

Heritage Manor Limited

West Eaton Nursing Home

Inspection report

West Eaton House
Worcester Road
Leominster
Herefordshire
HR6 0QJ

Date of inspection visit:
23 April 2019

Date of publication:
03 June 2019

Tel: 01568610395

Website: www.heritagemanor.co.uk

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

About the service: West Eaton Nursing Home is a care home with nursing, providing care for up to 33 older people, including those living with dementia and physical disabilities. There were 27 people living at the home at the time of the inspection.

People's experience of using this service:

- People told us West Eaton Nursing Home was a good place to live and they had developed close bonds with the staff who cared for them.
- Staff spoke respectfully about the people they cared for and supported people to maintain their independence and dignity.
- People were involved in decisions about their care. Where people needed help to make their own choices, staff supported them to do this.
- There were enough staff to meet people's safety needs, but people told us there were busy periods when they occasionally had to wait for staff assistance. The manager provided assurances they would check the deployment of staff, so people would continue to have their preferences met.
- Staff knew people's individual safety risks and understood how to recognise the signs of abuse. Staff were confident if they raised any concerns these would be promptly addressed.
- People were supported to have the medicines they needed to remain well, and people's medicines were administered as prescribed.
- Staff acted to reduce the likelihood of people experiencing infections by using equipment provided to do this.
- The views of people, their relatives and other health and social care professionals were considered when people's needs were assessed, and their care plans developed. This helped to ensure people's care was provided in the ways they preferred.
- Staff were supported to develop the skills and knowledge they needed to provide good care to people living at the home.
- People enjoyed their mealtime experiences, which were based on their own choices and were supported to have enough to eat and drink, so they would remain well.
- Staff reviewed people's health needs regularly and adjusted the care they needed as people's health needs changed. People were supported to see other health and social care professionals when needed, to ensure their health and well-being would be promoted.
- 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.
- Staff understood what was important to people and how they enjoyed spending their time. Staff supported people to go on enjoyable trips out, and to benefit from visits from local voluntary organisations and schools. Opportunities for people to continue to express their faith were available. The activities arranged enhanced people's sense of well-being and quality of life.
- Concerns and complaints were addressed, and systems were in place to take any learning from these and accidents and incidents, and to drive through improvements in people's care.
- Staff gave us examples of the sensitive care provided to people at the end of their lives, so people's wishes

would be met.

- The manager and provider checked the quality of the care provided. Where areas had been highlighted for further development action plans were put in place.
- The provider and manager reflected on feedback received and used this information to develop people's experience of care further.
- We found the service met the characteristics of "Good" overall.

Rating at last inspection: Good. The last report for West Eaton Nursing Home was published on 22 October 2016.

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at 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 was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

West Eaton 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 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.

Inspection team:

This inspection was carried out by one inspector and an assistant inspector.

Service and service type: West Eaton Nursing Home is a care home with nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. West Eaton Nursing Home accommodates up to 33 people in one adapted building.

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

Notice of inspection: This inspection was unannounced.

What we did:

Before the inspection, we reviewed:

- Information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, and where decisions have been taken to deprive someone of their liberty.
- Feedback from the local authority and professionals who work with the service.
- We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection:

- We spent time with people in the communal areas of the home and in their rooms and we saw how staff supported the people they cared for.
- We spoke with six people who lived at the home, to gain their views about the care provided and two relatives.
- We also spoke with the manager, the provider's representative, two nursing staff members, six care staff members, one activity staff member, and a member of the catering staff.
- We reviewed a range of records. This included three people's care records and multiple medication records. We also saw records relating to people's liberty and freedoms.
- We also looked at records relating to the management of the home. These included minutes of meetings with staff, and systems used to check the quality of the care provided, such as staff satisfaction surveys. We checked how complaints and any accidents and incidents were managed. In addition, we looked at checks made by the provider to ensure the premises were safely maintained, people's care needs were met, and action plans to develop the home further.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

- People were confident staff would support them if they had any safety concerns.
- Staff understood how to recognise abuse and knew what actions to take if they had any concerns for people's safety.
- Staff regularly communicated information about people's safety needs and acted to promote people's safety. Staff were confident if they raised any concerns these would be addressed by senior staff.

Assessing risk, safety monitoring and management

- People told us staff discussed their safety needs with them. Staff had assessed people's safety needs and considered them when planning their care.
- Staff knew risks to individual people's safety well. For example, staff understood if people required extra support, so they would enjoy good skin health, or if people needed extra assistance to reduce the likelihood of them experiencing a fall.
- Risks to people's safety were reviewed at regular meetings. This helped to ensure people's safety needs continued to be met, as their needs changed.

Staffing and recruitment

- People told us there was sufficient staff to respond without delay when they needed help in an emergency but said they occasionally experienced delays in staff responding to their day to day needs.
- Staff said there were times when they were busy, but recent recruitment had led to improvements in staffing levels.
- The manager gave us assurances they would review the current deployment of staff, to ensure people's needs continued to be met, as their needs changed.
- The suitability of potential staff was checked before they started their employment. This included checks with the Disclosure and Barring Service and through references from former employers.

Using medicines safely

- People were supported to have the medicines they needed to remain well.
- Staff were not allowed to administer medicines until they had been trained to do this, and their competency was regularly checked.
- Checks were made on the medicines administered, so senior staff and the manager could be assured people were receiving their medicines as prescribed.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- The home was clean and well maintained. The provider had put systems in place such as guidance and training for staff, to promote good infection control practice.
- Staff used the equipment needed, such as gloves and aprons, to reduce the likelihood of the spread of infections.

Learning lessons when things go wrong

- Staff met regularly to communicate information about people's safety and incidents, to reflect on the care provided and to learn any lessons, so risks to people were further reduced.

Is the service effective?

Our findings

Effective – this means 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 and their relatives discussed the care they wanted with staff before they moved into West Easton Nursing Home. This helped to ensure people's needs were met as soon as they moved in.
- Staff gave us examples of work they did with other health and social care professionals, to inform people's assessments. One staff member told us, "We talk to nurse practitioners, colostomy and stoma and peg care teams. We assess to make sure we can manage, and we are honest if we can or can't."
- Staff reviewed people's assessments as their needs changed. This included if people had changes in their dementia needs and at the end of people's lives, so people would be supported as their needs changed.

Staff skills, knowledge and experience

- People told us staff knew how to care for them. One person told us because of the training staff received, "Staff look after us well."
- Staff training was linked to the needs of people living at the home. One staff member said, "The training here is good, and it keeps us updated. This gives a better experience for the people living here." Another staff member said, "There's continuous professional development arranged for nurses, which is nurse led."
- New staff were supported to provide good care through an induction programme, which included working alongside experienced staff. This helped to ensure people were always supported by staff who understood their needs and care preferences.

Supporting people to eat and drink enough with choice in a balanced diet

- People were complimentary about the food and drink prepared for them, which reflected their preferences and choices.
- Staff knew if people had any dietary needs, including if they needed a specific texture of food, or type of diet, to maintain their health. One temporary staff member told us, "The mealtimes here are really organised well. Staff make sure [people] have the nutrition they need." This included supplements, where appropriate, to ensure people had enough nutrition.
- Where people required assistance to have enough to eat and drink staff gently provided this, and talked with people, to ensure their preferences were met.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- People told us staff promptly arranged for them to see other health professionals, when required. One person said, "There's no problem, I have recently seen my dentist, doctor and optician."
- Staff gave us examples of the way they worked with other health and social care professionals. One staff member told us, "We have worked with our GP and Practice Nurse, so we have more regular visits from

them. This means there's less delay in GP appointments." Another staff member highlighted the joint work undertaken with mental health professionals, so people would enjoy the best well-being possible.

- People benefited from living in a home where systems to communicate essential information about their health needs had been put in place. Where there were concerns about people's health this was monitored, and action taken to support people. Staff gave us examples of how this approach had led to improved skin health for people living at West Eaton Nursing Home.

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

- People told us they liked their rooms, which reflected their interests.
- Staff considered people's needs in the way they adapted the use of areas of the home, to meet people's needs and preferences. Staff gave us examples of how they encouraged people to decide how they would like their room arranged. This included one person being supported to adapt the layout of their double room into one for single occupancy, which the person enjoyed using.
- People could choose to spend time quietly or in more social areas, where people could enjoy each other's company. There were several communal areas for people to enjoy using. These included lounges and a new conservatory extension and a hairdressing salon.

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

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 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and authorisations correctly obtained.

Is the service caring?

Our findings

Caring – this means 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 told us they had developed strong bonds with the staff who cared for them. One person said, "There's good staff here. You can take the mickey out of each other, and it makes the day go better." Another person told us, "Staff are very patient and caring. They are lovely."
- One relative said staff also extended kindness and compassion towards them. The relative explained, "I was late visiting one day. Staff telephoned me, to check if I was ok."
- Staff spoke warmly about the people they cared for and knew what mattered to them.
- Staff gave us examples of things they did so people would know they were valued. This included when time permitted chatting to people about their favourite football team, their previous jobs and people who mattered to them.

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

- People were encouraged to make their own decisions about their everyday care. One person told us, "You are given choices about what you want to eat and what you want to wear."
- Staff gave us examples of decisions people made about their day to day care. These included what time people wanted to get up and retire to bed, and how and where they would like to spend their day.
- Staff ensured people were given the opportunity to tell them how they would like their care to be given. For example, staff took time to check what part of their meal people would like to eat next. We saw staff listened to people's decisions and respected these.
- Where people needed extra assistance to make some decisions staff supported them, by gentle encouragements and by offering people options to choose from.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected by staff, who always knocked their doors to check they were happy for staff to enter their rooms, and understood their need for independence. One person said, "[Staff member's name] comes in and encourages me to do things and doesn't make me feel uncomfortable."
- Staff gave us examples of the way they supported people to maintain their dignity. This included ensuring people were adequately covered during personal care.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff talked with them about the care they wanted. Relatives advised us their views on the care to be provided were considered when people's care was planned and reviewed. This helped to ensure people's care plans reflected their personal histories, decisions and preferences.
- Staff gave us examples of how they consulted with other health and social care professionals when considering people's individual risks and planning people's care. One staff member told us this joint working had led to improved mobility for one person living at the home. The staff member said, "When [person's name] first came to us, they could not mobilise. They are now managing to get in and out of cars safely."
- Staff told us people's risk assessments and care plans provided them with the information they needed to support people as they wished. One staff member explained how key information about people's needs and preferences was immediately available, through the electronic care planning system which had been recently introduced.
- Some people told us there were times when they experienced delays in the care they wanted, or occasions when staff did not have time to chat to them.
- People were positive about the enjoyable things to do which staff arranged. One person told us, "I do a bit of gardening." The person told us about enjoyable trips they had undertaken with staff, and events put on to mark special celebrations. The person said, "There's no chance to get bored here."
- People were supported to continue their spiritual life within the home by regular visits from a variety of faith groups. People were also encouraged to maintain relationships which were important to them. This included with their friends and relatives and pets.
- Staff recognised some people preferred to spend their time in the privacy of their own room and described how they gently encouraged people to take as full a part in the life at the home as they wished. This included letting people know if community organisations, such as local schools and Dementia Friends were visiting the home.
- Staff adapted how they cared for people, depending on their preferences. One person told us because of this they felt the care provided was very good. The person said staff "Go the extra mile [and] take a step beyond what's expected." The person told us this made them feel valued and West Eaton a good place to live.
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. This included menus in pictorial formats.

Improving care quality in response to complaints or concerns

- Systems were in place to promote, manage and respond to any complaints or any concerns raised. We saw action was taken if any concerns or complaints had been made, and learning taken from these.

- People and their relatives were confident if they raised any concerns with staff and the manager these would be addressed.

End of life care and support

- People's wishes at the end of their lives were discussed and plans developed, so people's wishes at the end of their lives were respected.

- Staff gave us examples of the way they sensitively cared for people at the end of their lives. One staff member highlighted how relatives were also supported during this time. The staff member said, "We were asked to go to the funeral by the family, as they understood [person's name] looked on us as family too."

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- A new manager had recently been appointed and was in the process of applying to become registered manager for the home.
- People told us it was positive to live at West Eaton Nursing Home. One person said because the way the home was managed, "Staff know us well enough to look after us properly." Another person told us living at the home was, "Very good", adding, "I am pleased with everything."
- People and staff told us they found senior staff to be open and supportive when communicating with them, and said they saw them regularly. People and relatives and staff said they had already met with the new manager and found them to be approachable.
- Staff said the recent changes to the senior staff had been positive. One staff member said they considered West Eaton Nursing Home to be, "A really brilliant place to work." Another staff member said, "The new manager is listening to us. We can go to them if we have any concerns for people."
- The manager told us, "I have shared the company values with staff at the initial staff meeting. We want people to have compassionate care from staff who are committed to caring for them, and who are competent." The manager explained individual meetings with staff would be linked to the values, so they could be assured people were receiving good care.
- Staff knew how they were expected to care for people, through regular meetings with senior staff and meetings with the manager. One staff member said, "The meetings are open. We look at what works well, and what doesn't work so well. We are asked what we think is the answer."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to make suggestions for improving the care offered. One person told us they had recently asked for their own telephone line to be put in their room. The person told us the manager had promptly arranged this, so they could use the internet to keep in touch with their family.
- Staff told us suggestions they made were listened to. For example, suggestions staff to buy additional equipment, as people's needs changed. Staff told us these suggestions were promptly acted on.
- The manager had planned an initial meeting with people and their relatives, so they could obtain up to date feedback on the care provided.
- Links had been developed with community organisations, such as voluntary, educational and faith groups, in addition to joint working with other health and social care professionals. This helped to ensure people

were supported to keep connections which were important to them and to maintain their health and well-being.

Continuous learning and improving care

- The manager gave us their assurances they would review the deployment of staff based on the feedback we provided, and staffing levels would be further reviewed as people's needs changed.
- The provider had recently introduced a new staff role, to focus on quality assurance. The manager was working with quality assurance lead to ensure they kept up to date with best practice and new developments in adult social care.
- The views of people living at the home, their relatives and staff were periodically checked through surveys.
- Senior staff, the manager and provider checked the quality of the care people received. For example, the manager checked the environment and people's experience of care through daily observation and discussion with people and staff. Checks were also made to ensure people received their medicines as prescribed.
- The manager and provider reviewed any incidents or accidents, and concerns and complaints, so any learning would be taken from them.