

Mr & Mrs S Munnien

South Wold Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We inspected South Wold Nursing Home on 25 November 2014. This was an unannounced inspection. Our last inspection took place on 15 April 2014 during which we found there were no breaches in the regulations.

The service provides care and support for up to 16 people, some of whom may experience memory loss associated with conditions such as dementia. When we undertook our inspection there were 16 people living at the service.

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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS

Summary of findings

are 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 some people had their freedom restricted.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe. However, some of the those risks associated with people's care needs were not always up dated. We also found medicines were not always managed safely and appropriately.

We found people were happy with the service they received. They said staff treated people with respect and

were kind and compassionate toward people. People and the relatives found the staff and manager approachable and that they could speak with them at any time if they were concerned about anything.

Staff had the knowledge and skills that they needed to support people. They received training and on-going support to enable them to understand people's diverse needs.

The provider had systems in place to regularly monitor, and when needed take action to continuously improve the quality and safety of the service. However, the provider's quality assurance processes required improvement, particularly in regard to environmental audit records and medication. If robust quality audit and monitoring systems had been in place the issues we identified during our inspection could have been identified and rectified sooner.

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?

The service was not always safe.

Although the home was clean, well presented and adequately maintained, there were issues with fire safety and trip hazards.

There were enough staff on duty to meet people's needs. Staff were well informed about how to recognise any abuse and also how to respond to any concerns correctly.

Medicines were not managed safely and appropriately.

Requires Improvement



Is the service effective?

The service was effective.

People and their families were satisfied with the care and support they received to meet their social and healthcare needs.

People were happy with the food provided.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that appropriate steps could be taken to ensure people's rights were protected.

All staff received an induction and the training staff received gave them the knowledge and skills they needed to provide good support to people.

Good



Is the service caring?

The service was caring.

Staff were kind and compassionate and people's privacy and dignity were respected. People were involved in making decisions about their care and their independence was encouraged.

People had the opportunity to comment on the service and their individual care.

Good



Is the service responsive?

The service was responsive.

People's health and overall care needs were assessed, planned for and reviewed.

People were able to raise any concerns or issues about the service and the provider took action to address them. People felt confident that they would be listened to and supported to resolve any concerns.

Good



Is the service well-led?

The service was not consistently well-led.

Requires Improvement



Summary of findings

The provider and staff we spoke with were consistent when they told us about the key challenges which faced the home and there was an improvement plan in place which the provider was working on to ensure the service improved.

The provider had systems in place to regularly monitor the quality and safety of the service. However, the provider's quality assurance processes required improvement.

People who used the service and relatives felt they could voice an opinion about the services provided.

South Wold 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 25 November 2014 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority and the NHS who commissioned services from the provider in order to get their view on the quality of care provided by the service.

During our inspection, we spoke with six people who lived at the service, three relatives, three staff members and the registered manager. We also spoke with a social care assessor who visited the service and we observed how care and support was provided to people.

We looked at eight people's care plan records and other records related to the running of and the quality of the service.

Is the service safe?

Our findings

When we spoke with people and their relatives they told us that they felt safe or that they felt that their relatives were safe. Comments people and their relatives made ranged from, “Our relative fell quite often in the last home, but has never fallen here” to “Yes all the windows are closed at night and I’ve always got my bell.” Another relative told us, “Generally speaking I’m very happy. I know that [relative] is safe, well fed and looked after. I can relax.”

We looked at eight peoples’ care plans and found appropriate risk management processes were in place. We saw risk assessments were in place for moving and handling, nutrition and pressure area care. These had been recently reviewed.

Where any accidents had occurred there was a system in place for recording the actions taken by staff in response to them. Individual incident and accident records seen showed appropriate action had been taken. Staff told us lessons learnt from accidents and incident would be discussed at staff meetings.

We saw evidence which confirmed the provider had safeguarding policies and procedures in place. These were designed to protect people from harm. Staff we spoke with told us they would immediately raise any concerns with their manager and they were confident they would take action. Staff told us they had received training in protecting people from harm.

When we looked around the home we found most areas in the home were free from trip hazards. The carpet was in good repair and corridors were kept clear of clutter. The fire evacuation plans were in place so the staff would know about the support each person would need to get out of the building in the event of a fire. We saw all were in place except one. This meant we could not be sure they could be evacuated safely in the event of a fire. The fire extinguisher records were incomplete as the extinguishers did not state when they were last inspected. This could mean they may not operate safely when used. All fire exits were marked and were clear.

When we asked people about the numbers of staff available to support them one person said they thought that the staff numbers were about right saying they rarely

had to wait for attention. Another person told us they felt that they may sometimes have needed to wait for a staff member just before mealtimes. They said that the home owner seemed to be having difficulty finding more staff.

A relative said, “There is not enough staff, especially if there’s an emergency but they seem to cope”. Staff told us there were sufficient staff to meet people’s needs if the rota could be maintained. One staff member told us, “It’s been a bit difficult during the summer as some staff left so it was difficult until new staff started to know their roles.” However, we observed staff attended to peoples needs promptly during our visit.

We spoke with the manager who confirmed they had experienced some staff changes recently and were in the process of recruiting new staff. The staff rota information available showed how staffing was managed and arranged to ensure there were enough staff to provide safe care.

One person told us they were able to manage their own medication. An assessment was in the person’s care plan but it had not been signed to say they had agreed to how their medicines could

be administered. There was no other checking system in place to show staff had observed the person taking their medicines safely. Another person told us their regular medication kept them pain free, however if they needed more pain relief they were given it.

The storage of medicines had improved since our last inspection. There was no over stocking of medicines and storage cupboards were clean and tidy, as well as the trolley which stored medicines. We saw a new system had also been put in place to ensure the safe receipt and disposal of medicines. First aid boxes were available but there was no record if the contents had been checked and whether all items were correct regarding expiry dates.

We observed parts of two medicines rounds. On one occasion the person administering medicines signed the administration sheet prior to giving the medicine. They confirmed the person had taken it but this is poor practice as the staff member did not know whether the person would take it or not. On the administration sheets we saw there were no signatures, for one day, on two people’s sheets to say whether the people had received their medicines. The manager told us they were going to check those details with staff members and contact the people’s GP’s if necessary.

Is the service safe?

The manager did not have a concise system in place to ensure medicines were administered correctly.

Is the service effective?

Our findings

All of the people and relatives we spoke with told us they felt that their health needs were being met. One person told us how they had their blood pressure checked monthly, had physiotherapy on their legs weekly, had a visit from the chiropodist every three months and saw an optician every two years, as well as regular visits from the district nurse.

Everyone we spoke with reported that they had good access to a doctor and one was called whenever one was needed. Relatives told us that the staff always rang to inform them if a doctor has been called. People also said that if they needed to attend a hospital appointment and a relative was not available; a staff member would always accompany them. We saw staff making arrangements for health care professionals to visit someone in the home. Health and social care professionals we spoke with told us staff made relevant referrals to them when necessary.

People's needs were assessed upon referral to establish whether South Wold was a suitable placement and able to meet their needs. Information was provided by the referring agency and a care plan formed so staff were aware of people's needs.

People and their relatives or representatives told us they thought the staff knew what they were doing. A relative told us about the staff and the on-going development of their skills saying, "They've [staff] got lots of trained nurses here. Someone teaches the staff how to be carers I've seen them." One person commented, "They all know their job."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people using the service. Staff told us they received training to do their job. The training matrix confirmed training sessions staff had attended and e-learning. Topics such as basic food hygiene and infection control had been undertaken by staff. Staff told us the manager would obtain training for them if a person was admitted and staff did not have the necessary background skills to cope with the person's needs. New staff told us they had received induction which suited their individual needs. The training matrix confirmed what they told us.

Staff told us they could approach the manager and other senior staff at any time and were supported through supervision sessions. They told us their opinions were valued and they received regular supervision.

We asked about food choices and people told us there was always a choice. They said the kitchen staff knew their likes and dislikes and always ensured that they got an alternative meal. One person said, "I've got stupid likes and whims but they always cope with me." Those people we asked said that they were not rushed at meal times and were given as long as they needed to eat their food.

We spoke with the cook who showed us the menus were varied and changed regularly according to peoples changing tastes and preferences. The cook also confirmed any specific dietary needs could be catered for including health or religious requirements that were identified. The cook showed us how food provisions were maintained and we saw well stocked freezers and food storage areas.

When we observed the lunch time period the atmosphere was pleasant in the dining area with some people encouraged by staff to sing and hum tunes. People appeared to enjoy their meal.

One person was given an extra helping of dessert and another a glass of beer. Where people required assistance to eat, this was given. People were therefore offered a nutritional diet, which met their needs.

We saw the slope between the dining room and the lounge had ledges each side which represented a trip hazard for someone who did not walk in the centre of the ramp. We saw two people having difficulty negotiating this ramp. We spoke with the provider about this and they took immediate action to temporarily make the area safe whilst they considered options for a more permanent repair.

The manager and staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They said they would act to ensure any decisions made for people who lacked capacity would be in their best interests. The Mental Capacity Act 2005 is in place to ensure people are able to make decisions for themselves and protecting people who may be unable to. DoLS processes ensure people are not unlawfully being deprived of their liberty.

However, we saw there was a secure entrance to the building and that entry was by a digital locking device.

Is the service effective?

People could leave the building through the use of a key pad, if they understood how a key pad worked. However, we did not see any best interest meetings had been held to ensure people were not being deprived of their liberty by not being able to leave the building, if they could not use a key pad. The manager was in the process of ensuring DoLS applications were being prepared.

We looked at the six Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR) forms which staff told us were in place. Only two had been correctly completed, to show

people or their advocates had consented for the forms to be in place. The manager told us they would look at all the others, immediately, to ensure assessments had been made and consent obtained. We also brought to the manager's attention that on the alerts board in the staff office one persons' name on the DNACPR list was not on the board. The manager took immediate action to update the information on the board and ensured staff were aware.

Is the service caring?

Our findings

When we spoke with one person about how staff cared for them they commented, “Oh golly yes! They [staff] care in their attitude, gentleness and they are very loving. They’re smashing; I hope they never ban kisses and cuddles because it’s lovely to get extra cuddles from them.” The person also added, “It’s like a lovely warm family.” A relative told us they felt staff were, “Very caring and very patient but overworked.”

All the people we spoke with said they felt that staff treated them with respect and gave them the privacy they needed. One person commented, “They’re [staff] always here with a ‘good morning’ welcome. If staff have time they come and chat with me. Nothing is a problem; they [staff] go out of their way to help me.”

Another person said, “They [staff] are never disrespectful. They always knock and always make sure I’m covered when they are washing me.” A relative told us that the staff, “Respect everyone’s dignity and also respect their privacy.” All of the people and relatives we spoke with told us that staff cleaned and tidied bedrooms and they were “very happy.” People also told us that their laundry was done regularly and to a good standard. One person told us, “It’s great to have it [laundry] ironed and it’s always carefully folded and put away.”

Relatives said they were able to visit anytime they wanted. They said that the manager had offered them overnight accommodation if they needed it because of severe weather. The relative also added that they came every day and fetched their relative things for tea saying, “It’s something I want to do and I like being together with [my relative].”

We saw staff were interacting with people in a caring and compassionate manner. The manager encouraged people with banter and good humour. We observed staff assisting people throughout the day with a variety of tasks. Where necessary they gave clear instructions before commencing a task, spoke quietly and ensured the person knew what was going to happen. People were treated with respect and dignity.

We observed several members of staff speaking with a person who was distressed at various times of the morning until their relative arrived. The staff patiently repeated information about the proposed arrival time of the relative, which calmed the person. We also observed staff asking people if they would like to have assistance to move to other parts of the home and to take a walk. Staff chatted to them whilst they walked together.

Details about the local advocacy service were on display in the reception area of the home. People told us that they were aware they could access these services but when they needed additional support they had relatives who provided support for them. One person also added that they had a solicitor who had power of attorney with regard to their financial affairs but that they also felt able to make decisions for themselves.

Staff were able to tell us how they preserved people’s dignity and how they respected their wishes. They told us how they would ensure people had choices to make and were aware of the types of service the home could offer. Staff told us they wanted to assist people with a good quality of life.

Is the service responsive?

Our findings

One person told us they usually stayed in bed and slept until lunch time. Staff were aware of the person's preference to do this and the person said staff supported their choice and left them undisturbed. The person told us they could do what they wanted most of the time and said there were certain restrictions but, "Within the rules I do what I like." They also said, "I'm quite happy here and well looked after." We asked staff about the restrictions and rules mentioned by the person and they confirmed the person was unsafe to walk unaided so required staff to be with them.

We saw people were supported to maintain their interests. For example, one person was supported to have access to books of their choice so they could read them when they wanted to. Another person was supported to maintain their interest in the Royal Air Force. There was also a list of daily activities in the lounge area of the home showing plans in place to support people with a range of different activities each day.

One person told us, "I take part in anything that's going on. I'm going to call bingo." Later in the day several residents took part in prize bingo which was facilitated by the person who said they were going to call the numbers, a relative, the manager and staff.

One relative we spoke with told us that they were always involved in activities organised by the home, including parties, sing songs and outings. The relative said their mother enjoyed the other activities provided by the home such as baking.

Daily handovers between staff took place to ensure everyone was aware of any new needs people had and

what was required to be completed for people for the rest of the day. Communication books were also in place for staff to write any important messages they wished to pass on. Staff confirmed they used the books. Entries included when to ask for GP visits, when supplies required to be ordered and requests of relatives and people who used the service.

Staff told us care plans were in the process of being revised to ensure people's needs were always recorded. We looked at new versions and old, a total of eight. When changes had to be made due to people's condition altering the new instructions were clear. Preferences such as when people liked to go to bed and special moving and handling instructions were recorded.

However, staff were not always following through instructions on some care plans to monitor people's problems. For example one person had a catheter to help their continence needs. The care plan stated the weekly and daily changes should be recorded on a chart. This was not happening so staff were unable to monitor how effective the continence programme was for that person.

All the bedrooms had call bells and there were call bells in the sitting room areas. Staff responded quickly when call bells were activated. People told us staff responded promptly when they used their call bells.

People we spoke with said they had made no complaints about the service; however they all said they would speak to the manager if they had any concerns as they were very approachable. The complaints process was on display. We looked at the complaints of but no formal complaints had been made since our last inspection.

Is the service well-led?

Our findings

We asked people and their relatives about meetings concerned with the running of the home. A relative said, "Although they [the manager and staff] have meetings I'd rather spend my time with my relative. Being with [relative] is more valuable." The relative told us they could attend any of the meetings if they wanted to and were emailed the outcomes. They also said they were happy to tell staff and the manager about their opinions and said staff were always happy to listen. People said the manager was always available when he was needed and they could speak with them.

Relatives and people we spoke with told us they were consulted about improvements to their rooms. One person told us they had a choice about the colour of new curtains for their room. A relative told us, "It just keeps getting better and relatives get involved as needed."

One relative we spoke told us they were part of a relative's action group and that relatives played a part in the development of services through regular contact with the provider. The relative told us meetings held together with them and people who lived at the service had helped identify and strengthen the links between the home and the community and they said they felt very much a part of the running of the home.

A social care professional we spoke with told us they had visited the home before and observed that the provider had high standards that they wanted the staff to maintain. The person said staff were well supported by the manager and that they were open and willing to learn new ways of doing things to keep on improving the way people were supported with their care.

None of the people we spoke with could recall completing a formal survey regarding their view of the quality of services provided but they all said they were involved in discussions about the development of things like activities and events at the home and in the local community.

The care plans we looked at included audits which had taken place in four of them. Actions had been identified but there were no dates of when they should be completed. Therefore we did not know whether it had been considered that staff had responded well to people's needs.

Staff told us they had team meetings together with the manager and records available showed the last two meetings were held in October and November 2014. Topics discussed included staff recruitment, training and the support needs of the people who lived at the home. Staff told us they felt their opinions were valued. They told us the manager was approachable and open to suggestions to improve the running of the service and to meet people's needs. One staff member said, "its good, all the changes, but sometimes feels too much."

The manager told us that staff members provided assistance with the audit checks that were carried out at the home. One staff member said, "I've got behind in some of the auditing and analysis and I don't know why really." Another member of staff told us they were in a new extended role and had not had time to research it yet. They said, "I've had to make sure my role to look after people came first and staffing had been too tight to do the other role." The work around analysis of falls had yet to be completed so we did not know whether any lessons learnt would be required of staff.

The manager provided us with information to show how they led the staff team and planned to

develop the service. The manager had two action plans. One which was specific to the service and another personal professional development action plan for the manager. Both action plans gave the frequency at which checks and actions should take place and whose responsibility each action was. The manager had a system for auditing the action plans but this was not always effective.

We saw the action plan for the service was set out in the five Care Quality Commission [CQC] domains of safe, effective, caring, responsive and well-led. Actions had been identified but very few specific target dates had been included. Therefore staff were unaware when some actions were to be completed. We also saw that some items which stated had been completed had not been; such as the commencement of a tuck shop, arranging dates for outings and arranging new furniture for a sitting room. Items in the September/October list which had not been completed had been carried forward.

We discussed the action plans with the manager who told us they would undertake a further review of the timescales set and readjust the plan. They also told us they would

Is the service well-led?

provide us with an updated copy of the action plan as we could not see that the quality assurance system that was in place was effective and lessons learnt from events were passed on to staff.