

Niram Investments Limited

Widecombe 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?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced inspection on 20 October 2017. When we last inspected the service in November 2016, we rated the service as 'requires improvement' and we found it in breach of regulations relating to the safe administration of medicines. We returned to the service to carry out a further comprehensive inspection to ensure that improvements had been made.

Widcombe Nursing Home provides accommodation, personal and nursing care for up to 38 older people, some of whom may be living with dementia or physical disabilities. The service also supports people who require palliative and end of life care. At the time of our inspection, there were 30 people using the service.

The service has a registered manager in place. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm. In our previous inspection we had found that people's medicines were not managed in a safe manner. In this inspection we found that this was no longer an issue and the provider had created more robust processes to ensure that people's medicines were managed safely.

There was enough staff available to support people to be safe in the home. In our previous inspection we had found that the home did not have enough staff to deploy effectively around the home and safely meet people's needs. During this inspection we found that this was no longer a concern and there was adequate staff employed and deployed around the home to support people.

Detailed audits were now in place to monitor the management of the service and identify any issues with documentations but we found that this was still a work in progress.

The provider had robust recruitment processes in place. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who knew them well. Staff were given the opportunity to get to know the people they supported through keyworker roles.

People's needs had been assessed, and care plans took account of their individual, preferences, and choices. Staff supported people to maintain their health and well-being.

Feedback was encouraged from people and the manager acted on the comments received to continually

improve the quality of the service. The provider had quality monitoring processes in place to ensure that they were meeting the required standards of care. There was a formal process for handling complaints and concerns, which were investigated and resolved in a timely manner.

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 was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good 

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to maintain their independence and pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Is the service well-led?

The service was not always well -led

Documentation required for the inspection was not always available.

Audits were undertaken to assess and monitor the quality of the service.

There was a registered manager in place.

Staff felt supported by the management team.

Requires Improvement ●

Widecombe 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 the 20 October 2017. The inspection team consisted of one inspector from the Care Quality Commission and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us. We also reviewed information that had been sent to us from the local authority and members of the public.

During the inspection, we spoke with the registered manager about improvements which had been made since our last inspection. We also spoke with four care staff and four people who used the service. We spoke with five visiting relatives. We looked at the care records of four people who used the service and the recruitment and training records for six staff employed by the service. We observed how staff interacted with people throughout the day including lunchtimes, and when people were supported to take medicines.

We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

We previously inspected the home in November 2016 and found that they were not meeting regulations because the provider failed to safely manage people's medicines. During this inspection, we found that the provider had taken steps to meet the regulations. We saw that there was a more robust process in place and that the home was now monitoring all aspects of medicine administration.

We saw that medicines were now administered using an electronic system which instructed staff on how prescribed medicines should be given, including medicines that should be given as and when required (PRN). Staff had received further training and support on how to administer medicines safely and their competency was checked regularly. There were clear instructions as to how a person should be supported to take their medicines and allergies were clearly labelled on people's medicines administration records (MARs).

People provided us with positive comments about the home and their safety. One person said, "This is a very safe place. I landed here 3 years ago, at that time I was discharged from hospital and my legs were really bad, I could hardly move. District nurse was coming twice a week, but now my legs are better so I see her only once or twice in month. This is a nice, quiet place, I can't complain." A relative we spoke with said, "I know my [relative] is safe here...this place gave me a right feeling from the start."

We observed throughout the day that the home worked with people and their families to keep them safe from harm and support them. People felt that there was enough staff to support them safely and we observed throughout the day that there was sufficient staff available in the home. The registered manager told us that they had recently recruited more staff and we saw from rotas provided that there were sufficient staff on duty to support people safely.

Staff we spoke with also confirmed that they were able to support people in a safe manner because there was sufficient staff allocated to support people's needs. One member of staff said, "Yes there is enough staff, and we have recruited more." While a second member of staff said, "There has been a change around in staff but it's been good, there are enough of us on duty."

Staff were aware of internal and external agencies they could go to and raise any concerns they had about the people they supported and we saw that information was also available within the home. Staff spoke to us about how they supported people to stay safe and recognised when a person was at risk of harm. One member of staff said, "We are always looking out for them, if we have concerns then we raise it with the manager."

We saw from people's care documents that personalised risk assessments had been completed for each person who lived at the home and were reviewed regularly. Each assessment identified the people at risk, the steps in place, the equipment available to minimise the risk, such as which hoist and sling to use when transferring people and the action staff should take should an incident occur. Risk assessments that were in place included for risks related to medicines, falls, and if a person went away from the home. We observed people being assisted to move around the home safely and where required appropriate equipment was

used.

Staff employed by the service had been through a robust recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been made and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed to.

Is the service effective?

Our findings

Staff employed by the service had the training and skills to support people effectively. People we spoke with also confirmed this. One person said, "Carers here are very good, nurses specially." While a relative said, "Nurses here are very good, they will always come and check how my [relative] is doing and they constantly monitor [relative]."

Staff we spoke with felt supported by the provider to gain further qualifications and training. They told us that they could ask for additional training and support when it was required. One member of staff said, "We have lots of training." While another member of staff told us how they had been supported to gain an NVQ level 3. They said, "It's something I wanted to do and [registered manager] has supported me to do it."

Training records we looked at showed that staff had received training in areas such as dementia care, medication, safeguarding, infection control, first aid, and pressure care. Staff also received a full induction when they joined the service, as well as regular supervisions and appraisals. Staff we spoke with told us that they had received supervision and appraisals. Staff said that supervisions gave them an opportunity to discuss any issues and concerns with the manager and they felt that the manager listened to their views and concerns. We were able to see that a matrix had been created by the manager to monitor when staff required training and supervisions.

Staff we spoke with demonstrated an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training when providing care to people. 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 looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that, where applicable, assessments of people's mental capacity had been carried out and decisions had been made on their behalf were in their best interest.

Staff told us that they always asked for people's consent before providing any care or support and explained how they communicated with people who were unable to communicate verbally with them. We observed staff throughout the day gaining consent from people and acting on their wishes. One member of staff said, "I will ask for consent every time I support people, and I will make sure they are ready."

Care records showed that staff supported people where possible to maintain a healthy weight. We observed throughout the day that people were encouraged to have snacks and drinks. Staff recorded what people ate and would encourage them to maintain a balanced diet. One relative told us, "It is comforting regarding

food and drinks how much my [relative] takes it, when she came she would forget eating or drinking now she has put on weight and has much less UTI's. If she doesn't eat well, carers would tell me as soon as I walk in, we would try different food." People we spoke with were complimentary about the food. One person said, "Food is good, I am not a big eater, but I like from time to time to have my own choice, and they will cook for me. Like yesterday, I really didn't like anything on offer so I asked if I can have lamb chops, this is what I had. I also buy my own snacks, drinks, magazines and newspapers, I like to keep busy." While another person said, "Food is really nice. The cook comes and asks what I would like to have, on a good day I get out to the dining room, but not today. I will have my dinner here. The selection of puddings are nice."

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals and these were documented within their care documents. Outside professionals such as chiropodists, hairdressers, and opticians were brought in at people's request.

Is the service caring?

Our findings

The service and staff were kind and caring towards people they supported. One person said, "Compared with hospital this is a palace, carers are so nice and they are always asking me how I am doing, do I need anything, hospital was awful, noisy, I could not wait to come back." A relative said, "My [relative] is a resident since [month they joined the service] and hospital told us and prepared us for end of life, but she is still with us now, she even put on weight, we looked at her chart and could not believe it. They are doing a very good job."

We observed positive interactions between staff and people who used the service. People were at ease and comfortable in the presence of staff. Staff were able to tell us about individuals' likes and dislikes, their hobbies and interests and family. We saw staff spending time with people and giving them choices on how to spend their day where it was possible.

Where possible people had been involved in the development of their care and support plans. We saw evidence of this in records we reviewed. People we spoke with also confirmed that the home acted in accordance with their wishes. One relative said, "[Registered manager] came to hospital to talk to us and mum before discharge. Those small things meant to us that mum is not a number, but person. Yes, I know that I can contribute to care plans, but for me the important thing is that I could see she is clean, nicely dressed, supported with meals. I am happy that she is well looked after."

We observed throughout the inspection that people's privacy was respected and dignity maintained. Staff knocked on doors and made sure people had privacy when being supported with any personal care needs. Staff spoke with people in a calm manner and encouraged independence where it was possible.

We saw that people had received visits from family and were encouraged to maintain contact with relatives. Throughout the day there were a number of relatives who visited the home. One person told us, "I go out with my daughter for a walk; she comes three times a week." A visiting relative also said, "Nurse is always around to offer feedback as we are not here all the time and that information means so much. [Staff] know they can call us any time and they do."

Is the service responsive?

Our findings

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service. We were told that the registered manager worked with people and their families and was responsive to changes in their support and care needs. One relative told us, "We know that they do everything possible for [relative] to be as comfortable as possible. There are ups and downs, days when he is really good and not so good. Last week he was very poorly, chesty, and he stopped eating. They switched to fortified meals, luckily the GP was visiting that day so it was sorted very quickly."

People told us and we observed throughout the day that staff were aware of people's likes and dislikes. One person using the service said, "I do know about care plans, but can't tell you much because I forget. All I know is that staff know I don't like changes, I need things to be constant and with no radical changes. I know when we have activities, I like attending. I don't sing but I clap. I am quite happy with things as they are, so please don't change anything! It will upset me and I don't like to worry!" Another person we spoke with told us about how flexible staff were when it came to their routines. They said, "I think I am the only resident who likes to stay up late, I do watch TV, chat with night staff and they help me go to bed. They don't mind that at all. As I like spicy food, it's very good that they accommodate delivery here, I do look forward to Friday evenings, not sure if other nursing homes could be that flexible." This showed that staff knew the people they were supporting well and were responsive to their everyday needs.

We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs. People we spoke with confirmed that they were involved in the review of their care plans. One person said, "I think I know enough about care plans and I have meetings around that, I am not very keen to attend them, I believe professionals here are knowledgeable enough to do that part of the job without my own involvements." There was clear evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. We saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings. We saw that care plans and assessments changed regularly and the provider kept staff up to date with all changes to people's care plans through regular updates and staff handovers.

The home did not have an activities person to support people but we were told by staff and also people using the service that someone had been recruited into the post and would be starting employment soon. One person said, "We will have a new activity leader starting next week thanks to that, not sure if I will attend [activities], I like my books and to be left in peace to use my laptop, but I am sure many will benefit and this could be a new thing for the better."

People told us that they had choice throughout the day as to what they wanted to do. We observed people moving about the home.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. We saw that complaints

had been investigated by the manager in accordance with the home's complaints policy. People we spoke with knew who they needed to talk to if they had any issues or concerns.

Is the service well-led?

Our findings

During our previous inspection the rating given for well-led was 'requires improvement' because previously, changes in management had slowed the rate of improvement within the service and actions were not being taken within acceptable time frames to address persistent issues. We also found that people did not always have opportunities to have their views or opinions heard.

During this inspection we saw some improvement in how the home was managed. We saw that the manager had introduced more robust quality assurance systems and was completing a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We did however find that where issues were picked up in audits these were not always resolved. For example, we saw that the manager had recorded that supervision records were not filed within staff files or were missing. This had been picked up over several audits and on the day of our inspection the registered manager was still unable to locate missing supervision records. We discussed this with the registered manager who assured us they would take action to further improve their audits and action plans. We also saw that although the manager had an evacuation guide for staff which detailed the method by which a person should be evacuated from the home, they had not created a more detailed emergency plan [PEEP]. The manager told us that they had been advised by another agency that this was needed to be put in place and would now look into creating a more detailed plan.

During this inspection we found that people now felt that the new registered manager had brought positive change to the home. One person said, "As I have been here for more the three years, there is a definite change for the better around the home. Three weeks ago we had a residents meeting and around 20 of us discussed about food, what to do in the next quarter and activities." A relative also said, "Whenever I visit the manager is there and we can talk, I really feel she is part of the team, we see her working along with staff, but she will stop and have chat if we need to: We didn't know if this is because she started not long ago and wanted to get to know relatives, but seems she is there and we are happy that we can talk with ease."

Other people's comments about the manager included one person who said, "I do know the registered manager, she is always out around, very often I see her during a day. Yes, she is very approachable, not problem talking to her about anything". All the people we spoke with said that the change in registered manager had been a positive step in improving the quality of the service. Staff also felt that the new manager had brought positive change to the home. One member of staff said, "She [Registered manager] is really nice, she has made positive changes."

We saw that people were kept informed through regular meetings and newsletters. They were encouraged to provide feedback on the service and felt that they were listened to. One person said, "We did receive a newsletter not long ago, I am not sure I looked into it with much detail, all I know is that it's a new thing. Now you mentioned it, I will have a better look. I think there is also a short questionnaire; I will definitely contribute if I can." Another person said, "I think we filled up a questionnaire and we suggested a bit more choice in fresh food, I think we noticed that they use fresh ingredients to mix into drinks now."

The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.