested to ensure its effective operation. People had Personal Emergency Evacuation Plans (PEEP) which told staff how to support people in the event of an emergency such as a fire or flooding. There was evacuation equipment on the first-floor landings. All staff had received fire safety training by an external fire safety company. The senior nurse explained the fire evacuation procedures to us during the inspection.
service effective?

Good

Is the service effective?

Our findings

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.

The service met the requirements of the MCA. Assessments had been carried out for people to determine their capacity to make certain decisions. Following this the service had held best interest decision meetings which involved the person, family members and medical professionals. The service had clear documentation for assessment and planning for those who lacked capacity to ensure people's rights were protected. Staff had received MCA training and were able to tell us the key principles. Staff records showed training had been completed. A staff member told us, "We support people to make their own decisions, we never assume people do not have capacity", another told us, "We offer choices, residents make the decisions and we respect them".

Consent to care was sought by the service from those that had capacity to do so. People's records showed signed consent for care or decisions made in people's best interest if required. The service sought consent from people to use their photographs in care and medicine records. A person told us, "They [staff] always ask me before they do anything", another told us, "They always ask me what I want to do".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The 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. The registered manager had a good understanding of MCA and applications made under DoLS had been completed where necessary and were awaiting authorisation.

The service had an induction for all new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Staff told us they had recently completed health and social care diplomas and were supported in this by the service.

Staff received training and support needed to carry out their role effectively, they told us they felt confident. Staff received training on subjects such as safeguarding adults, diabetes, mental capacity, wound care and fire safety. The director of care said, "Our nurses train in many clinical subjects and we are continually looking to expand these". A member of staff told us, "I get lots of training. I am also observed regularly by the registered manager".

Staff told us they had regular supervision and appraisals. They felt these were positive experiences and that they were a two-way process. Supervision records showed conversations between managers and staff and

an information session which was delivered at the same time. One member of staff told us, "I have regular supervision with the registered manager and at my last one we did a session on choking risks and the new guidelines which was good". Another staff member told us, "I am told that I am doing a good job, I feel appreciated".

People's needs and choices were assessed and care and support was provided to achieve effective outcomes. Assessments were completed with people before they were accepted into the home. People told us they were involved in their care plans with one saying, "They speak to us and ask if we want anything added or changed".

People were supported to eat and drink enough. We observed staff supporting people to eat and drink by giving various levels of support. Staff had a good understanding of people's needs regarding food intake and special diets. We saw people had input and assessments by Speech and Language Therapists (SALT) and their instructions were being followed. The kitchen staff had a list of the special diets and staff told us about people's individual needs. Some people required their food to be delivered directly to their stomach via a tube. The people who required this level of support had the necessary specialist treatment plans and records showed they were being followed. People's comments about the food included: "I like the food, you can specify what you want", "Wonderful food", "We have lots of choices, puddings are my favourite" and, "The food always looks so good". A relative told us, "The food is fantastic, home cooked food, lots of choice".

Meal times were organised, relaxed and social occasions. There were various condiments available and offered to people by staff. People were given choices for meals each day and these were displayed on the notice board in the dining room and also individually on the tables. People had chosen the four-week rolling menu during a residents meeting. People had a choice of drinks both alcoholic and non-alcoholic.

People were supported to receive health care services when they needed. The service had a regular GP who visited each week to review and treat people. In addition to the medical input people had also attended optician, chiropody and dental appointments regularly. A relative told us, "My relative see's the dentist regularly and the doctor every week". A professional said, "Sometimes to follow our treatment plans is a real challenge but they are professional and if they are not sure about something they come back to us".

The home was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. There was a lift in place for access from the ground to the first floor. There was a large open plan lounge and dining room which lead out onto a decked patio area. The wide corridors and hard flooring allowed people to independently move from one area to another within the home. A person told us, "I make use of the outside areas going up and down the slopes".

Good

Is the service caring?

Our findings

People, their relatives and professionals told us staff were kind and caring. A person told us, "Staff are very good, they are caring", and then went on to say, "I am happy, they have a laugh with all the residents". Another person told us, "I like the staff. When we need someone to stand up for us, they will do that". Relative comments included: "I feel assured that my loved one is given full support and loving care", "Staff are friendly, welcoming and approachable", "The nursing staff are so caring, they are exceptional people" and, "They [staff] have a really good relationship with my loved one, they are really good with them". A professional told us, "The staff really know their residents well, it feels like a family".

People were treated with dignity and respect. We observed many respectful interactions during the inspection. An example was that staff were supporting people to move around the home and were checking they were comfortable. A person told us, "I am treated with dignity and respect, they ask me to help, they encourage me".
People's cultural and spiritual needs were respected. People's cultural beliefs were recorded in their files. The service was working with a person to make sure they could address their cultural needs. Staff told us, "We learn about a person's culture to understand and help them".

People were encouraged to have visitors to the home, whether in the communal areas or alone in other places within the home. The service supported all types of relationships including supporting people to have privacy in their own bedrooms. People were given 'do not disturb' signs for their door, this allowed the person to control when people could come into their rooms. A person told us, "It's been a big adjustment for me to come here but I feel ok now, the staff are all kind and help us". A relative told us, "They support me to have a relationship with my loved one, including bringing them home to me to spend family time". The registered manager and director of care told us that they were happy to support all types of relationships within the home.

People told us they were happy with the care they received. Comments from people and their relatives included: "Staff are always friendly and always do what they can to accommodate needs" "The nurses and carers are always on the ball",. "This home and the service it provides is nothing short of stunning", "It's the best place I could have hoped for my relative, they have a better quality of life there" and, "I can't praise it enough". A professional told us, "I feel they [people] are reaching their potential there".

There was a relaxed, fun and welcoming atmosphere in the home. We observed staff spending time with people individually in the lounge areas and in their own bedrooms. A staff member told us, "I love my job, when people say thank you it melts my heart".

People were encouraged to make decisions about their care. People told us they were involved in their care plans with one saying, "I am asked if I am happy with my care plan and if I want anything putting in there". Records showed input from their family and professionals too. The service had a system for review and this was completed monthly or as required. Life histories were full and the contained information that was important to people. A relative told us, "I feel my loved one is always involved" and another told us, "I have

access to my relative's care plan and can ask questions".

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were in place and regularly reviewed. A person told us, "I am involved and I have improved a lot since I have been here and this has changed my care plan a lot". A relative told us, "They keep us updated". A professional told us, "They are proactive not reactive" and then went on to say, "They seek my input in a very timely fashion". This meant people were receiving the care that was important to them and met their individual needs.

The service used a detailed handover sheet which was updated daily, this was discussed with the staff on duty for that day. The sheet contained the person's name and medical conditions, their care needs and then notes for that day or recent significant events. An example we saw was that a person was prescribed support stockings by their GP. These needed to be applied daily and removed at night. This instruction was temporary and detailed that reports needed to be made regarding their condition. A staff member told us, "We check the sheet and can suggest changes and updates". The registered manager told us that this sheet is helpful for staff who only work at the home occasionally.

People told us that there were a lot of activities inside and outside of the home. The service employed three activities staff. The home had a variety of activities for people to enjoy and the walls in the lounge and corridors were covered with photographs of past activities. A person told us, "We had an Elvis night and Queen, it was so good". We saw many activities had been held and planned such as, Caribbean evening, BBQ nights and make your own pizza evening. During our inspection people and staff enjoyed a karaoke afternoon and this created a fun atmosphere within the home. A relative said, "There is always something going on, I think they had a Bon Jovi night recently". Another relative said, "They work so hard with activities for people".

Managers and staff told us they were passionate about individual activities for people. The activity organiser told us, "I assess people when they move in, I find out what they can do and what they want to do" and then went on to say, "I like doing what I can do give them [people] a better quality of life". The service had recently created a beauty salon within the home, with hairdressing equipment and a nail bar. This was a popular area and a person told us, "I love having my nails done, it makes me feel beautiful". The registered manager told us that a hairdresser visits weekly and it is very popular with people. The staff also provided relaxation and hand massage for people. A relative said, "The staff put a lot of effort in with the activities in the home, they go that extra mile".

The home had made individual arrangements for people to visit specific places. The registered manager and director of care told us that the service had access to a minibus for group outings and a vehicle for individual trips. People told us they went out for trips such as shopping, coffee and cakes and to the library. People had access to the internet and many had their own mobile phones. People told us they made good use of online shopping. Some people told us the wi-fi connection was unreliable, the director of care told us they were working on trying to resolve this problem.

People knew how to make a complaint and the service had a policy and procedure in place. Records

showed that complaints were dealt with within agreed timescales and actions had been carried out to people's satisfaction. A person told us "I have no complaints, but if I did I would go straight to the manager [name]". Another person told us, "If I think something is not right I will say". A relative said, "I made a complaint a while ago, it was dealt with straight away, I have no problem approaching the manager". A professional told us, "I have no had to make a complaint but if I did I am confident the manager would deal with it".

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with the AIS. Peoples individual communication needs were detailed in their plans, we saw some people had specific ways to support their communication such as using a whiteboard and pictures.

At the time of the inspection the service was providing end of life care. People's individual end of life wishes were recorded by the service and this included whether they wanted to receive medical help should they need it. Most records we saw showed people wanted to receive that support. The registered manager told us that they have asked people and their families about end of life wishes however sometimes this was quite often a very sensitive subject mainly due to the age of the people living within the home. The registered manager told us they always revisit this subject with people during their reviews. The service worked very closely with the palliative care nurses and the GP to create their own care pathway. The pathway covered all aspects of personal care, emotional needs, pain management and medication.

Good

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.

The registered manager had a clear vision for the service and told us it was that everyone's opinion, both people and staff, were taken into consideration. The registered manager had created an open and approachable culture within the home. People and staff told us they felt supported by the registered manager and they were there when they needed them. A professional told us, "I think the registered manager is fantastic".

Staff, relatives and people's feedback on the management and senior staff at the home was positive. Staff felt supported and told us; "We have a superb matron", "The registered manager [name] is very good, very approachable" and, "The registered manager [name] is great and the director of care [name] supports us all the way". A relative said, "The registered manager [name] is very professional". Another said, "The registered manager [name] is very kind and understanding".
The service sought people's feedback and involvement through monthly meetings and by questionnaire which they sent out annually to both people and their relatives. We saw changes had been made to menu's and activities as actions from this feedback.

Learning and development was viewed as necessary and important to the registered manager and they had attended all updates provided by the service. The registered manager had also completed many clinical training sessions in their role as a practicing registered nurse. Following assessment of the needs of people within the home the director of care told us, "We have accessed different clinical training for our nurses such as sepsis, flu vaccination and bowel management".

The registered manager understood the requirements of the duty of candour which is a duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The registered manager said, "It's important to say sorry to make that call or write that letter". The director of care told us, "We want to learn from mistakes which we may have made, we put our hands up".

Quality assurance systems were in place to monitor the standard of care provided at the service. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. Systems were in place for learning and reflection. The service employed a clinical auditor who together with the management team had completed various audits such as care records, falls, accidents, incidents and health and safety. The service also had a social care observer which they have used to make many improvements and changes to the home. The social care observer spent time in the home sitting, watching and observing interactions between people and staff. The social care observer also spent time on a one to one basis with people discussing how they felt about living within the home and any improvements that can be made. We saw from this process that improvements had been made. For example, from

introducing individual journals for people to record their activities with words and photographs, to menu changes and encouraging exercise.

The service had good working partnerships with health and social care professionals and they supported the registered nurses in their role within the home. A professional told us, "We don't work for them, we work with them" and then went on to say, "There is such good communication between us, they know their people very well".