

Saxlingham Hall Nursing Home Limited

Walcot Hall Nursing Home

Inspection report

Walcot Hall
Walcot Green
Diss
Norfolk
IP22 5SR

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Tel: 01379641030

Website: www.saxlinghamhallnursinghome.com

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

Walcot Hall is a residential care home providing personal and nursing care to 32 people aged 65 and over at the time of the inspection. The service can support up to 42 people.

Walcot Hall is a large adapted period house on the outskirts of a village and has extensive and pleasant grounds for people to enjoy. There are communal dining and recreation areas. Accommodation is arranged on two floors.

People's experience of using this service and what we found

The provider assessed and managed risks well and people were safe. We brought one potential risk to the registered manager's attention and they took prompt action to address it. Staff had a good understanding of safeguarding procedures and monitored the safety of the environment through regular checks. There were enough staff, although in recent weeks the service had struggled with staffing and some people who used the service commented on the impact of this. Staff were recruited safely.

Staff were knowledgeable, well trained and worked collaboratively as one large team. Pre-admission assessments were good and ensured people had appropriate care in place before they were admitted or readmitted. People's physical and emotional healthcare needs including their eating and drinking needs were very well managed.

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. Staff had a good understanding of consent. Where people needed to be deprived of their liberty for their own safety, an appropriate application had been submitted to the local authority.

Staff were very kind and respectful and included people in decisions about their care and support. Families were involved in decisions if people were not able to do this for themselves.

People received person-centred care which met their individual needs. End of life care was good, and staff had appropriate end of life training. People had things to do and small group activities worked well. Some people would have liked more to do. Complaints were well managed.

Leadership was strong and the manager was a role model to all staff. The registered manager was aware of small areas for improvement and was open, honest and transparent about these. Audits showed good oversight and enabled the registered manager to identify patterns and trends and take appropriate action, if needed.

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 15 February 2017.)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Walcot Hall 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a specialist nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also reviewed all the information we held about the service, including the previous inspection report and notifications of incidents the service is required to tell us about. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and one relative about their experience of using the service. We also spoke with four nurses, four care staff, the cook, a kitchen assistant, a member of the domestic staff, the deputy manager and the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us easily.

We reviewed a range of records. These included seven people's care records and three medicines administration records. We also reviewed rotas, two staff training and recruitment records and other documents relating to the safety and quality of the service.

After the inspection

We sought clarification from the provider to validate evidence we found. This included a training matrix.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Staff received appropriate training and knew how to recognise and report any safeguarding concerns.

Assessing risk, safety monitoring and management

- Health and safety monitoring of the environment and equipment was good, and any issues were promptly actioned. We identified that there was a potential risk to one person from hot water. The registered manager confirmed to us that they have taken immediate action to reduce this potential risk.
- People's care plans contained individual risk assessments, including those relating to pressure care, bedrails and choking. Assessments documented how these risks could be reduced as much as possible. Staff demonstrated a good understanding of risk.

Staffing and recruitment

- The provider recruited staff safely.
- There were enough staff to meet people's needs, although some people commented that staff were very busy, particularly in the mornings. This could mean they are late getting up.
- People told us staff answered call bells quickly when they needed help urgently. One person commented, "Yes I feel safe here, [there are] plenty of staff around."
- The service did not use agency staff, so all staff were familiar to the people they were supporting and caring for. Staff told us there were enough of them and the staff team worked collaboratively. One care assistant commented, "We are here as a Walcot Hall team and we're all floaters. We all muck in."

Using medicines safely

- People received their medicines on time and medicines were managed safely.
- Medicines were stored appropriately, and very good stock control systems were in place. Staff received medicines training and their competence to administer medicines was checked.
- Medicines which were only given on an 'as required' basis had clear protocols in place to guide staff.

Preventing and controlling infection

- The service was very clean and staff had access to equipment they needed to reduce the risk and spread of infection.
- Domestic staff had good infection control systems in place and all staff received infection control training and demonstrated a good understanding of the risks.

Learning lessons when things go wrong

- Where any incidents or accidents had occurred, these were reported, reviewed and action taken to further mitigate risk where needed.

Is the service effective?

Our findings

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 received a comprehensive assessment of their needs before they moved in. This was designed to make sure the service could meet these needs and to provide an initial framework for people's care plans.
- Assessments included input from relevant family members and professionals, where appropriate, to provide a holistic picture of people's needs.
- Staff reviewed people's needs before they were discharged back to the service from hospital. We observed that staff ensured that one person was not discharged too quickly so that everything was in place to meet their changed needs.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled in their roles. They received a comprehensive induction which prepared them for the role, especially those new to care. Staff, including nursing staff, told us they felt very supported.
- Staff received enough training and support to maintain their roles. The registered manager told us that some training and supervision was overdue as they had been filling in some hours during a recent period where the service was short staffed. They had already begun to address this backlog.

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

- People were very happy with the quality of the food and told us there was always a choice if they didn't want what was offered.
- Mealtimes were sociable occasions and staff provided discrete and sensitive support to those who needed help to eat and drink. One person commented, "I love sitting here having my dinner here at this table on my own. I always have a glass of wine. I have a hot drink before I go to bed, and get up when I want to, what more can you want? The food here is very good".
- People at risk of losing or gaining too much weight had their weight kept under review. Dieticians and other healthcare professionals provided support and guidance when needed. Kitchen staff had a very good understanding of people's dietary needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's physical and mental healthcare needs were very well managed. Staff made appropriate and prompt referrals to other healthcare professionals such as GPs, dieticians, tissue viability nurses and the falls team when needed. Care plans documented the advice professionals gave and staff worked in accordance with the advice.
- Nurses managed people's diabetes very well. There were good systems in place to monitor people's blood sugar and to respond quickly if people's blood sugars became too high or low, making them unwell.
- Staff worked well with other specialist healthcare professionals, such as the community mental health team, to manage people's distressed behaviour.

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

- The environment was suitable for the needs of the people who used the service. The service was homely, and the layout enabled people to enjoy leisure activities in small groups. We observed people managing to navigate around different areas of the service independently.
- The service had just acquired a new smart speaker and people were enjoying learning how to ask it to play different kinds of music. We also saw a reminiscence table which helped people connect with memories from their past.
- Notice boards told people about activities that were planned and news.

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 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 MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to consent to their care was assessed and appropriately reviewed. People had signed their care plans to confirm their consent to various aspects of their care and treatment. Staff received training in the MCA and had a clear understanding of its principles. Best interests meetings ensured people's rights were understood and upheld.
- The provider had made appropriate applications under DoLS to restrict people's liberty. Staff understood the implications of depriving a person of their liberty.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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; Respecting and promoting people's privacy, dignity and independence

- People told us they felt well cared for. One person explained, "I love living here...the staff are very kind to me and they all work in different ways."
- We observed caring and kind interactions from staff throughout the inspection. Staff treated people with compassion and provided care and support sensitively. People told us how much they valued the staff who spent time chatting to them. One person said, "I like it when [staff member] comes in and has a chat. [They are] so good and find time to talk to you."
- It was clear that established staff had formed good and close relationships with the people they were caring for. We heard lots of laughter throughout the service and people were gently encouraged to maintain their independence. Staff demonstrated considerable patience and gentleness when supporting people who could become confused and upset.
- Staff provided personal care sensitively and in private. People told us their dignity was maintained.
- Three people told us that some staff have tendency to talk to each other when supporting people, rather than talk to them. We fed this back to the registered manager who told us they would remind all staff about respectful communication.

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

- There was evidence in people's care plans that they were consulted and involved in making decisions about their care. We observed staff asking people for their preferences relating to their care.
- People who used the service, and their relatives, had the chance to discuss their care at their care reviews and their feedback was noted in the plans.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans documented people's care and support needs in detail and staff knew people's needs and their past history very well. Staff showed an in-depth knowledge of the people they were caring for and respected their choices.
- People, and their relatives, were involved in planning their care and ensuring their preferences were known. Each care plan contained a section called 'This is who I am' which documented what was important for staff supporting the person to know.
- One person had a sensory impairment and their plan contained details of how they could continue to follow their hobbies and interests despite this physical disability. We saw that staff had tried to ensure the person's sensory impairment did not exclude them in any way.
- Care staff provided activities for people to do, either in small groups or individually. This informal approach worked well. People told us they had the chance to do things like playing games or doing one to one activities such as manicure sessions. The service ran a gardening club and people told us they had grown vegetables which they had pickled. However, six people commented that there was not always enough to do, which made the days long.
- One person was having a 100th birthday party at the service. The registered manager told us they encouraged family and friends to attend these special events as well as to join people for meals. Staff also supported people to attend weddings and other family events away from the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had specific communication needs these were noted in their care plan.
- Information was displayed around the service in clear formats to help people understand. Advocacy services were available should people require this additional support.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people told us they knew how to make a complaint if they needed to. There had been two formal complaints since our last inspection. This had been fully investigated and dealt with promptly and in line with the provider's procedure.

End of life care and support

- There was a section in people's care plans to document their end of life care wishes.
- Nurses demonstrated that palliative care was well organised to ensure people were sensitively monitored and any pain controlled.
- We observed extremely kind and caring interactions from staff supporting people who were approaching the end of their life.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- The registered manager and deputy understood their duty of candour and knew which issues needed to be shared. This included sharing key information with people, or their representatives, apologising for any shortfalls and assuring people how lessons had been learned.
- Staff, including the registered manager, had been honest about recent periods where the service had been short of staff and the impact this had had on the team. The registered manager was realistic about the impact of this on certain areas, such as training, and had begun to address these now that the service had recruited new staff.
- Staff told us they appreciated the collaborative approach the manager and deputy employed. Regular supervision sessions and staff meetings gave staff the opportunity to raise concerns and make suggestions, which some staff said they had done. They felt the registered manager and provider were always willing to listen and felt empowered to share ideas.
- The registered manager told us they felt valued saying, "I don't think I can be better supported by the provider."

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

- The registered manager was very experienced and had assembled a strong team who were all clear about their roles. The registered manager acted as a role model to all staff and provided clear and supportive leadership for staff.
- The registered manager understood their legal duty to inform CQC of relevant incidents and had done so when required.
- There was a robust quality assurance system in place. A variety of audits ensured the registered manager could monitor aspects of the service and identify any patterns or trends.

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

- People who used the service knew who the registered manager was, but some felt they did not have much

contact with them. People told us that they had not had a recent resident meeting but had been able to share their feedback on the service via a survey.

- We reviewed these feedback surveys and found these to be broadly very positive. However, some people who used the service had commented about new staff being rushed which was something people also said to us. The registered manager had compiled an action plan in response to this feedback and had begun address it.
- Feedback from visiting healthcare professionals was very good. One person commented, 'I have always found Walcot Hall to be a very well-run nursing home.'

Continuous learning and improving care

- Where audits identified shortfalls or any patterns or trends, the service acted on these. For example, following an inspection of another of the provider's services, the registered manager had learned lessons from this and overhauled the stocktaking system. The new system was more robust and reduced the risk of any errors in the administration of medicines.
- The service continued to strive to improve and make positive changes.

Working in partnership with others

- The service had good links with the local community.
- Visiting professionals spoke positively about the way the service worked with them. Care records documented close working relationships with professionals. The benefit of this seamless partnership working was clear. For example, multiple agencies and professionals, such as the palliative care team, worked together to provide good end of life care for people.