Ward House Limited

Ward House Nursing Home

Inspection report

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20 December 2022

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Ward House Nursing Home is a residential care home providing accommodation, nursing and personal care for up to 23 older people in one adapted building. At the time of this inspection there were 17 people living at the home.

People's experience of using this service and what we found
Quality assurance systems had not been used effectively to either identify areas for improvement and/or to bring about effective improvement.

Individual risks to people had not all been assessed, recorded and updated when people's needs changed. This included risks resulting from people's known health and care needs.

Appropriate recruitment procedures had not been followed meaning that all necessary checks had not been completed prior to staff commencing employment.

Whilst there were appropriate numbers of care and ancillary staff (housekeeping, catering, maintenance) the service did not have enough registered nurses to ensure one was provided at all times. Agency and bank nursing staff were employed to fill registered nursing shifts however, there were occasions when these staff were not available meaning no UK registered nurse had been in the service for periods of up to 12 hours.

Safe systems to manage medicines had not always been followed meaning people had not always received their medicines safely as prescribed.

There were appropriate policies and systems in place to protect people from the risk of abuse and the registered manager and staff understood the actions they should take to keep people safe.

Infection prevention and control measures were in place and followed government guidance.

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

People and their family members all gave us positive feedback about the home and told us that staff were kind and caring. We observed positive interactions between staff and people.

People, their family members and external professionals said the registered manager was approachable and supportive. Staff were also positive about the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (Published 4 July 2019).

Why we inspected
This inspection was prompted by recent safeguarding concerns and the length of time since the service was inspected.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ward house Nursing Home on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to staff recruitment, medicines management, risk assessment and quality assurance procedures at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Ward House 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was completed by one inspector.

Service and service type
Ward House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ward House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 13 December 2022 and ended on 30 December 2022. We visited Ward House Nursing Home on 13 and 20 December 2022.

What we did before the inspection

Before the inspection we reviewed the information we had about the service, including previous reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We contacted the local authority to gain their views about the service.

We used the information the provider sent us in April 2022 in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection
We spoke with 6 people who use the service and 4 family members. We sought feedback from the local authority and health professionals who work with the service and received responses from 4 of them. We spoke with 4 care staff members, a housekeeper, activities staff member, maintenance staff member, registered nurse, the registered manager and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including risk assessments for 4 people and medicines administration records. We looked at 5 staff files in relation to recruitment and records relating to staff training. A variety of records relating to the management of the service, including audits, surveys, policies and procedures were also reviewed.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment procedures were not sufficiently robust to ensure only suitable staff were employed.
- We reviewed 5 recruitment records none of which showed all necessary pre employment checks had been completed. This included full employment history and evidence of satisfactory conduct from current or previous employers. The provider had recruited some registered nurses who had previously worked at the home via an agency however, other than an incomplete application form no other pre employment checks had been undertaken including DBS and a check the nurses were registered to work in the UK. The DBS helps employers make safer recruitment decisions and prevents some unsuitable people from working with vulnerable people.

The failure to ensure that all necessary pre employment checks were completed was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The registered manager agreed to undertake a review of all recruitment records and obtain any missing information.

- Whilst there were appropriate numbers of care and ancillary staff (housekeeping, catering, maintenance) the service did not have enough registered nurses to ensure one was provided at all times. Agency and bank nursing staff were employed to fill many registered nursing shifts however, there were occasions when these temporary staff were not available meaning no UK registered nurse had been in the service for periods of up to 12 hours.
- The registered manager had been open about this problem and contingency plans were in place. For example, a non-UK registered nurse had undertaken training to administer medicines and local health professionals (GP and district nurses) were alerted if a shift was uncovered by a UK registered nurse. The registered manager was undertaking exams to gain their UK nurse registration and a nurse had recently been employed who was being supported to achieve the necessary additional training and qualifications to register in the UK.
- The service was supporting people with a low level of nursing need meaning there was less likely to be a significant impact from the lack of registered nurses. Where agency nurses were employed, the service aimed to ensure continuity in allocation to reduce risks of inconsistent staff although this was not always possible.
- People told us they felt there were enough staff who knew how to support them. One person said, "The staff come if I need them." Another person said, "The staff are lovely, I like them." A family member told us,

"Staff are kind and caring and all seem to know how to look after him."
● Care staff were seen to have the time they required to provide people with care in a relaxed and unhurried way and told us they did not have to rush people. Our observations confirmed staff had time to support people without rushing.

Using medicines safely
● Safe systems to manage medicines had not always been followed meaning people had not always received their medicines safely as prescribed.
● Temperature recordings were kept daily of the actual and previous 24 hours highest and lowest temperatures that medicines had been stored at. For medicines within the fridge these were within safe limits. However, for other medicines safe systems were not being followed to ensure these were kept at a safe temperature with records showing these had consistently exceeded safe limits. The nurse on duty described how they recorded these temperatures which did not include resetting the highest and lowest recording meaning the same recordings were continuing to be noted. The highest recording was consistently above that recommended for the safe storage of medicines meaning these may no longer be safe to administer.
● Whilst viewing medicines administration records (MARs) we noted incidents when people had not received their medicines as prescribed. For example, in December 2022 one person had received an extra dose of a blood thinning medicine and later in the same month two doses had not been administered. Prior to the inspection visiting health professionals had also identified medicines errors which had been investigated as safeguarding concerns. None of these errors had been identified by subsequent nurses when they had administered medicines or via any internal audit procedures.
● Topical applications were administered by care staff when providing personal care. Specific application charts were noted in people's bedrooms although for one person this could not be located. The date of opening of topical creams was not being recorded meaning there was a risk that these may not be replaced when required. Care staff had not received training to apply topical creams or been assessed as competent to do so safely.
● The registered manager described problems they had experienced with the local pharmacy which meant that medicines were not always promptly available for people. However, action had not been taken to arrange to discuss this formally with the pharmacy or to consider changing to a different pharmacy to ensure an improved service for people. An external health care professional told us a failure to promptly register people with local GP's following admission to the home had resulted in delays in repeat prescriptions and medicines not always being available for people.
● People were able to receive as required (PRN) medicines however, the outcome of administration was not always recorded meaning its effectiveness could not be evaluated by medical professionals.

The failure to ensure safe management of medicines was a breach of Regulation 12 (Safe care and treatment) (Regulated Activities) Regulations 2014.

● The home was being supported by an NHS community pharmacist who had undertaken audits of the homes medicines management systems and provided guidance and support to the registered manager such as the provision of topical creams application records. We were provided with a record of the audit they had completed in November 2022. The registered manager confirmed actions identified following the audit had been completed and that they now planned to undertake regular medicines audits.

Assessing risk, safety monitoring and management
● Care plans identified and detailed how most individual risks should be managed however, not all risks had been assessed and plans put in place as to how staff should provide care in order to reduce or manage risks

for people.
● For example, we identified that a person had lost weight. The risk of weight loss and actions required to mitigate these risks had not been updated. Another person had a urinary catheter, a tube placed directly into the person's bladder to enable urine to leave the body. Whilst this was being managed appropriately by staff the risks associated with a urinary catheter had not been formally assessed and plans put in place to monitor and manage this risk. Several people were prescribed flammable topical creams which care staff were applying. The risk presented by these topical creams had not been assessed. Several bedrooms contained additional electrical heating via portable heaters. Risks associated with these had not been assessed.
● An external health care professional told us they had been requested to attend the home when a person's urinary catheter had become blocked. They noted that the catheter should have been changed several weeks earlier and the failure to have a system in place to ensure this was completed had placed the person at risk of infection and other health problems associated with the blocked catheter.
● Some risks had been assessed but when management of these risks changed the information for staff was not updated. For example, Agency nurses were provided with a handover sheet containing important information about each person. This had not been updated to reflect that a person could now have a different type of diet or that another person no longer required their drinks to be provided via a syringe.
● Other risks had been assessed such as people's risk of developing pressure injuries. Equipment such as alternating airwave mattress were in place however, there was no process to ensure these were being used correctly in relation to the person's weight.
● Fire safety risks had been assessed by an external fire safety specialist and detection and management systems were checked weekly or monthly as required. However, we noted that when the maintenance person was on leave there was no process to allocate a staff member to undertake the weekly fire detection equipment checks.

Systems were either not in place or robust enough to demonstrate individual risks were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager agreed that further risk assessments were required and stated they would be undertaking a full review of care plans and ensuring all risk assessments were in place where required. The registered manager confirmed that whilst nursing staff reviewed care plans there had been no formal audits of care plans to ensure they were up to date and contained all necessary information including risk assessments.
● Equipment, such as hoists, lifts and fire equipment were serviced regularly. Gas and electrical safety certificates were up to date.
● Personal emergency evacuation plans had been completed for each person, detailing the action needed to support people to evacuate the building, in the event of an emergency. Staff confirmed they had received fire awareness training and understood the actions they should take should a fire occur.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse
● Other than the failure to ensure all recruitment checks were completed prior to new staff commencing employment, appropriate systems were in place and followed to protect people from the risk of abuse.
● People and their family members all said they felt safe using the service. A person told us "Yes, the staff are nice, I'm very happy, I feel safe here." When asked if they felt their family member was safe, we received the response, "Absolutely, if there was any concerns about that he would not be here."
● Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member described the actions they would take if they witnessed or suspected abuse may have occurred. They told us, "If I had concerns, I'd go to [registered manager]. I could go higher in the company or to you [CQC] if needed."
● The registered manager detailed appropriate actions they would take if a safeguarding concern was raised to them and confirmed they had undertaken safeguarding training. When safeguarding concerns had been identified the registered manager had worked with the safeguarding team to support their investigation and acted to implement any suggested improvements.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections. Family members confirmed they were supported to visit their relative safely. The procedure described followed best practice guidance from the Department of Health.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely. Staff had been trained in infection control techniques and had access to personal protective equipment, including disposable masks, gloves and aprons, which we saw they used whenever needed. People and visitors told us staff always wore masks.
● We were assured that the provider was responding effectively to risks and signs of infection. The registered manager described the actions they would take should a person show signs which may indicate they had an inspection. This included consultation with external professionals.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Following and external infection prevention and control audit in March 2022 furniture had been replaced to help ensure this could be more easily cleaned to reduce the risk of infection.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date. The service contracted with an external policy provider who undated all policies and procedures to reflect the latest guidance and information.
● The home had been awarded 5 stars (the maximum possible) for food hygiene by the local authority environmental food hygiene team.

Visiting in care homes
Safe systems were in place to enable people to receive family or other visitors. Family members confirmed they were able to visit whenever and as often as they wished to do so and, could take people on outings

away from the home.

Learning lessons when things go wrong

● Where an incident or accident had occurred, the provider had a process for staff to follow. Records reviewed showed that care staff completed accident and incident forms as required.

● The provider's quality monitoring systems included logging incidents such as falls onto a computer system. The registered manager said they used this to enabled patterns or trends such as time of day or location of falls to be analysed. Which would help in determining if further action was required to reduce future falls.

● Action to address any issues was taken when needed. For example, the registered manager described how they had tried a variety of movement alert equipment to help alert staff that a person, who had a high risk of falling, was moving around in their room. The use of this equipment would mean that staff would be able to respond promptly.

● During a safeguarding investigation it was identified that several staff were recording the same fall meaning this appeared as if the person had had multiple falls. Action had been taken to ensure that each incident was now only recorded once so data would be more reliable.

Requires Improvement

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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The provider's quality assurance processes were not effective. During the inspection we identified areas which required improvement which are detailed in the safe section of this report. These concerns had not been identified by the provider or registered manager via their internal audits and oversight procedures. The delivery of high-quality care was therefore not assured by the governance procedures in use.
- The registered manager confirmed they had undertaken limited formal quality monitoring of the service. Some audits had been completed by external health professionals such as two infection prevention and control audits in March and July 2022 and a medicines audit in November 2022. The registered manager told us about actions taken following these audits and that they were now planning to undertake more auditing of the service. However, other aspects of the service such as recruitment records and care records had not been formally audited. The service did not have an improvement plan and other records which would have supported quality monitoring were not kept. For example, the registered manager told us there was no process to record complaints to enable patterns or trends to be explored further.
- The provider contracted with a company which provided a full range of policies and procedures as well as supporting documents to aid the smooth running of the service. However, these had not been fully utilised or followed. The failure to implement the provider's policies and procedures placed people at risk of receiving unsafe care and treatment.

The provider has failed to ensure systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual who is legally responsible for the service along with the registered manager acknowledged the need to improve the quality monitoring of the service. The provider's nominated individual told us they were committed to "recruit nurses, to have a stable and upskilled work force, address the shortfalls and improve our auditing processes. This is a 2023 objective."

- Registered persons are required to notify CQC of a range of events which occur within services. The provider had not ensured that CQC had been notified about all serious injuries and Deprivation of Liberties safeguards (DoLS) approvals.

We found no evidence that people had been harmed however, the failure to notify CQC of serious injuries

and Deprivation of Liberties safeguards (DoLS) approvals was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

● Other notifications had been received as required.

● Where we identified improvements, such as the need to improve recruitment records, risk assessments, medicines management and audits the registered manager and nominated individual acknowledged they had failed to adequality monitor the service and committed to making the necessary improvements.
● The registered manager told us they had recently received some mentoring support from an external consultant. They reflected that this had identified other areas that they had been unaware about such as the need to ensure a written response was provided where the duty of candour applied. The registered manager was positive about receiving support and guidance and was open to suggestions and discussions during the inspection. This was also the view of other external professionals who reflected that the registered manager was always 'open' with them but needed further guidance to enable them to fully fulfil their role.
● People, family members and staff were confident that if they raised any issues or concerns with the management team, they would be listened to and these would be acted on. A family member said, "I can go to [registered manager] anytime, she's always available for me." Care staff were equally positive about the registered manager who they felt worked hard and wanted to ensure people received the best possible service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Working in partnership with others
● The registered manager demonstrated an open attitude throughout the inspection and this was also the view of a visiting social care professional. Whilst discussing some recent safeguarding concerns they showed that they had been open with the person or, where appropriate, family members about what had occurred and what was now in place to reduce the likelihood of repeat incidents.
● The duty of candour requires the service to apologise, including in writing when adverse incidents have occurred. The registered manager said they had not provided a written response as they had only recently become aware of the need to do this under the duty of candour and confirmed they would now be fully following their procedures in the future.
● A family member told us the registered manager had kept them informed and felt able to approach the registered manager if they had wanted any further information.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their family members were extremely happy with the service provided at Ward House Nursing Home. One person told us, "I'm very happy here". Another person said they received "good care" and they "felt safe". A family member said, "I have no concerns about my relative at all."
● A person told us they had never had to raise any concerns but were aware of who the registered manager was and would feel comfortable doing so should the need arise. Family members also confirmed they knew who the registered manager was and felt able to approach her should the need arise.
● People, family members and staff said they would recommend the home as a place to live. For example, one family member said, "We have been very happy with the care here – it's second to none."
● People, family members and external professionals felt able to approach and speak with the registered manager or other staff and were confident any issues would be sorted out. Pleasant interactions were seen between the registered manager, people and staff throughout inspection. People appeared to be comfortable with care staff who had built good relationships with people.

● Staff were proud of the service. All said they would recommend Ward House Nursing Home as a place to work and would be happy if a family member received care there.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person has failed to notify CQC of serious injuries and Deprivation of Liberties safeguards (DoLS) approvals. Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person has failed to ensure that risks were formally assessed and clear mitigation plans in place to guide staff. Safe management and administration of medicines procedures had not been fully followed. Regulation 12 (2)(a)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person has failed to ensure systems and processes to assess, monitor and improve the quality and safety of the service were in place. Regulation 17 (1)(2)(a)(b)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person has failed to ensure that all necessary pre employment checks were completed.

Regulation 19 (1)(a)(2)(a)(3)(a)