

Sanctuary Care Limited

# Watlington and District Nursing Home

## Inspection report

Hill Road  
Watlington  
Oxfordshire  
OX49 5AE

Tel: 01491613400  
Website: [www.sanctuary-care.co.uk/care-homes-oxfordshire/watlington-and-district-nursing-home](http://www.sanctuary-care.co.uk/care-homes-oxfordshire/watlington-and-district-nursing-home)

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service:

Watlington and District Nursing Home is a care home that was providing personal and nursing care to 55 people aged 65 and over at the time of the inspection.

People's experience of using this service:

There was an extremely cheerful and welcoming atmosphere in the service. People were recognised as individuals and were supported by staff who valued people for their uniqueness. People were encouraged to be as independent as possible and staff went to exceptional lengths to ensure people achieved their chosen outcomes.

People enjoyed a wide range of activities that were individual and others that involved relatives, visitors and staff. It was clear from photographs and feedback that these were wonderful events and promoted strong, meaningful relationships.

The management team were totally committed to providing a high-quality service that valued and respected everyone. The registered manager was dedicated to their role and demonstrated the values of the service at all times. Feedback was overwhelmingly positive about the management team and staff.

Staff were extremely well supported and showed great dedication to people, relatives and other staff. This created a service with a 'family' atmosphere which was commented on in the feedback we received and our observations during the inspection.

There were systems in place to ensure people were supported in a way that kept them safe whilst recognising their rights to choice and control.

People and relatives were complimentary about the food they received and enjoyed a wide variety of menu choices to meet their individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service met the characteristics of Outstanding in Responsive and Well Led and Good in Safe, Effective and Caring.

Rating at last inspection: Good. Comprehensive inspection report published 9 August 2016. Focused inspection report published 13 March 2017.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Outstanding.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding ☆

# Watlington and District Nursing Home

## **Detailed findings**

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Service and service type:

Watlington and District Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Watlington and District Nursing Home accommodates up to 60 people in one adapted building. One unit specialises in providing care to people living with dementia. One unit provides support for people leaving hospital.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Prior to the inspection we looked at information we held about the service. This included previous inspection reports and statutory notifications. Notifications are specific events the provider must notify CQC about by law. We also asked the provider to complete a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with five people and five relatives to ask about their experience of the care

provided. We also spoke with two visiting health professionals. We spoke with three nurses, four members of care staff, the registered manager, the deputy manager, the chef and the activity coordinator.

We looked at seven people's care files and other records relating to the management of the service. We observed care practice and 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.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- Relatives were confident that people were safe. One relative told us, "We have a sense of relief knowing they are safe and well cared for".
- Care plans included risk assessments and where risks were identified there were clear plans in place to guide staff in how to support the person to manage the risk. Risk assessments were regularly reviewed to ensure changes were responded to. For example, one person had been unwell and this had affected their mobility. This person's risk assessment and care plan had been reviewed four times in a month to ensure it was up to date.

### Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in place. Records showed that all safeguarding concerns were investigated and reported to external agencies appropriately.
- Staff had completed safeguarding training and understood their responsibilities to identify and report any concerns.

### Staffing and recruitment

- There were sufficient staff to meet people's needs. The registered manager was responsive to people's changing needs and ensured staff numbers increased to meet people's needs safely. One member of staff told us, "Staffing levels are now good. They listen to us and now we have more staff".
- The provider had systems in place to check that staff employed in the service were safe to work with people.

### Using medicines safely

- Medicines were stored, monitored and administered safely. Where people were prescribed 'as required' medicines there were protocols in place to ensure they received their medicines when needed.
- Staff responsible for the administration of medicines had completed training and had their competences checked.

### Preventing and controlling infection

- Carers told us they had completed infection control training. We saw that staff wore personal protective equipment such as disposable apron and gloves (PPE) when needed.
- The service was clean with no malodours. Cleaning staff were present throughout the service ensuring areas were regularly cleaned.

### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Records showed that action was taken to minimise

the risk of reoccurrence.

- There were systems in place to analyse accidents and incidents to look for trends and patterns. For example, an analysis of falls had resulted in an increase in staffing levels on the unit that supported people living with dementia. Records showed that falls in this area of the service had reduced.



# Is the service effective?

## Our findings

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to admission to the service and assessments were used to develop person-centred care plans.
- Assessments and care plans ensured people's rights were protected and were completed in line with current guidance, good practice and legislation. For example, care plans reflected National Institute for Health and Social Care Excellence (NICE) guidance for oral care and people's experience using adult social care services.

Staff support: induction, training, skills and experience

- Staff were positive about the support they received. One new member of staff told us, "Support is brilliant. Training is also brilliant. If I didn't feel confident I could always ask. They gave me time to adjust and feel confident".
- Staff completed a range of training to ensure they had the skills and knowledge to meet people's needs. Nurses were supported to maintain and improve their nursing skills.
- Staff were supported to identify development opportunities and were supported by the provider to achieve these. For example, one member of staff was being funded by the provider to achieve their assistant nurse practitioner course.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food and drink they received. People were provided with a choice of meals and if they did not want the meal on offer alternatives were offered.

- Relatives were complimentary about the food and the catering staff. One relative told us, "The chef has been amazing about [person] diet. Has really listened and [person] is eating well".
- The chef was knowledgeable about people's needs and ensured people received nourishing food that met dietary needs.
- The chef had been nominated by the provider and had been shortlisted for the Care Home cook/chef category of the Great South East Care Awards.

Staff working with other agencies to provide consistent, effective, timely care

- The service provided rehabilitation support to people leaving hospital in order for them to return to their own homes. Staff worked closely with therapy staff to help people achieve their goals. One therapist provided feedback which included, "Care staff are well trained. It is about taking time to absolutely understand from the patients' perspective. Nothing is too much trouble".
- We saw feedback from relatives complimenting the staff on how their support had helped a person return home and the positive impact this had on the person.

Adapting service, design, decoration to meet people's needs

- The service was clean and bright. Several areas of the service had been refurbished to improve the environment for people. For example, the dining room had been decorated and new furnishings provided. This created a comfortable environment for mealtimes.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- The service had an orangery which was specifically designed to meet the needs of people living with dementia and reduce anxiety with specialist lighting.
- The registered manager told us that bathrooms on the unit supporting people with dementia were being refurbished. The design was to create a comfortable, non-clinical environment which would reduce people's anxiety about entering the bathroom.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of health professionals to enable them to live healthier lives. This included access to: GP, physiotherapist, occupational therapist, dietitian and speech and language therapist (SALT).
- Health professionals were complimentary about the referrals they received from the service. One health professional told us, "They are conscientious in their duties and above all, care about their patients".

Ensuring consent to care and treatment in line with law and guidance

- Staff had completed training in MCA and understood how to apply its principles when working with people. One nurse told us, "We always say the person has capacity unless there's evidence otherwise."
- Records showed that where people had been assessed as lacking capacity to make decisions a best interest process had been followed.
- Where people had not appointed a legal representative to make decisions on their behalf the service had considered and referred people for advocacy services.
- The service had made appropriate DoLS referrals to the supervisory body and monitored the applications to ensure people were being supported in the least restrictive way.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were extremely complimentary about the caring nature of staff. One person told us the service was, "Wonderful" and that staff were "so helpful and so kind".
- Relatives were equally complimentary about the kind and compassionate culture in the service. One relative said, "I am in awe of the kindness and friendliness of the staff. Nothing is too much trouble".
- People were respected for who they were and staff understood the importance of protecting people's rights in line with Equality legislation.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care on a daily basis. Staff took time to explain choices and respected people's decisions.
- Where appropriate relatives and representatives were involved in decisions. One relative told us, "I have been very much involved".

Respecting and promoting people's privacy, dignity and independence

- Without exception people were treated with dignity and respect. For example, one member of staff showed great kindness and respect when reminding a person where they were. They did this discreetly and quietly as the person was in a communal area of the service.
- People were encouraged to maintain and improve their independence. For example, one member of staff gently prompted and supported a person to eat independently. Offering additional help when the person appeared to falter.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

- Relatives were exceptionally complimentary about the person-centred approach to people's care that ensured they were valued as unique individuals. Comments included; "[Person] is valued for the life he's led" and "They visited us at home. Talked to [person] about all aspects of his life and how he liked to live his life".
- Health professionals were extremely positive about the service and the positive outcomes achieved for people. One health professional told us, "They are conscientious in their duties and above all, care about their patients. On average a person diagnosed with dementia has a life expectancy of 5 years. In the EMI (Elderly Mentally Infirm) unit they have a large cohort of patients who exceed this by at least double the time".
- Staff went to exceptional lengths to ensure people had access to a wide range of activities that met their individual needs. People were involved in decisions about the activities arranged and photographs around the service showed people, relatives and staff enjoying activities. For example, everyone had enjoyed a 'virtual cruise week'. The cruise had celebrated different cultures from across the service and encouraged inclusivity. Each day, staff arranged themed meals and provided entertainment from around the world. Photographs showed staff displaying traditional dress and people, relatives and staff joining in with traditional dancing. Feedback about the event was extremely positive.
- Staff and management went to great lengths to ensure people were able to maintain relationships that were important to them and for people to remain involved in family life. For example, a member of staff had taken a person back to their home so they could enjoy lunch with their wife. On another occasion a person's relative had got married and the person was not well enough to attend. Staff had supported family members to dress up in their wedding outfits and come to the service to enable the person to enjoy the occasion. Photographs of the event showed clearly the positive impact this had on all involved.
- Birthdays and special occasions were celebrated and we saw many letters of thanks from people and relatives. One relative described how wonderful it had been to dance with their parent and to see their parents dance together again. Another relative had sent feedback, "Wow, Wow, Wow what can I say. What a fabulous birthday celebration you put on for [person]". The relative went on to thank the staff for the extreme effort taken to make the person feel special on their birthday.
- The deputy manager had been nominated to attend an event at Buckingham Palace. This had been a wonderfully inclusive occasion, which had involved people and staff in the planning and excitement leading up to the day. One person had tutored the deputy manager in etiquette for the day. The deputy manager shared their experience after the event, which created great excitement. As a result, the staff arranged a day trip to Buckingham Palace for people. Photographs showed this had been an extremely positive event.
- The service provided support for people who required reablement services following a hospital stay. The service went to exceptional lengths to support people to achieve their goals in order for them to return home. Health professionals were positive about the outcomes achieved for people. One health professional said, "Nothing is too much trouble. It is about taking the time to absolutely understand from the patient's

perspective. We (all staff involved in the care of the person) strive very hard to get the best possible outcome". We saw many letters and cards of thanks from people and relatives where people had returned to their own homes.

- There were many examples of the positive impact the service had on both people and their relative's quality of life and well-being. One relative told us how there had been concerns relating to the impact of a medicine their loved one had been prescribed. The person had been left unable to walk as a result. Staff had immediately picked up on the concern and sought medical help. The relative told us, "They [staff] have worked so hard to get him walking again". This had clearly had a significant impact on the person and their relative. Other feedback showed how people had benefited by the love and kindness they received. One relative had described how a person had settled so well and told relatives "Life is good". The person had previously been extremely low in mood.
- The service had recently transferred to an electronic care planning system. These contained person-centred care plans that provided guidance to staff to ensure people's individual needs were met. The system enabled staff to spend more time with people as the recording was less time consuming.

#### End of life care and support

- On the day of the inspection two people were being supported with end of life care. Both people were comfortable and were pain free.
- Where required the service ensured that anticipatory medicines were available to ensure people remained pain free.
- The service worked closely with a local hospice to ensure people were supported appropriately.
- Care plans included people's end of life wishes and showed they had been discussed with people.
- Staff completed end of life training, which included training with local hospices. Staff were supported to reflect on the experience of supporting people at the end of their life and if necessary could access counselling. One member of staff who had completed a reflective piece of work stated, "This incident led me to a lot of learning, improvement and anticipating needs of patients who are nearing their end of life or who has complex medical issues that can result to death.
- We saw many letters of thanks from relatives for the care and support people and relatives had received when people had been supported at the end of their life.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place and this was displayed in the service. There were few complaints and all had been investigated and responded to in line with the policy.
- Relatives we spoke with knew how to raise concerns and were confident they would be dealt with in a timely manner. One relative told us, "Small concerns are immediately resolved".

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and deputy manager promoted an extremely positive culture in a service that valued everyone as individuals. There was an inclusive approach to care that ensured people were at the heart of all the service did and people's rights were promoted and protected.
- The provider's vision was "Keeping kindness at the heart of our care". This was displayed throughout the service and was demonstrated by management and staff at all levels.
- Without exception feedback about the management team was positive. One relative told us, "[Registered manager] is extremely helpful, friendly and supportive". Staff feedback was equally positive. One member of staff said, "[Registered manager] is a very good manager. Motivates staff and will say well done if I have done something good". Staff gave many instances of the management team leading by example and modelling the positive culture. For example, the service had recently had to close to visitors due to an infection. Staff told us how the registered manager had been committed to reopening the home as quickly as possible as they recognised the impact on people and relatives of not being able to see each other. A member of staff told us, "This enthusiasm and determination to open the home as soon as possible soon spread to other staff".
- There was a strong commitment to equality and inclusion across the workforce that ensured staff were valued and respected as individuals. The provider recruited many nurses from overseas. Nurses were supported through a highly successful development programme that enabled them to register as nurses in the UK. Nurses received significant guidance and support from the deputy manager resulting in successful registration for many nurses. One nurse gave feedback about their experience of the overseas nursing programme, "Sanctuary Care, specifically, Watlington and District Nursing Home, has helped me a lot as an overseas nurse from the time of recruitment to present. [Deputy manager], has helped me adjust holistically while in a new environment, entirely different from what I was used to in [country]. She has supported me with an induction programme that has proven effective for me to adapt with the British care set up. In terms of work, there are no words to describe how thankful I am with what they have taught me".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were complimentary about working at the service and were clear about their roles and responsibilities. One nurse said, "I couldn't ask for a better team. They will always do everything they can for the residents". A staff member told us, "There is a really good team spirit and we work as a team. People are really cared for here".
- There were effective systems in place to monitor and improve the service. A range of audits were

completed by the management team. The registered manager was supported by an operations manager who completed a quality assurance audit monthly. This was used to monitor the service against the business improvement plan. These quality assurance systems enabled the provider to maintain and overview of the service and areas for improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team ensured that people and staff were involved in the development of the service. There were regular meetings for people and relatives to ensure they were involved in service development. One relative told us, "We are very much involved". The relative told us how the registered manager had ensured everyone understood the electronic care planning system. Staff told us they felt involved and listened to. One member of staff told us, "They do listen to us".
- Staff were valued and recognised for their significant contributions to service improvement and for going the extra mile. For example, an employee had won the provider's regional 'kindness' award and was presented with this during our inspection. Staff had also been recognised for their extreme hard work and dedication during the recent infection outbreak. The provider had arranged an afternoon tea as a 'thank-you' which we saw people, relatives and staff enjoying during our visit. One member of staff told us, "Because of [registered managers] passion and dedication to residents and leadership by example this is a driving force to all staff which demonstrates how they are happy to go beyond the call of duty".
- The provider produced a newsletter that informed everyone about what was happening across the services. In the most recent newsletter there was an article about the deputy manager's visit to Buckingham Palace to celebrate her work in supporting overseas nurses.
- The service was supported by a board of trustees who worked closely with the registered manager to improve the lives of people. For example, the trustees had provided funds for a portable sensory unit and an interactive games table for people living with dementia.
- The service had many links with the local community. These included; visits from a local nursery school, visiting a local church, using a local charity's drop-in centre and taking part in a local charitable trusts Christmas tree competition. These links had a positive impact on the people in the service, making them feel valued and part of the community. For example, at the local drop in centre, people had linked up with a local resident and agreed to help knit squares to make charity blankets. One person who had since become unwell was no longer able to attend or knit but continued to contribute by sewing squares together. This had resulted in the person continued to feel involved and valued.

Continuous learning and improving care

- There was a strong commitment to continuous improvement which was driven by the management team. Feedback from people, relatives and staff was used to inform continuous improvement in people's well-being and quality of life. For example, concerns were raised about staffing levels on the unit supporting people living with dementia. The management team carried out an analysis of evidence and presented a business case to the provider for additional staffing. This had been agreed and had resulted in a significant improvement in the time staff had to spend with people.
- Everyone described an open, honest culture that learnt from mistakes. One visiting health professional told us, "Of course with such complex and challenging care, mistakes do occur from time to time. But the staff and management have always been honest about these and are always trying to learn from them to improve their care".

Working in partnership with others

- The service worked extremely closely with health and social care professional particularly in relation to the

people who were supported from hospital with the aim of returning to their own home (hub beds). One health professional who supported people with rehabilitation told us, "In all my years of experience I have never met anywhere like this and I feel privileged to be part of this service". These close working relationships resulted in significant improvement of people's well-being.

- The registered manager and deputy manager took the opportunity to share what worked well with the multidisciplinary team and where the service could be improved. This had resulted in improvements in the discharge process for all people accessing 'hub beds'.
- The service worked closely with commissioners. One health professional told us, "They go out of their way to help us with assessments (of people). Always proactive in dealing with any issues".