

Newton Chinneck Limited

St George's Witham Nursing Home

Inspection report

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Date of inspection visit: 21 April 2015
Date of publication: 18/05/2015

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 

Overall summary

The Inspection took place on the 21 April 2015.

St George's Witham Nursing Home provides accommodation with nursing care and palliative care for up to 40 older people some of whom may be living with dementia. At the time of our inspection 34 people were living at the service.

The service has two registered managers. 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been

Summary of findings

recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by qualified staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with recent changes to the law regarding DoLS and had made appropriate referrals.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. The service worked well with other professionals to ensure that people's health needs were met. Where appropriate support and guidance was sought from relevant healthcare professionals.

Staff were attentive to people's needs and were able to demonstrate that they knew people well. Staff treated people with dignity and respect. People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The manager had a number of ways of gathering people's views including talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

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 at the service. Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

Staff were supported when they came to work at the service as part of their induction. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them.

Good



Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local community.

Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

The service was well led.

People and staff were complimentary of the management and the support they provided.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



St George's Witham 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.

We inspected St George's Witham Nursing Home on the 21 April 2015 and the inspection was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database.

Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection 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 spoke with ten people, four relatives, nine members of care staff, the chef and both the managers. We reviewed seven people's care files, five staff recruitment and support files, training records and quality assurance information.

Is the service safe?

Our findings

People told us they felt safe living at the service, one person said, “I feel safe here, it’s my home now.” Another person said, “The staff are very good here, they all look after me.” A relative told us they had ‘real peace of mind’ knowing their relative was living at the service. Another relative said, “There always seem to be staff close by and I feel that my relative is safe and secure here.”

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff said, “If I am worried about any resident I contact the manager, or the nurse in charge, I would also record in writing what I had found and the action I took.” The service had a policy for staff to follow on ‘whistle blowing’ and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. Staff said, “I understand about whistleblowing and if I had any concerns not properly dealt with here I know I could take it higher if I needed too.” The manager’s knew how to report safeguarding concerns to the local authority, CQC and police as appropriate and shared information as required for any investigations.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, nutrition assessments and prevention of pressure sores.

Staff were trained in first aid and there were qualified nurses on duty at all times. Should there be a medical emergency staff knew to call a doctor or paramedic if required and the nurses were able to support with minor incidents. Staff had recently completed a six week program to practice fire drills with people, everyone had a personal evacuation plan in place so staff knew how to support them in the event of a fire.

People were cared for in a safe and well maintained environment. For day to day maintenance the manager employed a maintenance person which meant issues could be addressed quickly with minimal impact on people. Equipment was monitored and checked to ensure it was in

good working order for people to use and safe. The manager had a refurbishment program in place which included redecoration of rooms and was in the process of having new flooring fitted to part of the service.

There were sufficient staff to meet people’s needs. Relatives told us, “There is always staff around if you need them.” People told us, “Staff are always willing to help me, if I need them I can press my buzzer.” We noted that people always had their call buzzer positioned near to them and that these were portable. One person sitting in the garden had a call buzzer with them so that they could summon assistance if they required.

Staff were deployed over the two floors with each floor being led by a qualified nurse. In addition to the care staff the manager employed a full time person to facilitate activities for people. There was staff employed to take care of the cleaning, people’s laundry, a chef and kitchen staff as well as a member of staff to provide regular drinks for people and support the provision of meals. A staff member said, “In my opinion I think the staffing levels are good and we have enough staff on duty to meet people’s needs.” The manager reviewed staffing levels dependent on the level of support people required. People received consistent care from staff who knew them well. The service was well staffed but if there were shortfalls there were suitable arrangements in place to ensure that people were supported safely.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, “I think the recruitment here is done properly, I had an interview and did a criminal record check before I could start.”

People received their medications as prescribed. One person told us, “I get my medication when I need it; I have extra pain medication when needed too.” Qualified nurses who had received training in medication administration and management dispensed the medication to people. We observed part of a medication round. The nurse checked the correct medication was being dispensed to the correct person by first checking the medication administration

Is the service safe?

record and by talking to the person. The nurse checked with the person if they required any additional medication such as for pain relief and where necessary supported the person to take their medication with their choice of drink. When people needed additional medication this was clearly care planned and recorded on the medication charts.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. A staff member said, “My training is kept up to date and it includes the areas needed for the people I support.” Staff had been supported to achieve nationally recognised qualifications in care. Qualified nurses had been supported with their professional development by completing courses relevant to their role such as end of life care and catheter care. The provider supported training by employing a training lead who delivered training directly to staff at the service. A staff member said, “My training is kept up to date and it includes the areas needed for the people I support.”

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. The induction included completing the new Care Certificate, this enable staff who are new to care to gain the knowledge and skills to support them within their role. Staff said, “We had induction training when we started working here and we get regular update training.”

The service took the required action to protect people’s rights and ensure people received the care and support they needed. Staff had received training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. The managers had made appropriate applications to the local authority for DoLS assessments. Mental capacity assessments had been carried out where needed and appropriate actions had been taken. For example, the service had sought to protect people’s rights and freedoms because decisions had been made in people’s best interests where required. Staff knew to check that people were consenting to their care needs during all interactions.

People said they had enough to eat and choice about what they liked to eat. People were provided with a choice of food and drinks throughout the day. People told us they enjoyed the food and were very complimentary of the chef, one person said, “The food is blooming lovely.” Another person said, “I get enough to eat, it is always pleasant.” We observed a mealtime and saw this was a very relaxed occasion. Where people needed support with eating staff sat with them and engaged in conversation with them, whilst providing support at the person’s own pace. People all told us they had enjoyed their meal. One person did not like the choices on the menu, so the chef made them an alternative, which they enjoyed.

Staff monitored people’s weight and where appropriate made referrals to other professionals such as a dietician. The chef was provided with the information they needed from staff to provide specialist diets as required for people, for example, diabetic diets or extra calorific diets to encourage weight gain.

People were supported to access healthcare as required. One person said, “I could have a pain in my finger and they would get the doctor.” The service had good links with other health professionals, such as chiropodists, district nurses, GPs and McMillan nurses. Where required the service used a community dentist and optician who came to the service. A relative told us the service was very good at monitoring their relative who was prone to frequent infections. They said, “The staff are very good at monitoring for the signs of infection and call the doctor straight away.”

We spoke with two visiting healthcare professionals who told us the service was very prompt at making referrals. One said, “I would recommend living here.”

Is the service caring?

Our findings

The staff provided a very caring environment; we received many positive comments from people and their relatives. Such as, “They are all lovely, always smiling.” Another person said, “They are all very nice, whoever comes on duty. I have a really good life here.” A relative told us they found the staff very compassionate and caring, they said, “They are all genuine, prepared to give you a cuddle when you need it.”

The staff were open and friendly. Staff and people engaged in conversations with each other, easily, frequently laughing together. Staff took their time to talk with people and showed them that they were important; they always approached people face on and at eye level. Staff were attentive to people’s needs, checking if they were cold and asking people if they needed anything when talking with them.

Staff knew people well including their preferences for care and their personal histories. The service had recently completed a piece of work obtaining people’s life histories from them and their relatives. This enabled staff to understand people’s backgrounds, their social interests and what was important to them. Staff knew people’s routines and what times they liked to be supported with personal care or getting up in the mornings. One person preferred to spend time in their room, a relative told us, “The staff always check they are ok and try to encourage them to spend time with others.”

People’s diverse needs were respected. People told us their religious needs were supported by a monthly religious service that was held there. People also had access to individual religious support should they require this.

People and their relatives were actively involved in making decisions about their care. One person said, “Staff discuss my care with me.” A relative said that communication was good at the service they said, “Staff discuss everything with me good or bad, nothing is hidden.”

People said they had spent time at the service previously for respite care. They said this had helped them to decide they wanted to live at the service. One person said, “Its better service here than you would get at a hotel.” A relative said, “The staff are very caring, they do the job properly and they always let me know if they have any concerns about my relative”.

People were treated with dignity and respect. There were many different areas where they could have private visits with family if they wanted, including outside space. The service had recently purchased a new gazebo in preparation for the summer so people can make use of the outside space even on hotter days. Staff were also respectful of people’s personal space, ensuring they knocked on people’s doors and waited to be invited into their rooms. One person told us, “The staff check with me if I’m ok, they knock when they want to come into my room and they close the door when they are helping me.”

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service the manager undertook an assessment of their support needs to ensure they could be met at the service. People and their relatives were encouraged to look around the service and meet people to see if they felt it would suit their needs. We heard many accounts from people and their relatives with previous experience of the service through other relatives living there and how this had helped them to make the decision to come and live there.

Staff had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. The care plans were individual to people's needs and described how to best support them. The care plan was regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs. Relatives and people told us they were involved in planning their care, one relative said, "Staff keep me updated on my relative's health and are good at including me in discussing on my relative's care and support plan."

People were encouraged to follow their own interests and hobbies at the service. One person told us how they liked doing art work and making things to go on display. They said, "You can't get bored here, always something to do." Another person told us how they liked doing gardening and

had recently planted some seeds. They said, "I like to do the gardening, it's lovely to see the seeds grow." The service employed a person to assist people with their activities and hobbies. There was a well-planned schedule of activities which included coffee mornings, art and craft, external entertainers and trips to places of interest in the community. We saw an entertainer during the afternoon singing to people which they were enjoying whilst drinking a glass of sherry or port. For people who chose not to join in with group activities the activities person spent time with them individually in their rooms. A person told us, "I sometimes join in with the activities such as indoor games and puzzles and when the weather is good I sometimes go out and sit in the garden."

The service tried to be inclusive of people's needs and had recently purchased raised flower and vegetable planters for people to use in the garden. This meant people who had difficulty bending or used wheelchairs could participate in growing flowers and vegetables. The service also had internet access throughout and we saw people making use of this. A relative told us that they had previously had issues connecting to the internet so the service installed a new router to boost the signal. They told us that they could now easily access the internet and that their relative liked to use this to connect with their relatives and keep in touch.

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People we spoke with said if they had any concerns or complaints they would raise these with the manager. One person said; "I would not have a problem in making a complaint but I have nothing to complain about." A visiting relative said, "I know we can complain if we need to and I'm confident that if I did staff would respond positively."

Is the service well-led?

Our findings

The service had two registered managers who shared the responsibility for the management and day to day duties in the service. This also meant they could provide cover for each other when on leave so that a manager was always available. The managers were very visible at the service and had a very good knowledge of all the people living there and their relatives.

People, their relatives and staff were very complimentary of the management. A relative told us, "The managers are always available for a chat and are very friendly. They always know what is going on with my relative and can tell me how they are." The managers promoted an open culture at the service and had an open door policy for people, relatives and staff.

Staff felt the managers were very supportive and one said, "The managers are both very approachable if we need any advice and I can have a one to one supervision meeting if I ask." Staff had regular supervision and meetings to discuss people's care and the running of the service. A staff member said, "We get regular support and supervision, one of the managers or nurses are always available to contact for advice." Staff had team meetings to discuss any issues at the service and to learn from any events and share

information. Staff felt that their opinions on the service were listened to; one member of staff said, "I think the managers take notice and action on what I say about people's needs."

The managers gathered people's views on the service through regular meetings with people and their relatives. Each year the provider sent out a questionnaire to people who use the service, their relatives and other stakeholders such as healthcare professionals. We saw that there was positive feedback on the service from last year's survey, with a good response rate. The managers had also analysed the information to see where improvements could be made to continually progress the service. One suggestion from relatives had been to have keypad access to the service and this had now been installed.

The managers had a number of internal quality monitoring systems in place to continually review and improve the quality of the service provided to people. To help with the quality monitoring the provider also carried out a number of regular audits. These were then included in a monthly meeting with senior members of staff to analyse all relevant data on the running of the service and care people received to see how this could be improved. Things discussed included people's care and health needs, training of staff, learning from accidents and incidents and the general maintenance of the environment and equipment used. From these meetings action plans were put in place to ensure that continual improvements were sustained.