Rotherwood Healthcare (Hampton Grange) Limited

Gwen Walford House

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

This was an unannounced inspection carried out on the 27 July 2017.

Gwen Walford House provides accommodation, nursing and personal care to a maximum of 30 people. At the time of our inspection there were 23 people living at the home.

There was no registered manager in post at the time of our inspection. A new manager had been appointed by the provider, who confirmed to us they had applied to register with the Care Quality Commission (CQC). 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 service had not been previously inspected under this provider.

People were supported by staff who knew how to keep them safe. Staff knew what abuse was and how to respond if they suspected abuse.

People's risks were assessed and action taken to minimise such risks. Staff were aware of the action they needed to take in the event of an accident or incident occurring. There were enough staff to meet people's needs and keep people safe.

People received their medicines in a safe and timely manner.

Staff had training and support to meet people's needs effectively. Staff understood the principles of the mental capacity act and the importance of ensuring people were able to make choices and consent to their care.

People had the support they needed with eating and drinking and had access to health professionals when required.

People were supported by staff that were kind, caring and compassionate. Staff respected people's privacy and dignity.

Services were tailored to people's individual needs and wishes.

There was a system in place to capture and respond to complaints and feedback.

There was an open and inclusive culture where people were actively involved in running their home.

People were positive about the care they received and felt listened to.

Staff consistently told us they felt valued and supported by the new management team at the home.

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.

People were supported by staff who knew how to keep them safe. Staff knew what abuse was and how to respond if they suspected abuse.

People's risks were assessed and action taken to minimise such risks.

There were enough staff to meet people's needs and keep people safe.

People received their medicines in a safe and timely manner.

Is the service effective?

Good

The service was effective.

Staff had training and support to meet people's needs effectively.

Staff understood the principles of the mental capacity act and the importance of ensuring people were able to make choices and consent to their care.

People had the support they needed with eating and drinking.

People had support and access to health professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind, caring and compassionate

Staff respected people's privacy and dignity.

Staff treated people with respect and promoted their independence.

Staff actively involved people and their relatives in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received support that was tailored to the individual needs and preferences. Staff knew people and were able to respond to any changes in their needs.

People could pursue individual interests and organised activities.

There was a system in place to capture and respond to complaints and feedback.

Is the service well-led?

Good

The service was well-led.

There was an open and inclusive culture where people were actively involved in running their home.

People were positive about the care they received and felt listened to.

The provider had systems in place to assess and monitor the quality of care staff provided at the service

Gwen Walford House

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 checked 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 was an unannounced inspection carried out on the 27 July 2017. The inspection was carried out by one inspector, a specialist advisor in nursing, and one expert by experience. A specialist advisor is a person with a specialist knowledge regarding the needs of people in the type of home being inspected. Their role is to support the inspection. The specialist advisor was a nurse with experience in nursing care for the elderly. 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, 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. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for any information they had, which would aid our inspection. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

At the time of our inspection, there were 23 people living at the home. We spoke with 13 people who used the service and 12 visiting relatives and friends. We also spoke to a church visitor. We spoke with the home manager, the deputy manager, a director from the company, two nurses, five members of care including an agency member of care staff, the activities coordinator, the domestic and a home therapist.

Throughout the day, we observed care and treatment being delivered in communal areas that included lounges and dining areas. We also looked at the kitchen, bathrooms and external grounds. As part of the inspection, we spent time with people in the communal areas of the home. We spent time observing interaction between staff and people who used the service.

We reviewed a range of records about people's care and how the home was managed. These included three care records, four medicine administration record (MAR) sheets, six recruitment files, quality assurance audits and minutes from resident and staff meetings.

Good

Is the service safe?

Our findings

Both people who used the service and their relatives told us they or their family members were safe living at Gwen Walford House. One person told us, "I use a walking frame and need support. I always feel safe when they are helping me. I do feel safe living here." One relative told us that their relative had occasional falls as they would not use their walking frame. The home had installed a wall sensor in the person's room to notify staff if they were moving about. The relative felt that staff were managing their relative's risk of fall very well and the home worked hard at keeping their family member safe. Another relative said, "I chose this home, because it would be safe for our relative after they had a series of falls."

Staff were aware of the risks associated with people's needs and how to keep them safe. There were individual risk assessments in place to ensure people were safe. These included risk associated with falling, skin integrity, moving and handling, nutrition and choking. This provided guidance to staff on how they could minimise the risk of harm. One member of staff told us, "There are risk assessments in place for each resident. People are assessed when they first come here. We are aware of people and know who are at risk of falling for example. We have sensor mats in their rooms and watch them closely to make sure they don't fall. Other people have risk assessments for when they are being hoisted. I am confident people are safe here." Each person had a Personal Emergency Evacuation Plans (PEEP). A PEEP provides information for the staff and emergency services about what support each person would require in the event of an emergency such as a fire.

Staff were able to describe confidently what action they would take if they had any concerns that people were being abused. There were systems in place to protect people who lived at the home by ensuring appropriate referrals were made to the local authority and action taken to keep people safe. One member of staff explained how they would not hesitate to report any concerns they had of suspected abuse of people to the management team. They explained there were forms available within the home for the purpose of making referrals regarding safeguarding concerns. Another member of staff said, "If I saw a resident being abused, I would report it to the nurse in charge. If the nurse didn't do anything, I would go straight to the manager. We also have a whistleblowing policy, where we can report any concerns like bad practice." Both the homer manager and deputy manager were aware of their responsibilities in reporting any potential concerns in line with local safeguarding procedures.

There were appropriate recruitment procedures in place, which ensured staff were suitable to support people who used the service. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained. A DBS check is a legal requirement and is a criminal records check on a potential employee's background. Staff told us they underwent pre-employment checks before starting work at the home. The provider checked potential staff's previous employment history, their identity and obtained suitable references.

There were sufficient numbers of staff on duty to meet people's needs. People told us there were enough staff available to support them when they needed it. One person told us, "If I ring my bell, they answer very quickly day or night." During our inspection, people were supported by one nurse and five members of care

staff. Additional support was provided by the activities coordinator and the home therapist. We saw call bells were answered promptly by staff. One member of staff told us that current staffing levels were good, but they would need to be reviewed if numbers of people increased. Another member of staff said, "Since I started working here, I have had no concerns about staffing numbers. With the current numbers of residents, we are fine. We have mainly permanent staff and rarely use agency." An agency member of care working at the home for the first time told us that everything was organised and calm. Staff knew what they were doing and knew the residents well. They said it was a 'nice home' as they were able to speak from experience at working at other homes.

Staff were aware of the action they needed to take in the event of an accident or incident occurring. They would immediately report such issues to the nurses on duty or management and ensure a written record was made. These would be reviewed by the home manager to ensure that the correct action had been taken and to identify underlying trends in an effort to reduce and prevent reoccurrences.

We looked at what arrangements were in place for storing and administering people's medicines. The management and administration of medicines was safe. One person told us, "I get the medicines I need and I believe I get them at the right time." Another person said, "They do my medicines very well. The nurse does it and also checks my blood." We saw the nurse administering medicines to people. They were friendly and calm and were patient when giving people their medicines. They took time to ensure medicines were given as prescribed to the correct people. They remained with the person to ensure that they had taken medicine before leaving them. Records supporting and evidencing the safe administration of medicines were complete and accurate. Competency checks to ensure the nurses had the relevant skills and knowledge were in place. There were system in place to ensure the local pharmacy delivered medicines on time and stock piling was avoided.

Good

Is the service effective?

Our findings

People told us that staff were competent and trained and knew how to meet their needs. One relative told us, "My relative is going through a difficult stage. They can be uncooperative and lash out, but they seem to cope with that." Another relative said, "Staff seem competent and know how to look after my relative."

Staff told us that they had plenty of training that was relevant to their roles and they felt supported by the management team at the home. New staff told us they attended a period of induction, structured around their previous experience in care. One member of staff said, "We have mandatory training and I have recently done Safeguarding, Mental Capacity Act (MCA), Moving and Handling and Infection Control. It is both classroom based and on-line." Another member of staff told us they had just completed a nationally recognised training programme in social care. They had also recently completed mandatory training and a course in dementia awareness, which was a combination of both classroom and practical input. The deputy manager explained that they provided clinical support to the nurses and were responsible for ensuring staff were appropriately trained to undertake their roles. They were in the process of completing a 'train the trainer programme,' which would enable them to deliver more in house training.

Staff told us they received regular one to one support from management. This provided an opportunity to discuss their individual performance and training requirements. One member of staff told us, "We have a new manager, who is approachable and does listen. I have had supervision with the old manager, we talked about how things were going and my training needs." Another member of staff told us they felt supported and valued by the new manager.

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).

Staff we spoke with confirmed they had received recent training in the MCA and were confident in describing the principles of the MCA legislation. We saw clear evidence of mental capacity assessments and best-interests decisions carried out for people. We found the provider was working within the principles of the MCA, who confirmed that three people were currently subject of an approved DoLS.

During the course of the inspection, we saw staff seeking consent from people before delivering any care or treatment. One person told us, "They always ask my permission before giving me any care." A relative said, "The staff do get permission before they give any treatment." One member of staff explained how they always sought consent from people before delivering any support. They said that most people could verbalise their consent. With people who had difficulty communicating, they would take their time and explain things carefully. They would know from the person's reaction whether they had provided consent.

We found that people's dietary requirements were assessed and appropriate care plans and risk assessment were in place. Most people told us they were happy with the quality and variety of food available. One person said, "There's a range of things for breakfast, cereals such as cornflakes, shredded wheat, and rice krispies; but I like the porridge. You can have cooked breakfast and then there's toast." Another person said, "There's a choice of meals displayed on that board. You choose on the day." A third person said that biscuits and snacks were offered throughout the day, if they wanted them.

We saw lunch was served to people in the dining room or in their bedrooms. People chose where they wished to have their meal. Meals were nicely presented on trays, when taken to people's rooms. Staff gave assistance to people who were unable to feed themselves. There was a feeling of calm efficiency as people were assisted and encouraged to eat and were treated with dignity. People were not rushed and everyone appeared to enjoy their meals.

People told us that they were supported to access other health professionals when needed. The nurse on duty explained that the relationships with the GP surgery was good and a doctor was assigned to provide medical care for the residents at the home when needed. This ensured continuity of care for people living at the home. We were told the home worked closely with doctors at a local Hospice, who were always helpful and supportive. End of life training was also available from the hospice and nurses had received training in the use of the updated syringe drivers. People accessed support from the tissue viability team who provided support to the home when dealing with complex cases of wound care. The diabetic specialist nurse was also available to support nurses in the management of unstable, insulin dependent diabetics.

Good

Is the service caring?

Our findings

People were supported by staff that were kind, caring and compassionate. One person told us, "The staff are very good and kind. They've got very different personalities; I've got used to them by now." Another person said, "I rate the home highly. This was the best place we visited." One relative said, "The staff are kind and respectful." Another relative told us, "The staff are very good, two in particular are really good at handling [relative] and coaxing them."

We saw that the dignity and privacy of people was always respected when care needs were being attended to. One person told us, "I give them full marks for privacy and dignity. The staff are very good." We saw bedroom doors were closed when personal care was being given. Once completed, doors were then left open if that was the wish of the person. People looked well dressed and groomed, there was attention to detail. We saw drinks being placed within easy reach of people together with call bells so that help could be summoned if required. Staff engagement with people was compassionate, relaxed, and warm. Staff knew the people they supported well. One member of staff told us how they always knocked on people's doors and greeted them. They ensured door and curtains were closed when delivering personal care and ensured people were covered up and not made to feel uncomfortable.

We saw people receiving a hand massage from the home therapist. It was apparent that there was a close bond between people and the therapist. The therapist explained to us that the massage was not for everyone, and they respected that some people did not like to be touched in such an intimate way. They also told us that a hand massage was sometimes beneficial and soothing for people who were distressed.

We spoke to one visiting relative who wanted to tell us about their experience with the home. They explained that until recently their relative had been living at the home, but had passed away. They told us how pleased they had been with the care their relative received from staff during their relative's last days. They described the care as being compassionate and of 'hospice' standard. They said that nothing was too much trouble for staff. The staff enabled their family to sit with their relative during their final hours. They found staff were so kind and supportive during this difficult period.

During our visit, we were told that a person had passed away that morning. Staff dealt with the situation professionally and in a calm and respectful manner. Care staff lined up in silence by the outer doors of the home to pay their last respects to the person as the undertakers took them out to the waiting car.

We saw staff encouraging people to retain their independence, when supporting people mobilise for example. One person said, "They do encourage me to do as much as I can, like dressing and walking, but they also ask me what I want to do." One member of staff told us, "I encourage people to be independent as much as they can. I always say to them 'if you don't use it, you will lose it." Another member of staff told us, "I encourage people to do as much as they can for themselves. Some residents are quite independent, others need prompting. If I see them struggling I will intervene and provide support."

People told us they were involved in their or their relative's care. One relative told us, "My relative has a care

plan, which we have gone through on several occasions with staff. I feel very involved in their care." Another relative said, "It is excellent care. They keep you well informed."

Good

Is the service responsive?

Our findings

People and their relatives felt the service was tailored to people's individual needs and wishes. One person told us, "My eyesight is very restricting. I'm grateful for what they do." Another person told us that they were on fluid restrictions, which they were able to monitor. They told us staff were very proficient at ensuring they received the right amount of fluid each day. One relative described to us an incident when one person was being noisy and disruptive, whilst sitting in the main lounge. They explained how impressed they had been with staff who offered to take the person to their room, but they refused. Staff then took turns to sit with this person, talking to them and calming them until the person was relaxed and less anxious. Another relative told us how their family member could be very abusive to staff, but staff knew how to manage and support them in a calm and respectful manner.

We spoke to staff about people's care and nursing needs. Staff we able to tell us about individual people and their specific needs. One member of staff told how they knew their residents well and would immediately notice changes in their behaviour or moods. On one occasion they saw that a person wasn't themselves, so they arranged for them to be taken to hospital, where a serious condition was diagnosed.

We were told there were no hand written care plans in the home, but staff used a computer software system to record information about people. Staff were able to demonstrate how the software system worked. We saw how nurses had prepared personalised care plans for people following an initial assessment on admission to the home. This identified a person's specific care needs such as weight monitoring, fluid and dietary needs, wound care and pressure area care. All aspects of care were highlighted and fed into a central computer. This information could then be accessed by using hand held devices available to staff. On completion of care, staff were able to update a person's records throughout the day and enabled other staff to see at a glance care that had been completed or was still outstanding. Staff told us records were up to date and accurate, which we were able to verify.

We asked people how they were encouraged to pursue their interests and seek opportunities to broaden their experiences. One person told us, "We've made cakes here because I like baking, but the oven isn't working at the moment. What I really like to do is make bread." Another person said they periodically joined in in activities, but preferred to stay in their own room listening to the radio. During our visit we saw people playing cards and bingo. People told us there were plenty of things to do if they wanted. We spoke to the newly appointed activities coordinator. They explained that people were encouraged to engage in organised activities, but if they declined they would meet with people on a one two one. This would be an opportunity to chat and engage with the person. They explained that a number of people had mental capacity at the home and requested more stimulation in the form of crossword and word puzzles, which they had arranged.

One member of staff told us that there was something always happening and they would encourage residents to join in. If people declined they respected their wishes. In nice weather people were able to sit in the garden if they wanted. Another member of staff described activities for people as 'hit and miss.' They felt more stimulation for people was required, but acknowledged a new coordinator had just been appointed.

We saw one person having their spiritual needs met by a church visitor, who explained they visited weekly and the person would be taken to church once a month. They said they liked the home and were always made to feel welcome, and would welcome the opportunity to stay at the home themselves when the time was right.

People told us they felt comfortable to raise any concerns or complaints with staff or the management team, though they had never had cause to. We found that there was a complaints system in place, and the information about how to complain was clearly displayed. People were also able to raise concerns and provide feed-back at resident and relative meetings, which were then addressed by the home manager. A suggestion box was also available in the reception area.

Good

Is the service well-led?

Our findings

The care which was delivered at the home on our day of inspection was responsive, compassionate and professional. People spoke positively about the new management at the home. People told us they felt well supported by the manager who directed staff effectively in providing their care. One relative said, "The new manager is more 'hands on' than the last one. They seem to be getting to know the residents really well." Another relative said that the new manager was more involved in the care delivered. They found them very attentive to detail with staff in ensuring the correct care was provided for people. The relative found this attention to detail by the new manager as reassuring. A third relative said, "The manager is much better than the last one, seems on the ball and keen to make improvements." We observed the manager providing hands on care, such as supporting people to eat, joining in with art activities, and aiding people with wheelchairs and chatting with them.

Staff consistently told us they felt valued and supported by the new management team at the home. They also felt confident in challenging working practices and raising such issues. Staff felt they could approach the manager about any work or personal difficulties, and had confidence these matters would be addressed. One member of staff said, "The manager's door is always open, I feel very supported." Another member of staff told us the new manager was open, personable, and that they listen. Staff told us they attended regular staff meetings with the management team, which provided an opportunity to raise any concerns or make suggestions.

The new manager was clear about the duties and responsibilities and confirmed their intention to register with CQC as the registered manager at the home. The manager told us they felt well-supported by the provider.

We saw the provider had systems and procedures to assess, monitor and address the quality of the service provided. These included regular quality checks and audits in respect of medication practice, reviewing falls, complaints and suggestions. If required, audit findings were supported by an action plan to address any areas in need of improvement. Audits of care provision were also undertaken by the provider.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that we had received all the required notifications in a timely way from the service.