

Sentimental Care Limited

Horton Cross Nursing Home

Inspection report

Horton Cross
Ilminster
Somerset
TA19 9PT

Tel: 0146052144

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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

This unannounced inspection was carried on 21 August 2018.

Horton Cross Nursing home is a care home registered to provide care and accommodation for up to 47 people. The home specialises in the care of older people. At the time of the inspection there were 41 people living at the home.

At our last inspection, in March 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

People lived in a home where staff morale was good which created a happy and relaxed atmosphere. One person told us, "Staff are always happy and chatty."

People received safe care and support from adequate numbers of staff who had the skills and experience to meet their needs.

Staff were kind and caring and treated people with respect and dignity. One person said, "If I had to sum up the staff I would say, very caring and loving."

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.

People's health was monitored by trained nurses and they had access to other healthcare professionals to meet their individual needs. People received their medicines safely.

People's nutritional needs were assessed and met. People received the support they required to eat their meals and were happy with the food provided. One person told us, "I'm a fussy eater but they are brilliant. If I don't want what's on the menu they make me something different."

People were treated as individuals and staff supported people to make choices about their day to day lives. Staff knew people well and provided care that was personalised to their wishes and needs.

The home was well led by a stable management team. The management team kept up to date with good practice to make sure people's care was provided in accordance with best practice guidelines and current

legislation.

There were effective quality assurance systems which monitored standards of care and addressed any shortfalls in the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Horton Cross Nursing Home

Detailed findings

Background to this inspection

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

This was an unannounced comprehensive inspection and took place on 21 August 2018. It was carried out by two inspectors 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.

We used information the provider sent us in the Provider Information Return. This is 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with 25 people who lived at the home, seven visitors and 12 members of staff. The registered manager and clinical lead were available throughout the day.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served in the dining room and in people's rooms. We looked at a selection of records, which related to individual care and the running of the home. These included four care and support plans, three staff files, records of compliments, medication records and quality monitoring records.

Is the service safe?

Our findings

People continued to receive safe care.

There were sufficient numbers of staff employed to keep people safe and to meet their needs. During the inspection we saw requests for assistance were responded to promptly and people were supported in an unhurried manner. One person told us, "There are plenty of staff and they are all lovely." A number of people liked to spend time in their rooms and had call bells to enable them to summon help when they needed it. One person said, "When I ring the bell they come quickly."

The call bell handsets had small buttons to press and one person told us they were physically unable to press the button. They told us staff had told them if they needed anything they should just shout. The person said, "Shouting works but it feels quite degrading." Another person thought their call bell did not work as there was no sound or light to show it had been activated. We discussed these issues with the registered manager who assured us they would look into more appropriate handsets or pendants for people.

The risks of abuse to people were minimised because the provider had systems and processes which minimised risks. These systems included a robust recruitment process and training for staff. Recruitment records showed that new staff did not begin work until appropriate checks had been carried out to make sure they were safe to work with vulnerable people. Staff we spoke with knew how to recognise and report concerns and all felt any concerns reported would be fully investigated to make sure people were kept safe.

People received their medicines safely from trained nurses who were competent to carry out the task. Clear records were kept of medicines administered or refused which enabled staff to monitor the effectiveness of medicines and ensure people's comfort and well-being. One person told us, "They do my tablets. I am confident I get the right ones."

Some medicines, such as pain relief, were administered on an as and when required basis. These had a clear administration sheet detailing what was given when and why. This enabled staff to identify patterns and secure further professional help if required. Staff used a basic pain assessment tool that had six different facial pictures to help people describe the level of pain they were experiencing if they had problems with communication.

The provider assessed the risks to people and made sure action was taken to minimise identified risks. Where accidents or incidents had occurred, the provider learned from these and shared learning with the staff team. Risks assessments carried out included risks associated with the environment and equipment and individual risks to people. For example, during the spell of particularly hot weather they had identified a heightened risk of people becoming dehydrated and in response had made fans available and increased the variety of cold drinks offered.

People lived in a clean and fresh environment. There was a dedicated housekeeping team and all staff

received training in good infection control practices. There were adequate hand washing facilities around the home and staff used personal protective equipment, such as disposable gloves and aprons, where appropriate. This helped to minimise the risks of the spread of infection in the home.

Is the service effective?

Our findings

People continued to receive effective care.

Accommodation for people was arranged over two floors with a passenger lift between which enabled all areas to be accessed by people with all levels of mobility. All bedrooms were used for single occupancy and people had been able to personalise their rooms to suit their tastes and needs. Some areas of the home appeared outdated and the registered manager told us there was a programme of on going redecoration. One visitor described the home as "Shabby but homely."

At the back of the home was a large level garden. People had unrestricted access to the garden and during the inspection we saw people sat outside with visitors. One person told us, "Obviously it depends how I feel each day but I like to go out in the garden. Someone helps me if I ask."

People's needs were assessed before they moved to the home. This helped to make sure it was the right place to meet their needs and expectations. From the initial assessments staff created care plans to identify how people wanted to be cared for. Care plans were updated regularly to make sure staff had the information they required about people's current needs.

People received effective care to meet their needs because staff worked in accordance with the care plans. For example, one person's care plan stated they needed to be helped to change position at stated intervals to minimise the risk of pressure damage to their skin. Records showed this was being carried out. Another care plan outlined the support a person required to eat, including how they should be positioned. At lunch time we saw the person received the correct support.

People were cared for by staff who had the skills and experience to meet their needs. There was a training plan for all staff to make sure they had the skills needed to carry out their role. In addition to formal training staff received practical supervisions which enabled their competency to be assessed and ensured their practice was safe. Trained nurses told us there were lots of opportunities to keep their clinical skills up to date and make sure changes in nursing care were put into practice.

People told us they thought staff were good at their jobs and they had confidence in the staff who looked after them. One person said, "Everyone [staff] knows what they are doing. Especially in an emergency." Another person said, "I think they are well trained."

People's healthcare needs were monitored by trained nurses and specialist advice was sought when needed. One person told us, "The nurse comes round everyday with your tablets, they always check you're ok and pick up on things that are wrong." One visitor told us how much they felt their relatives' health had improved since moving to the home. They put this down to the care and attention of all the staff.

Where appropriate the staff worked in partnership with other healthcare professionals to ensure people received the correct care and treatment. One person told us, "They make sure the GP gets involved when it's

needed."

People's nutritional needs were assessed and met. Where people experienced difficulty with eating the staff sought advice from speech and language therapists or other professionals. The staff followed recommendations made to make sure people's meals were served at the correct consistency and met their nutritional needs.

People praised the meals served at the home and said how obliging the kitchen staff were. One person told us, "I'm a fussy eater but they are brilliant. If I don't want what's on the menu they make me something different." Another person said, "I have a soft diet because that is what I've asked for."

The registered manager and senior staff met weekly with the cook to discuss everyone at the home and their nutritional needs. This enabled them to make sure people received meals to meet their current needs. For example, if a person had lost weight they could agree on how to fortify the person's meals and increase their calorie intake.

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.

We checked whether the service was working within the principles of the MCA. We found people only received care and support with their consent or in their best interests. Care plans showed where people's capacity had been assessed and the action staff had taken. Staff had involved family members where people lacked capacity to make a specific decision. One visiting relative said they had been involved in discussions about making decisions in the person's best interests and had felt happy with the way this was handled.

Where people were assessed as having capacity, staff respected people's decisions to accept or refuse care even when these decisions may have been considered as unwise by other people. This showed staff were practising in accordance with the Act to promote people's legal rights.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and clinical lead had a good knowledge of this legislation and had taken appropriate action where people required this level of protection to keep them safe.

Is the service caring?

Our findings

People continued to receive a caring service.

People were cared for by staff who were kind and caring. Throughout the inspection we saw staff interacted with people in a kind and patient way. Staff chatted to people in a friendly manner and took time to listen to people's responses even when people had difficulties communicating. When one person became irritated by something, the member of staff remained calm and polite which defused the situation.

During the inspection we heard staff sharing jokes with people, singing and laughing which created a warm and friendly environment for people to live in. One person told us, "Staff are always happy and chatty."

Staff spoke about people with affection and it was clear they had built strong and trusting relationships. Staff were aware of confidentiality and did not speak about people in front of other people. When they discussed people with us they were respectful and knowledgeable.

People were very complimentary about the staff who supported them. One person told us, "They genuinely care and are kind." Another person said, "If I had to sum up the staff I would say, very caring and loving." One visitor commented, "The girls here are really lovely, nothing is too much trouble even to the point of picking things up for them in town. They spend a lot of time with them, talking to them."

The staff had received numerous thank you cards which echoed the comments we received from people during our visit. One relative had written, "Every member of staff I encountered, regardless of role was kind, considerate and respectful." Another had written staff created, "A lovely calm and caring environment."

There was an open visiting policy which helped people to keep in touch with friends and family. Visitors said they were always made welcome in the home and were able to come and go as pleased. One visitor told us, "We are made to feel welcome, it's like a family."

Staff respected people's privacy and made sure care was provided in a dignified and respectful way. People were able to choose the gender of the staff member who assisted them with personal care and choices were respected. One person told us, "They [staff] are all respectful when they wash you. I prefer to have a woman and they are obliging." Another person said, "No doubt about staff being respectful. Whether it's a man or a woman there is no embarrassment, they are all so professional."

People felt involved in decisions about their care and told us they were able to express their views about how their care was delivered. One person told us, "Really they just do what I want them to. I decide if I get up or stay in bed." Another person commented, "I take things day by day. They listen to what I want."

Staff communicated well with people and appreciated that people may want different things on different days. One visitor told us they felt their relative was very well cared for and said, "They seem to involve them and me in everything. The communication is good."

Is the service responsive?

Our findings

The service continued to be responsive.

Throughout the inspection it was apparent that staff knew people well. As well as knowing about people's care needs they knew about them as people and the things that helped to make them comfortable. This ensured everyone was treated as an individual. For example, staff noticed that the music session was too much for one person and at an appropriate time they assisted them to their room for some quiet time.

In addition to care plans, which set out people's needs, they also had life histories in their files. These gave information about people's backgrounds, their lifestyle choices and what, and who, was important to them. This ensured staff were able to provide care in a way that respected people's chosen lifestyles, cultures and religions. One visitor said they had been asked to help to write their relatives' life history which helped to ensure staff had information about them as a person. They told us, "They wanted to know about them, not just as they are now but the person they have been."

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. To promote good communication, each person had a pictorial guide in their room about their communication methods. The guides showed if people required hearing aids or glasses. If they communicated through lip reading or sign language. The registered manager informed us that if anyone required information to be presented in a different language or format the provider would ensure this was made available to them.

There were some organised activities and entertainment for people to take part in if they wished to. An activities worker was employed and there were also two support workers who spent time with people in their rooms. We saw one of the support workers taking drinks to people in their rooms. At each room they stopped to help the person and to chat and share a joke. One person told us, "She is lovely, we always have a bit of a laugh." Another person told us, "Someone comes round to do your nails and massage. That's a lovely treat."

People said they were able to make choices about their day to day lives but appreciated there were some restrictions. One person said, "You can choose what you do within reason. Obviously if everyone wanted to get up at the same time that wouldn't work but they seem to work around our little ways." However one person told us, "You go to bed at a time it is convenient for the staff – about 7pm". They told us they had asked to stay up later in the summer but, while this had been agreed, staff had "Huffed and puffed" about it.

Staff supported people in a way that promoted their independence and well-being. One person told us they thought their health and physical abilities had improved since they moved to the home. They told us, "They're very patient but they spur you on to do things for yourself as well." Another person told us, "It's not like when I was in hospital. Here I feel like a person, they want me to be happy and do well."

People could be confident that at the end of their lives they would be treated with compassion and any

discomfort would be effectively managed. The staff worked with local hospice services and were able to provide care to people who required palliative care. The registered manager ensured that appropriate medicines were available to people nearing the end of their life to manage their pain and promote their dignity.

The home was accredited to the Gold Standards Framework. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. Horton Cross Nursing Home was a 'Platinum home' which means they had been re- accredited after a three year period which demonstrated sustainability of standards and high quality care for people.

People felt confident to raise any concerns or make a complaint. One person told us, "I did complain and it was sorted out. No repercussions."

The provider had a complaints policy which made sure all complaints were investigated and responded to. Records showed formal complaints were responded to promptly and the complainant was advised of the outcome of investigations. Where concerns or complaints highlighted shortfalls in the service action was taken to make future improvements.

Is the service well-led?

Our findings

The service continued to be well led.

The provider website stated their philosophy was "To maintain a friendly and comfortable home from home giving the individual independence and choice whilst providing them with a secure, safe and professional standard of nursing care." Comments from people, and our observations, showed this philosophy was put into practice. We observed people making choices throughout the inspection. This included where people wanted to spend their time, when they wanted to be helped with care and the food they ate.

People were very happy with the service they received. One person told us, "On the whole we have got a very good place to live here. I don't have anything to say not good. It is clean and tidy and everyone does their level best to keep us happy. I can't really find a fault with it we are so lucky we have nice staff, we have people who come to see us that sing, people that dance." Another person said, "I am quite comfortable and yes I do feel at home."

There was a very stable management and staff team. The registered manager had been at the home for 28 years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In addition to the registered manager there was a general manager, a clinical lead and there was always a trained nurse on duty. This helped to ensure there were clear lines of accountability and ensured people always had access to senior staff to discuss issues with. It also enabled people's care and support to be constantly monitored and treated according to their individual needs.

The registered manager and clinical lead were very visible in the home and worked alongside other staff which enabled them to constantly monitor standards of care. Where shortfalls in the service were identified through observation they were able to immediately address them to ensure people continued to receive care at the expected standard.

People lived in a home where staff morale was good which created a happy and relaxed atmosphere. Staff told us the management in the home was open and approachable and they found the registered manager "A good listener." To enhance staff job satisfaction and demonstrate how staff were valued, the management of the home had delegated some areas of responsibility to other staff. This included staff talking a lead role for the Gold Standards Framework, nutrition, induction training and continence promotion.

People could be confident that practices were safe and in accordance with up to date guidelines and regulations. The registered manager and clinical lead attended training to make sure they were aware of up to date research and shared this information with staff through team meetings and one to one supervisions.

There were systems to monitor standards and seek people's views. Where audits and feedback suggested changes needed to be made action was taken to make sure there was continuous improvements. For example, the most recent satisfaction survey showed people wanted more activities and the registered manager had taken action to improve the range of activities available.

Audits were used to identify risks to people and plan improvements. The clinical lead said audits had highlighted improvements needed to be made in the safe administration of medicines and they had been working to improve this over the past 12 months. At this inspection we found no issues in this area and also noted that when the dispensing pharmacist had carried out an audit they found no issues of note. This showed that measures put in place to improve practice had been successful in improving safety for people.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. All accidents and incidents were recorded and analysed by the registered manager. The registered manager wrote to individuals following an incident as part of their open and transparent approach. The letters outlined what may have gone wrong and, where appropriate, apologised for any shortcoming in the care people received.

The registered manager was aware of their legal responsibilities and worked in partnership with other organisations such as commissioners and the local authority to share information appropriately. The registered manager has notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities.