

Sanctuary Care Limited

Wantage Nursing Home

Inspection report

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24 April 2019

29 April 2019

Date of publication:

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Wantage Nursing Home is a care home with nursing that offers care for up to fifty people. At the time of our inspection there were 39 people living at the home.

People's experience of using this service:

We identified one breach of the regulations. This was in relation to the governance of the service.

Medicines management was not always based on current best practice. The systems in place to monitor the quality of service were not always effective.

There were enough staff to meet people's needs. Staff were aware of their responsibilities to report concerns and understood how to keep people safe. We saw that risks to people's safety and well-being were managed through a risk management process.

People benefited from kind and committed staff. People complimented the support received and told us they formed meaningful, caring relationships with staff. Staff knew what was important to people and ensured people had care that met their needs and choices. People's dignity, confidentiality and privacy were respected, and their independence was 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 practice.. People were encouraged to maintain good diet and access health services when required. People had access to a wide range of activities and were supported to avoid social isolation.

People complimented the care provided by skilled and competent staff. People, staff and relatives were involved and felt listened to. Staff and management worked well in partnership with other agencies, social and health professionals and external organisations.

Rating at last inspection: When we last inspected the service we rated it as Good (report published 17 February 2017)

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

Enforcement: You can see what action we told the provider to take at the back of the full version of the report. Please note that the summary section will be used to populate the CQC website.

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

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-led findings below.

Requires Improvement ●

Wantage 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.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. On the second day of the inspection we met the manager who was able to evidence that they had started their application to become the registered manager.

Inspection team:

The inspection team consisted of one inspector and two Experts 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:

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

Notice of inspection:

This was an unannounced inspection which took place on 24 and 29 April 2019.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we observed how staff interacted with people. We spoke with 19 people, 10 relatives and one professional to gather their views. We looked at records, which included nine people's care and medicines records. We checked recruitment records for six staff. We looked at a range of records about how the service was managed. We also spoke with the provider, the manager and five staff.

We completed checks of the premises and observed how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us.

After our site visit we contacted commissioners to obtain their views about the service.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always, there was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely:

- The medicines management was not based on current best practice. For example; where there were handwritten entries on topical Medicine Administration Records (TMAR), these were not signed by the staff member completing the TMAR or countersigned by a second signatory as per national guidance. Without the TMAR being countersigned the registered provider could not be certain that the information recorded on it was accurate.

We recommended that the provider consults the National Institute for Health and Care Excellence (NICE) Guidelines on managing medicines in care homes.

- TMAR were not always completed to show when topical medicines had been applied or refused'. We explored this further with the provider and were confident that these concerns related to record keeping and people had received their medicines as prescribed.
- People's medicines were stored securely and in line with manufacturers' guidance.

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

- People told us they were safe. One person said, "Yes, I am safe here, all the time". A relative said "Absolutely safe, in every way".
- People were cared for by staff who knew how to raise and report safeguarding concerns.
- The provider had a safeguarding policy in place and the manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and staff knew how to support people to manage risks The risk assessments covered areas such as falls, behaviour that may challenge others, nutrition, medication, environment and emotional wellbeing.
- Where people had pressure relieving equipment in place this was checked regularly, to ensure they were set appropriately for each person
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Learning lessons when things go wrong:

- The provider had a system in place to facilitate the analysis of incidents and accidents and the registered manager used this to identify themes and learning.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at team meetings and on an individual basis.

Staffing levels:

- We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs.
- During the day we observed staff having time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Preventing and controlling infection:

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements.
- Housekeeping staff followed cleaning schedules to ensure all areas were systematically and regularly cleaned. They knew the action to take when a person had an infection to reduce the risk of it spreading to others.
- We observed staff using personal, protective clothing and equipment safely.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Care interventions, such as dietary assessments, were not always carried out consistently and in line with nationally recognised best practice, for example we observed one person receiving a modified diet. However, there was no record, assessment or evidence of how this decision had been made and if it was in the person's best interests to receive this level of support.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risks and falls risks. Information on best practice guidance was available for staff in the clinical rooms and staff areas.

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

- The adaptation and design of the service did not always meet people's needs. We observed parts of the home where the environment for people living with dementia had not been decorated in line with good practice guidance for helping people to be stimulated and orientated. We raised this with the provider who told us that this had been recognised and plans were in place to address it.
- Corridors were wide enough for easy wheelchair access. The community areas were pleasantly decorated, and people's bedrooms were personalised with items they had brought with them and pictures they had chosen.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA

- People's rights to make their own decisions were respected. One person told us "They respect any choices I make".
- People were supported by staff that knew the principles of MCA. One staff member said, "Just because someone makes an unwise decision, it does not mean that they lack capacity". A nurse told us "Everyone has capacity until proven otherwise".
- Where people were being deprived of their liberty appropriate applications had been submitted to the local authority supervisory body.

Staff support: induction, training, skills and experience

- Staff told us they had access to ongoing training and development relevant to their role. Nurses were provided with refresher training and updates on clinical practice.
- People were supported by staff who had the skills and knowledge to meet their needs. All staff completed an induction programme when they first started work. Staff told us that they had the necessary training to support people effectively. One member of staff told us, "The training and support from the provider is good". Another staff member described how they were currently undertaking a national certificate in care, with the support of the provider.
- Staff told us they felt well supported. They also told us, and records confirmed, that they received regular supervision and appraisals where they could discuss their concerns, their career goals and give ideas for improvements.

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

- People were supported to eat a varied and nutritious diet. People were shown the different meal options at lunchtime, so that they could select which they wanted at the time. When someone said they didn't want the offered options, they were asked what they would like, and it was provided.
- People told us they enjoyed the meals and we observed snacks were offered between meals. One person said, "The food is excellent here".
- Staff monitored people's weight and when they were at risk of weight loss they monitored the person's nutritional input. Staff sought the advice of specialist professionals when they identified a need.

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

- Staff had good relationships with other professionals who had contact with the service. The manager emphasised to us the importance of developing positive relationships to maximise the benefits for people using the service.
- A GP from the local GP practice visited the service weekly to review people. Staff told us they could request a visit at any time if necessary.

Is the service caring?

Our findings

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

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

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

- Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- The diverse needs of people using the service were met. This included individual needs that related to disability, gender, ethnicity and faith. We saw one example of how staff had responded to one person's needs and supported them effectively in relation to their faith
- We observed staff were kind and compassionate and showed they had formed a strong relationship with people and knew them well.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff talking with them in a respectful way and showing genuine warmth toward people.
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.
- People were encouraged to be as independent as possible. A person said, "They encourage me to do what I can for myself".

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

- People told us they were able to choose how and where they spent their day. We saw staff checked with people before providing support and encouraged them to express their views and wishes.
- Some people we spoke with were familiar with their care plan and all the family members we spoke with told us that they felt involved in the care of their relative and were kept informed.
- Care plans were completed with people to ensure they reflected people's wishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service 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 were supported by staff who had a good understanding of their care and support needs and personal preferences. This enabled staff to provide personalised care tailored to the needs and wishes of the individual.
- People's care plans contained detailed information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long-term health conditions.
- People and relatives praised the responsive nature of the team. One relative said, "They would help in any way if I needed them to".
- People had opportunities to join with activities that were flexible and tailored to what people wanted on the day. There was a wide range of activities offered that included entertainment and external trips.

Improving care quality in response to complaints or concerns

- The management team took complaints seriously, investigated them and provided a timely response. They also kept a record of any minor concerns or issues discussed with them and the action they had taken in response.
- None of the people we spoke with could recall having raised a complaint. One person said, "I haven't had to make a complaint would know who and were to go if I had to".

End of life care and support:

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- At the time of our inspection no people were being supported with end of life care (EOLC). However, records confirmed that staff had received appropriate training in EOLC. Staff told us when needed, they would involve professionals to ensure people have a dignified and a pain free death.
- Staff ensured medicines were obtained to manage any future symptoms such as pain, so they were available when needed.

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.

Requires improvement: Service management and leadership was inconsistent. Some regulations may or may not have been met.

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

- The systems in place to monitor the quality of service were not always effective. For example, the concerns that we found in relation to medicines management and dietary requirements had not been identified by the registered manager or provider.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The manager was clear about their responsibilities for reporting to the CQC. Staff were also clear about their responsibilities and the leadership structure.
- Staff were extremely positive about the skills and leadership of the provider. A member of staff said, "We can ask the provider for anything and they listen". Another member of staff said, "They are a good organisation to work for".

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

- Through our observations and speaking with staff, the manager, deputy manager and provider it was clear that there was a positive culture at Wantage Nursing home.
- The manager, provider and all the staff we spoke with, demonstrated a commitment to provide person-centred, high-quality care. They placed people using the service at the centre of everything they did. Several of the staff we spoke with talked about the satisfaction they gained from making a positive difference to people's lives.
- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The manager and provider understood their responsibilities.

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

- The provider involved people in various ways. People had opportunities to attend meetings, complete surveys and raise any comments via an open-door policy at any time.
- Annual surveys were given to people and their relatives to gain their feedback. The feedback seen was positive.

- Our observations and speaking with staff, the manager and provider demonstrated a commitment to providing consideration to peoples protected characteristics. The provider was passionate about this area of work and showed us plans to further improve this area. This involved setting up a provider led Equality and Diversity Working Group (EDWG) which was designed to advocate the promotion of Equality and Diversity issues and related best practice within services.

Continuous learning and improving care; Working in partnership with others

- We found an open and transparent culture, where constructive criticism was encouraged. The provider, managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.
- The management team had an action plan to take forward improvements to the service based on feedback they gained from a variety of sources and the findings from quality audits.
- One member of staff told us, "We have encouraged give our feedback on how things are going".
- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to monitor the quality of service were not always effective.