Wotton Rise Nursing Home Limited

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Inspection report

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20 April 2016

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Ratings

Overall rating for this service	Good

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?	**Good**

Summary of findings

Overall summary

The inspection took place on the 18 and 20 April 2016 and was unannounced. The home was last inspected on 9 September 2014 and met all the legal requirements assessed at that time.

Wotton Rise Nursing Home provides nursing and personal care to a maximum of 27 people.

Wotton Rise had two registered managers 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.

Staff and management understood how to protect people from harm and abuse. People's individual needs were known to staff.

People had their prescribed medicines safely and on time. However the service needed to ensure there was sufficient guidance for staff on the administration of certain 'as required' medicines.

Staff were caring and supported people in a calm, sensitive and effective manner. There were sufficient staff to meet people's needs. People and their representatives appreciated the caring approach of the staff with one visitor describing "kind, caring staff".

Risks to people's safety were identified, assessed and appropriate action taken. Visitors were welcomed to the home at any time.

Staff received support to develop knowledge and skills for their role. They commented on how well the staff team worked with each other to keep people safe and meet their needs. The management were visible and accessible to people, their visitors and staff. They strove to provide a quality service to people through engagement with them and their representatives. People and their representatives were asked for their views about Wotton Rise Nursing Home. Surveys and individual meetings with the registered manager provided an opportunity for feedback. Where areas were identified for improvement, appropriate action was taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe in the main.

People were safeguarded from the risk of abuse and from risks in the care home environment.

Sufficient staffing levels were maintained to meet people's needs.

There were safe systems in place for managing people's medicines.

However there was lack of guidance for the administration of some 'when required' medication.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received appropriate training and support to carry out their roles.

People's ability to make decisions and consent to care was protected by the correct use of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards.

People's meal preferences were known and they were supported to eat a varied diet in response to their needs.

People's health needs were met through on-going support and liaison with relevant healthcare professionals.

Is the service caring?

Good

The service was caring.

People were treated with respect and kindness.

People and their representatives were consulted about the care provided to meet their needs.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Is the service responsive?

Good

The service was responsive.

People received individualised care and support.

People were enabled to engage in activities of their choice.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

Good

The service was well led.

Required information in the form of notifications had been sent to CQC.

The registered manager and deputy manager were accessible and open to communication with people using the service, their representatives and staff.

Quality assurance systems which included the views of people using the service and their representatives were in place to monitor the quality of care and accommodation provided.

Wotton Rise Nursing Home Limited

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 18 and 20 April 2016 and was unannounced. One inspector carried out the inspection. We spoke with one person using the service and four visitors. In addition we spoke with one of the registered managers, the deputy manager, the cook, one registered nurse and two members of care staff. We used the Short Observational Framework for Inspection (SOFI) for people living with dementia. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed records for four people using the service, looked at how people's medicines were managed, toured the premises and examined records relating to the management of the 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 have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Requires Improvement

Is the service safe?

Our findings

We checked the arrangements for storing people's medicines. Medicines were stored in locked secured trolleys or in a medicine storage room. However one of the cupboards containing medicines in the main medicine storage room was not locked because the key had been damaged. We brought this to the attention of the registered manager who arranged for the medicines to be stored securely elsewhere. Medicine storage temperatures of the storage cupboard and refrigerator were monitored and recorded daily. Records showed storage temperatures had been maintained within correct limits. Medicines not requiring a prescription known as 'homely remedies' were stored in a separate cupboard with their use agreed by people's GPs.

We looked at the arrangements for medicines which need to be kept securely and administered by two staff in line with the requirements of The Medicines Act 1968 and associated legislation. Although these medicines were stored securely the storage arrangements did not meet the legal requirements. We brought this to the attention of the registered manager who arranged for a replacement storage cupboard to be ordered. This was being fitted on the second day of our inspection visit.

People had their medicines on time and as required. Medicines administration records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. There were records of medicines received and of medicines disposed. Medicines were given to people by registered nurses. Although people's care plans contained guidelines for staff in administering medicines, we found a lack of specific guidelines for the administration of medicines to relieve people's anxiety which were prescribed to be given on an 'as required' basis. We discussed with the registered manager who agreed to check relevant guidance on this.

People were protected from the risk of abuse. The provider information return (PIR) described "Zero tolerance of abuse, discrimination bullying or harassment". Staff demonstrated knowledge and understanding of safeguarding policies and procedures and confirmed they had received safeguarding training. They were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. Contact details for reporting a safeguarding concern to the local authority were available.

People were protected against identified risks with detailed assessments. There were risk assessments for falls, pressure area care and nutritional risks. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. For example completed pressure area assessments detailed the equipment used to prevent people from developing pressure sores. Risk assessments had been reviewed on a monthly basis. People were protected from risks associated with fire, scalding, legionella and electrical and gas equipment through regular checks and management of identified risks.

We carried out a tour of the premises and noted the care home was warm, clean and well maintained. Visitors we spoke with praised the cleanliness of the environment. The latest inspection of food hygiene by

the local authority had resulted in the highest score possible. This score had been maintained for over five years.

Sufficient staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people using the service. This could be flexible at times when people required extra support to manage a person's behaviour. One person told us when they called staff, "they don't take long to come". Two visitors we spoke with thought there were enough staff for people's needs. Staff also felt staffing levels were sufficient for peoples' needs.

People were protected against the employment of unsuitable staff. Applicant's employment history and reasons for leaving previous employment had been recorded on application forms. We discussed staff recruitment with the registered manager who assured us that checks had been made on all relevant previous employment although acknowledged in some cases this had not been recorded. Disclosure and barring service (DBS) checks had been carried out before staff started work. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Checks were in place to ensure nurses held current registration with the Nursing and Midwifery Council.

Appropriate cleaning arrangements were in place to maintain the laundry in a hygienic state. A three monthly infection control audit took place including checks on the environment of the home and the appropriate use by staff of protective equipment such as gloves and aprons. All staff had completed infection control training. Visitors we spoke with praised the cleanliness of the environment.

Good

Is the service effective?

Our findings

People were cared for and supported by staff with the appropriate knowledge and skills. One person told us they were "well trained staff". A visitor commented staff were "very good" and they had "no complaints" about them. Staff received training in such subjects as manual handling, health and safety, first aid and fire safety. They also received training specific to the needs of people using the service such as epilepsy, diabetes and dementia. The care certificate qualification was in use for the induction of new staff. These are minimum standards that should be covered as part of induction training of new care workers. Staff confirmed they received enough training for their role and told us they worked well together as a team and provided support for new staff. Staff had individual meetings called supervision sessions with the deputy manager, these took place every two months. One member of staff confirmed these sessions were useful and they took place regularly. Staff we spoke with were positive about the training and support they received to carry out their role. One staff member told us management were "always supporting us".

People were enabled to make their own decisions regarding their care and support needs as far as possible. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. Assessments had been made in relation to people's capacity to consent to personal care.

We checked whether any conditions on authorisations to deprive a person of their liberty were being met. 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 are called the Deprivation of Liberty Safeguards (DoLS). At the time of our visit six people had authorisations in place to deprive them of their liberty. There were no conditions associated with any of these authorisations. Where people had appointed a lasting power of attorney (LPA), for health and welfare, the service was aware of this and had a copy of the relevant documentation. Do not attempt resuscitation orders had been completed for people by their GPs through consultation with the person's relative where they lacked mental capacity. Staff had received training in the MCA and DoLS and demonstrated knowledge of the principles involved.

People were provided with a variety of balanced meals in response to their needs and preferences. We spoke with the cook who explained the approach to providing meals for people. This was based on known food preferences although the cook explained how they would also try new dishes at times to add variety. They said, "you try and treat them [people] the way you would treat your family". A new menu was being compiled and in doing this the cook demonstrated a thorough knowledge of the likes and dislikes of each person using the service, even down to their preferred choice of biscuit. They were also aware of any preferences relating to people's cultural background. The cook explained how they would keep this knowledge up to date through informal conversations with people as well as consulting people's relatives. One person told us they had spoken with the cook about their meal preferences. A visitor also told us how about the work by staff to find out and provide their relative's favourite foods. Nutritional information was

gathered when people moved into the home, this included type of diet, ability to eat and drink and likes and dislikes. Menus offered choices such as a choice of main course. The cook was also aware of the need to provide diets based on people's health needs for example if a person was experiencing weight loss, meals could be suitably fortified. Information about people's weights was shared with the cook on a weekly basis so that they could take action if needed. The cook liaised with dieticians and speech and language therapists where appropriate. Variations in the menu reflected changes in the seasons such as casseroles for the winter and salads for the summer. Meals were prepared with fresh ingredients. People and their relatives were positive about the meals offered. One visitor told us their relative was "eating well".

People's healthcare needs were met through regular healthcare appointments and visits from healthcare professionals. Records showed people had received, influenza vaccines, visits from GPs, mental health professionals and chiropodists. Where the need was identified, advice had been sought from specialist tissue viability nurses. People had monthly checks on physical observations such as temperature, pulse and blood pressure.

Good

Is the service caring?

Our findings

People were treated in a kind and caring way by staff who had received training in 'dignity and respect'. The home's policy document "Values of privacy, choice, fulfilment rights and independence", set out how the home expected staff to treat people and how these values were upheld. Visitors commented on the caring nature of staff describing their "great care and kindness" and commenting they were "very friendly". A visitor told us "I couldn't wish for any better care for (the person)". Another visitor told us their relative "always seems happy when I come in" and added "He always seems like he is cared for". Another said "He gets very good care". During our observation in communal areas we noted staff using an attentive and respectful approach to people. For example speaking to people to check on their wellbeing, checking they were happy with the television being on and engaging people in conversation before providing care and support. At lunch time, people in the dining room enjoyed eating their lunch in a calm atmosphere.

Care plans were written following consultation with people and their representatives. Visitors told us how they were aware of their relative's care plan and had been consulted about their care. Records of meetings with people's relatives confirmed this. The registered manager explained how these meetings allowed for discussion of issues relating to people's care which would not be appropriate in a meeting with other relatives present. People made use of advocacy services with three people using Independent Mental Capacity Advocates (IMCA). IMCAs are statutory advocates who work within the framework of the Mental Capacity Act 2005.

People's privacy and dignity was respected. One person confirmed they were able to have their own privacy. This approach was reflected in people's care plans, with one person's plan stating "It is essential to provide privacy and dignity when attending to (the person's) personal care needs. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. When supporting someone with personal care they would ensure doors were closed and people were covered appropriately. We observed staff knocking on doors before entering rooms during our visit. People confirmed this was normal practice. Senior staff told us how they would monitor junior staff to ensure people's privacy and dignity was respected. Care plans detailed people's preferences to receive support from staff of the same gender, one person's care plan stated "she prefers female staff". Staff also told us how they would promote people's independence, in particular encouraging people to carry out tasks for themselves. Care plans reflected this approach detailing the care tasks people could do for themselves.

People were able to keep in touch with family and friends, receiving visitors with no unnecessary restrictions. One person told us how their visitors would come in at any time. Visitors told us they were made to feel welcome and there were no restrictions on visiting. One visitor described the home as "very welcoming" and said "I can visit anytime I like."

The registered manager explained the approach to providing care for people in their final days. All staff had received training in end of life care and when such care was provided, staff would liaise with and receive support from palliative care teams. In addition the home had arrangements for administering pain relief through a syringe driver with two of the home's nursing staff trained to do this.

Good

Is the service responsive?

Our findings

People received personalised care in response to their needs. One visitor praised the care their relative had received and how well they had improved from their frail condition when they moved in. People had care plans for staff to follow which had been kept under consistent monthly review. Care plans were personalised with specific and individualised information about people's needs and the actions for staff to take to meet them. Care plans were detailed, up to date and had been kept under regular monthly review. For example one person's mobility care plan contained -information about a person's history of falls and gave useful information about the circumstances of their most recent fall. Another person had a care plan for their occasional emotional distress with strategies to guide staff in dealing with this. Staff told us they had time to read people's care plans and to read information about a person moving into the home.

In order for staff to understand the people they were caring for, information about people's life histories completed by relatives was readily available for staff to consult at the front of people's care plan files. One example contained a wealth of information about a person's life. People's needs in respect of their religious beliefs were known and understood. Staff had received training in person centred care and described the approach to giving personalised care to people using the service. We discussed the use of environmental aids for promoting the independence of people living with dementia aid, a number of these had been tried but had not been found to contribute positively to people's care and support. We observed how staff responded promptly and effectively when one person rose from their seat in the communal lounge requiring attention. They calmly dealt with the situation using discretion and clearly demonstrated a knowledge of the person's needs and the actions required to meet them. At lunch time we observed how a member of staff adopted a suitable position to assist a person to eat their meal, this allowed them to communicate effectively with the person. They verbally encouraged the person to eat in quiet but audible tones.

People were supported to take part in activities of their choice. During the second day of our inspection, a singer was entertaining people in the communal lounge. This was a popular and regular entertainment. One person showed us the colouring they had been doing and told us how they were fond of this and other similar activities. People had detailed care plans to guide staff in supporting them with leisure and relaxation. One example we saw had been updated to include the person's recent views about activities they enjoyed. Outside space with seating was available for people to use in the good weather.

There were arrangements to listen to and respond to any concerns or complaints. Information about how to make a complaint was available in the front reception area. No complaints had been received by the service in the 12 months prior to our inspection visit. The registered manager explained how engaging with people and their relatives on a regular basis would help to identify any issues that may result in a future complaint. Information about referring a complaint to the Local Government Ombudsman for privately funded residents was not included in the complaints procedure, we discussed this with the registered manager.

Good

Is the service well-led?

Our findings

The provider had a clear set of values setting out the aims for the organisation as a whole. The registered manager described the vision of the service as "Running a happy home with high standards", "Residents and visitors happy with a relaxed, good relationship with staff". The current challenges to the service were described as the current levels of funding for adult social care, people's higher dependency levels and the challenges of recruiting staff. Action to be taken to maintain the expected standards was communicated to staff at meetings. Minutes showed, staff had been reminded to review care plans monthly, maintain written records as well receiving information about training and arrangements to support new staff.

Although staff were unclear about the meaning of whistleblowing when we spoke with them, the registered manager assured us that staff had received training on whistleblowing procedures and so knew how to raise concerns.Information about whistleblowing was available in a whistleblowing policy. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Wotton Rise Nursing Home had two registered managers in post. A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The service kept up to date with relevant areas of good practice through membership of a number of professional organisations. The registered manager maintained a visible and regular presence in the care home. The provider information return (PIR) stated "Two Registered managers on-site daily - fully aware of day to day culture in the service and of behaviour of staff through monitoring and supervision sessions."

People using the service, their relatives and staff gave positive views about the registered managers and deputy manager. One person told us the care home was "run properly". Staff described the registered manager as "approachable", "very good" and described the home as "well-run". One visitor praised the work of the deputy manager.

Surveys of the views of people and their representatives were carried out with the most recent being November 2015. Questions were set around such areas as standards of cleanliness, perception of staff skills and abilities and how visitors were welcomed. We looked at the results of the surveys and noted that there were many positive responses about the service provided. Feedback was used to drive improvements in the service. For example the registered manager reported action had been taken in response to relatives comments about the suitability of decoration in one person's room. The PIR described other improvements in response to comments received in surveys including the introduction of an activities coordinator.

A number of quality assurance audits were carried out on a regular basis to check aspects of the service such as lighting, ventilation, availability of drinking water and linen. People's care plans were audited by the management on a three monthly basis. The PIR included many positive comments received by Wotton Rise

Nursing Home from health and social care professionals and relatives of people using the service. Comments included praise for staff and for the care and support they provided for people.