

## Wenham Holt Nursing Home Limited

# Wenham Holt Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was unannounced.

Wenham Holt Nursing Home is a family run care home situated in a rural area close to the village of Liss. The home is registered to provide care and accommodation for up to 50 people and provides nursing care to older

people with dementia, people with terminal illness, and people with learning disabilities and physical disabilities. At the time of our visit 42 people were living at Wenham Holt.

There is a 16 bedded continuing healthcare unit which is part of the home, (continuing healthcare is care outside of hospital that is arranged and funded by the NHS). Four beds had also been commissioned by the South Eastern Hampshire Clinical Commissioning Group (CCG) to provide short term intensive rehabilitation or end of life care. These are referred to as Community nursing beds. A clinical commissioning group is an NHS organisation set up to organise and deliver NHS services in a local area.

# Summary of findings

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People felt safe and comfortable. They were supported by a team of trained and enthusiastic staff, who knew them well. Staff understood the requirements of the Mental Capacity Act and the deprivation of liberty safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

Although people were generally provided with effective care we found some improvements could be made in the way the service evaluated and monitored people's health and wellbeing. Staff made good use of a variety of specialist health and social care professionals to ensure people's diverse needs were met.

People said staff were gentle and friendly and we observed many positive and caring interactions. Visitors were welcomed and encouraged to take part in the life of the home. Staff respected people's preferences and wishes and encouraged people to be as independent as possible. The range of activities provided reflected people's interests. Staff worked hard to provide interesting opportunities to everyone and found creative ways to enable people to live as full a life as possible.

The service had a clear vision and values and these were reflected in the care, support and treatment provided. The registered manager was very visible and led by example. Staff felt well supported and valued. Everyone we spoke with said they would recommend the home to others.

# 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 safe. People felt safe and staff knew what they needed to do to protect adults at risk in their care.

Staff respected people's wishes and gained people's consent before they provided care and treatment. Where people did not have mental capacity to make these decisions, staff understood and acted upon the requirements of the Deprivation of Liberty safeguards and the Mental Capacity Act.

Any identified risk to people's health or wellbeing were minimised where possible.

There were sufficient numbers of safely recruited staff on duty to care for people effectively.

Good



### Is the service effective?

The service was not always effective. Some aspects of people's care could be improved by more consistent monitoring of people's health conditions.

Staff received appropriate training and support to ensure they had the skills and knowledge to meet people's needs.

People were provided with food and drink they liked when they wanted and needed it.

Staff had good relationships and liaised effectively with a number of different specialist healthcare professionals to help them to meet the wide range of needs the service catered for.

Requires Improvement



### Is the service caring?

The service was caring.

Staff were carefully selected to ensure they would provide friendly and gentle care. Visitors were welcomed and people's privacy and dignity was respected.

People were given information and explanations they needed to ensure they were as actively involved as possible in making decisions about their lives.

Staff provided compassionate care and were committed to ensuring people felt valued.

Good



### Is the service responsive?

The service was responsive.

People were actively encouraged to participate in the life of the home and their involvement was central to the service.

Good



# Summary of findings

Staff responded to people's identified needs appropriately and quickly and were continually looking for creative ways to enable people to live as full a life as possible.

The home actively made links with the local community.

People's comments about the service were listened to and where necessary changes were made to further improve the service.

## Is the service well-led?

The service was well led. There were clear vision and values which staff understood and put into practice.

The registered manager was very visible and supported staff well.

People were asked for their views and these were included in the development of the service. The quality of support was regularly monitored to ensure good standards were being maintained.

**Good**



# Wenham Holt Nursing Home

## Detailed findings

### Background to this inspection

We inspected the service on the 15 August 2014. The inspection team consisted of an inspector a specialist advisor and an 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. The expert by experience had personal experience of caring for people with dementia.

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

On the day of our visit we spoke with 12 people who lived at the home, six relatives, nine staff, the registered manager and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who

could not talk with us. We looked at eight people's support plans, staff recruitment and training records, staff rotas, and records relating to how staff monitored the quality of the service.

Following our visit we contacted three health care professionals and one social care professional for feedback about their experiences with the service.

Our last inspection of the service was on 27 January 2014 when all of the regulations we inspected were met.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People said they felt safe and comfortable in the home. A typical comment was “It really is lovely here. The staff couldn’t do more for you and everything is lovely and clean. You couldn’t ask for anything more.”

Relatives were happy the service was safe. Staff said they were able to report any concerns they had if they felt a person was at risk and were confident managers would respond appropriately.

Staff had a good understanding of their roles and responsibilities about how to keep people safe and had received regular training to ensure their knowledge was up to date. Staff were reminded about what to do if they suspected any abuse as there was information about this on display in the office. There were policies and procedures in place for staff to follow if they suspected any abuse was taking place and staff were able to describe accurately what these were and what actions they would take in the event of this happening.

We observed staff asking people’s consent before they helped them to do things such as to help them to move or to eat. This showed staff were checking they had gained people’s consent before they helped them with their care and support. Staff we spoke with were knowledgeable about the individual preferences of people who lived at the home. Staff understood that people had the right to refuse care or treatment and gave examples of how they would respect their wishes. They also described how they would offer support at different times when this may be more acceptable to the person. Staff were aware of the requirements of the Mental Capacity Act 2005, its code of practice and Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure people in care homes are looked after in a way that does not

inappropriately restrict their freedom. Staff were applying to the Supervisory body, via the DoLS team, (in this instance the local adult social service department) for a DoLS authorisation where they needed to.

Procedures were in place to manage risk within the building and to balance risk to individual people. We observed a fire drill, which was carried out within agreed procedures. Equipment was checked regularly to ensure it was safe. Risk to individuals was assessed and regularly reviewed. Action was taken where necessary, for example, people were provided with pressure relieving equipment to reduce the risk of their skin becoming sore or breaking down. Each person had an ambulance anticipatory care plan which provided details about their health, social and care needs. This went with them if they had to be admitted to hospital in an emergency. This helped to ensure people received safe care when they were moving between services.

People said there were enough staff on duty to care for them appropriately. Records showed staffing levels were consistent and shifts were mainly filled by permanent employees. The registered manager said any agency staff employed knew the home well. Agency staff confirmed they had worked at the home several times before and spoke knowledgeably about the people living there. When agency staff had a question about anyone’s care needs permanent staff answered it promptly. This showed staff had enough understanding of people’s care health and treatment needs to provide safe care.

There were safe recruitment procedures in place to ensure staff were suitable and competent to do their job. Checks on prospective staff included a Disclosure and Barring service check (DBS). This has replaced the Criminal Records Bureau (CRB) check and helps employers to make safer recruitment decisions and to prevent unsuitable people from working with vulnerable groups. The manager also obtained written references from previous employers.

# Is the service effective?

## Our findings

People said they liked the food and staff had a good understanding of what people liked to eat and drink. For example they provided diet lemonade for someone who particularly liked this. One person said of the chef “He knows I don’t like too much salt because I have blood pressure and I don’t like anything too sweet.” We observed the chef came in regularly to check people were happy with their meals. People were offered hot and cold drinks at regular intervals during the day and staff provided appropriate assistance to help them to eat and drink.

People were well supported by a good team of staff. Typical comments from people were “Personal care is very good.” and “They all work very well as a team.” A relative said their mother had settled in very quickly and that she felt the staff were very good with her. Another relative said communication amongst staff was effective. We observed staff regularly asking people if they were comfortable and if they needed any pain relief. This helped to ensure people received the care and support they needed when it was required. Staff spoke enthusiastically about their work and said team work was good.

People received effective care because staff knew people well, communicated effectively with each other and took action where necessary, when any changes in people’s health or wellbeing were identified. However we found some improvements could be made to ensure people always received the best possible outcomes to maintain optimal health.

The improvements we identified related to how staff recorded people’s health once a need to do so had been identified. This was not always consistent. Staff regularly assessed people who were at risk of becoming malnourished. Staff were using two different methods to assess this risk. We discussed this with the manager as having two different systems could be confusing. The registered manager said from the time of our visit all staff would use only the MUST (Malnutrition Universal screening Tool) which is the method recommended for use by the Department of Health. Following our visit the manager confirmed they had implemented this change.

The way in which staff evaluated and monitored people who were at risk of becoming dehydrated needed to be more consistent. Whilst some people at high risk had their

fluid intake and output recorded, others who were also at high risk did not, for example those who had catheters. When food and fluid charts were in place, the amount of fluid a person had drunk was not always recorded; there was no target fluid intake and intake was not totalled for the 24 hour period. It was therefore not possible for staff to consistently monitor a person’s fluid intake and ensure that people were receiving an adequate amount of fluid to keep them hydrated. Since our inspection visit the manager said they were using a different monitoring sheet which covered all fluid and nutritional intake in one document.

Two people were prone to urinary tract infections (UTI’s). There was no written information to provide staff with guidance about how to recognise the signs of a UTI (the classical signs do not always present in older people); to prevent reoccurrence and to guide staff in how they should provide comfort and support in the event of an infection. Attention to prevention is good practice to detect early signs of infection.

People’s records included a continence assessment. However there was no guidance for staff about how to manage people’s individual continence needs to ensure they could be met consistently and with dignity. Since our visit the manager said they have redesigned their continence monitoring form to ensure people’s individual continence needs are met

We looked at records for one person who had been admitted to the home with a pressure ulcer. Effective care and liaison with a tissue viability nurse had resulted in a significant improvement in this person’s condition. There were a number of people at the home who were assessed as having a high risk of developing pressure ulcers. They used pressure relieving mattresses which minimised the risk of their skin becoming sore and breaking down when they were in bed. Each person needed different pressure settings and this depended on their weight. Whilst staff had quickly realised one person’s mattress was flatter than it should be, we did not see any records to show how staff were monitoring mattress pressures to ensure they remained appropriate and at the required pressure level. Since our visit the manager said a form has been devised to enable staff to monitor mattress pressure on a daily basis. This is in addition to the built in alarms which were already in use to indicate a fault.

People’s health and care needs were assessed before they moved to Wenham Holt and care plans were reviewed at

## Is the service effective?

least every month to ensure they remained up to date. There were a number of healthcare professionals who regularly visited such as Macmillan nurses and a GP. Relationships between visiting professionals and staff at the home were good as communication was effective and requests for specialist support was requested in a timely manner

Staff had the necessary skills to meet people's assessed needs, their preferences and choices. Staff said they received good training and records showed they received regular updates in key health and safety topics such as in

moving and handling, infection control and first aid. Agency staff were also included in these training courses. Staff received training to meet specific needs such as how to support and care for people with epilepsy. Staff were encouraged to study for National Vocational Qualifications (NVQ) in health and social care and twelve staff had completed this qualification. Staff received regular support through supervision sessions, team meetings and all had an annual appraisal to review their performance and discuss their career development.



# Is the service caring?

## Our findings

People expressed how they valued and appreciated the service provided. People said staff were gentle and friendly, nothing was too much trouble and people could have whatever they needed. One person said, “The activity lady and the managers definitely go above and beyond their duty to look after everyone. Another person said “the chef is very kind”. Another person said “Everyone is so good—they really are.”

The registered manager said staff attitude and personality was considered carefully during staff selection and staff were recruited only if they presented as kind and caring people. The importance of caring and being respectful were also regular subjects discussed during staff supervision and staff training.

Staff supported people to move in a sensitive way, and provided reassurance to those who were anxious. Observations showed staff smiling and greeting each person by name when they came into a lounge or a dining room. When staff provided support, such as when they were helping people to move from one place to another they explained in clear terms what they would need to do, why they needed to do it and how they would do it. Staff sat alongside people talking to them about things they knew were important to them. Their relationships were friendly and supportive. People responded to the staff in a relaxed manner. In one lounge staff offered people a choice of books, Staff showed a good understanding of people’s needs and interests, for example staff helped a person to select a football book. This person said they really liked football and started to look through it with interest.

Staff provided people with drinks over the course of the day and if they did not like one, they were offered a choice of another. We saw one person did not eat their lunch. The staff encouraged them but this was not successful. They brought them pudding and said “this is your favourite, you love this one” but they ate very little. When they took the bowl away a staff member came and sat alongside the person and asked them what they would like to eat? They said they would eat a cheese sandwich. This was provided. Even though they did not eat this the staff did their best to

try to meet this person’s needs and gently encouraged them to make decisions. The person appeared withdrawn. A member staff sat next to them and read poems out loud to them. Their mood improved, they stopped appearing so sleepy and began smiling and laughing with the staff. This demonstrated this person was valued and was being treated with kindness and compassion by staff.

There were 11 bedrooms which could be shared. We spoke with one person who was in a shared room. They confirmed staff always respected their privacy and dignity by using screens when they attended to their personal care. Staff always knocked on people’s doors and waited for an answer before they went into their bedrooms.

The registered manager said people’s views were listened to as there were always enough staff on duty to spend time to talk with people. This helped to ensure people had the time to talk through any worries or concerns. Various forums enabled people to air their views, for example, people had a meeting with the activity co coordinator on a regular basis. This helped to ensure people’s preferences and interests were considered when activities were being planned.

Relatives and friends said they were made very welcome and said there were no restrictions to visiting. We also observed the manager when she was interacting with two different relatives. We saw she had a very good rapport with them. When she spoke with them she spoke knowledgeably about their relative and also showed concern for them. One visitor said “they don’t just look after dad here; they look after the whole family”. Visitors said they were encouraged to take part in the daily activities in the home, for example one person told us they helped with bingo sessions.

Visiting professionals described the service as outstanding in terms of the support people received. One said “the quality of care is beyond anything I have seen in a nursing home” and said “staff go the extra mile”. Another gave an example of a person receiving palliative care. Their family were not easily able to visit. The manager ensured they had regular contact, by arranging for their family and for the person’s pet to be picked up in the service’s minibus. This meant they could spend quality time together.

# Is the service responsive?

## Our findings

A visitor said of their relative “We have been able to personalise his room with our own furniture; we could do anything within reason. They have laid a new carpet for us and if we need any help they are very quick to respond.” Another visitor said they particularly liked the home having Wi-Fi throughout as it helped their father who had previously worked with technology. When possible people had a choice of which staff supported them with their care. A visitor said “There are a couple of the staff he particularly likes so they support him more”. People knew how to raise a concern if they were unhappy about anything although everyone we spoke with was very happy with the service provided. One person said “We have no complaints what so ever”. Another said “I cannot praise them enough if there is anything I want they do it straight away”. The manager listened to feedback from people when they had ideas about any further improvements to the home. As a result, small changes had been made which enhanced the quality of people’s lives. An example of this was that bird tables were put outside some people’s rooms so they could watch them feeding.

Staff enabled people to be as independent as possible. A visitor described how their father had been helped to learn how to operate a medical device he needed so he could use it when required without having to ask staff for help. Another person described how the staff and managers were assisting them to get independence and control back in their life.

Visiting professionals described a “person centred service” and said “nothing was too much trouble”. When needs were identified for people additional resources, such as equipment, were supplied by the manager without delay.

People received personalised care which was responsive to their needs. Staff spoke with people in ways that showed they had good knowledge of their lives and care needs. We saw staff responded promptly to people if they needed support to go to their rooms or to use the toilet. Staff interactions with people during the morning and afternoon, in a lounge and the dining area were positive. For example, one person was finding it difficult to express themselves and was becoming frustrated. The staff touched them lightly on the arm and started to talk with them about their work. The person immediately calmed

and spoke about their work for a short time. The person seemed animated and happy to talk about the past. The staff member had good knowledge about the person and had used this to help them to reduce this person’s anxiety.

People’s care plans were written in a way which reflected their preferences and wishes. People said they were involved in the planning of their care where appropriate family members were also involved and people had “Life books” which described their background, preferences and interests. Some staff had attended courses in person centred care. They explained everything revolved around people’s wishes and said they were offered as much choice as possible.

The home had adopted a no-uniform policy to make it feel more homely for people. The chef said he talked with as many residents as possible to discuss possible menus with them. People who preferred simpler meals or who did not want to use cutlery were offered a finger food menu, there was also a photo menu for people who were less able to describe what they would like. Staff knew which people had special dietary needs due to their religious beliefs or their social or medical needs and these were taken into account.

The activity co coordinator described an extensive range of both in house and external activities. These took into account the abilities of people and any special needs they had such as limited mobility. People told us the activities reflected their interests. A visitor said “Mum loves it here, the staff are lively and friendly and the food is very good. I am amazed at the amount of entertainment available; there is something to suit everyone’s interests. There is always something going on.” People who were too unwell or chose not to visit communal areas were also provided with one to one attention and the manager said a harpist had recently started to visit and they played to some people who were confined to bed.

Entertainment included visiting entertainers, hands on activities such as baking and cooking, gardening and pampering sessions. There was a minibus which was used for trips out. The registered manager said they had recently found a pub that would puree meals if necessary so more people could go out for a pub lunch. There were good links with the local church of England and some people had joined the church flower rota. There was a Catholic communion every week at the home and a Church of England service at least monthly. The home also had links

## Is the service responsive?

with Petersfield museum and hired boxes of memorabilia from them for people to use in reminiscence sessions. This showed the home was part of the local community and staff were actively involved in building further community contacts.

# Is the service well-led?

## Our findings

People said the culture of the home was open and inclusive. One person said “Communication is very good and we are well led by the owners.” People were encouraged to be involved in developing the service. There was a regular newsletter available to everyone involved in the home and people had the chance to meet with the provider. This enabled people to hear what was going on and to give their opinions and ideas. The most recent newsletter contained information about recent staff training, menu choices and activities. There were annual customer satisfaction questionnaires forms had been returned for 2014. All provided positive feedback from people with comments such as “friendly and professional atmosphere;” “Always welcomed;” “Home from home;” “More than happy with the care;” “There is humour and fun” and “care with a smile.” People could also provide feedback about the home online and positive comments had been left on the care at home website. The registered manager said they would produce a report based on the customer satisfaction survey and use this as part of planning and developing the service further. The providers were also planning to invest in the home.

The service user guide (a document intended to provide prospective and current users of the service with key information) set out the vision and values of Wenham Holt. These were to treat everyone with respect and dignity, and to provide a welcoming and supportive environment where people will feel comfortable and safe. People we spoke with said these vision and values were reflected in the care, support and treatment provided.

The registered manager recognised staff achievement by nominating a number of staff for the Hampshire Care Association staff awards. (These are local awards which acknowledge particularly good performance). The registered manager kept up to date with developments within the health and social care sector and was a member of a number of nationally recognised organisations such as National Association for Providers of Activities for older people (NAPA), Skills for Care and Social Care institute for excellence.(SCIE)

The registered manager was visible around the home and had a good understanding of people’s needs. Staff said they were well supported and loved working at the home. This enthusiasm was also reflected in the low staff turnover. Staff described the registered manager as “brilliant” “kind” and “supportive.” There were several different commissioners of care and the registered manager and staff worked well and professionally with them.

There were regular checks to audit and monitor the quality of the service. Any accident and incident which adversely affected the health or wellbeing of people in the home was recorded, the registered manager said all were discussed with staff to attempt to reduce the risk of them reoccurring. Health and safety checks, such as fire risk assessments and legionella checks were completed regularly to ensure the environment was as safe as possible. There was also a reciprocal arrangement with another home to carry out quality assurance checks. This helped to ensure Wenham Holt was meeting the requirements of the Health and Social Care Act 2008. Action was taken if any shortfalls were identified.