Barchester Healthcare Homes Limited

Wadhurst Manor

Inspection report

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Wadhurst,
East Sussex,
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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

We inspected Wadhurst Manor on the 10 and 16 December 2014. Wadhurst Manor provides accommodation and nursing care for up to 65 people, who have nursing needs, including mobility needs, long term healthcare needs, diabetes, as well as those in all stages of dementia. There were 50 people living at the home on the days of our inspections.

The home was adapted to provide a safe environment for people living there. Bathrooms were specially designed and doors were wide enough so people who were in wheelchairs could move freely around the building.

Accommodation was provided over three floors. The ground and top floor provided nursing care and support. The middle floor, known as Memory Lane, was specifically designed for people living with dementia. The environment was specific in helping people with memory and orientation problems.

Wadhurst Manor belongs to the large corporate organisation called Barchester Healthcare Limited. Barchester provide nursing care all over England and have several nursing homes within the local area.

Summary of findings

A registered manager was in post. 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 and associated Regulations about how the service is run.

At the last inspection in August 2014, we asked the provider to make improvements to their staffing levels. This was because there were not enough staff to safely meet people's care needs. An action plan was received from the provider which stated they would meet the legal requirements by 1 October 2014. At this inspection we found improvements had been made, but other areas for improvement were still identified.

People told us they felt safe and spoke highly of the care and support they received. However, we observed care practice which could potentially place people at risk. For people living with dementia, they were often seen sitting in communal areas with no staff interaction. This could place people at risk of un-witnessed falls due to not having staff around. We have asked the provider to make improvements in this area.

People's needs had been assessed and care plans developed. However, care plans and risk assessments did not always contain sufficient guidance to enable staff to provide staff, effective and responsive care. Despite concerns with documentation, we saw that people consistently received the care they required, and staff members were clear on people's individual healthcare and support needs but we have identified this as an area of practice that requires improvement.

Where people had bed rails in place, documentation did not confirm if they consented to the bed rails or if they were implemented in their best interest to keep them safe. We have asked the provider to make improvements in this area.

Everyone we spoke with was happy with the food provided and people were supported to eat and drink enough to meet their nutrition and hydration needs. However, we could not see what action had been taken when someone had suffered weight loss. We have identified this as an area that requires improvement.

Staff understood the needs of people and we saw care was provided with kindness and compassion. People were dressed in their own style and if they needed support, staff helped people to take a pride in their appearance and dress in their personal style. The home had a hair dresser and manicurist who visited the home on a regular basis.

People were treated with respect and dignity by staff. They were spoken with and supported in a sensitive, respectful and professional manner. We saw staff members always knocked on bedroom doors before entering. Staff understood the importance of monitoring people's health and well-being on a daily basis. Staff worked closely with healthcare professionals and were responsive to people's changing needs.

Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training schedules were kept up to date. Plans were in place to promote good practice and develop the knowledge and skills of staff.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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

Wadhurst Manor was not consistently safe. There were a high number of unwitnessed falls and for people living with dementia, there was increased risk of falling due to staff not always being around in communal areas.

Staff members knew how to recognise and respond to abuse correctly. They had a clear understanding of procedures to safeguard adults at risk from abuse or harm. Individual risks had been assessed and identified as part of the support and care planning process.

Medicines were managed appropriately and people confirmed they received their medication on time.

Is the service effective?

Requires Improvement

Some aspects of Wadhurst Manor were not effective. Although people could choose what to eat and drink on a daily basis, where people had experienced weight loss, we could not see what action had been taken.

Where people had bed rails in place, we could not see staff had completed mental capacity assessments to determine whether the person consented to the bed rails and whether bed rails were in the person's best interest.

Staff members knew the people they were supporting and the care they needed. Staff were trained and competent to provide the support individuals required. People received the support they needed to see the GP. Where people had complex health care needs, appropriate specialist health care services were included in planning and providing their care.

Is the service caring?

Good

Wadhurst Manor was caring. People were treated with kindness and compassion and their dignity respected.

People told us they were happy with the care and support they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Is the service responsive?

Requires Improvement

Some aspects of Wadhurst Manor were not responsive. Care plans did not always contain clear guidance on how best to support the person. Information was not readily available on people's preference and daily recordings were not always accurate.

There was a personalised approach to activities. People took part in activities which were of interest to them; in addition there was a structured programme of activities.

Summary of findings

A complaints procedure was in place and we saw that the registered manager responded to complaints in a timely manner.

Is the service well-led?

Requires Improvement

Some aspects of Wadhurst Manor were not well-led. Systems were not in place to assess and monitor the quality of documentation.

People made positive comments about the management of the home. The provider and registered manager were open and responsive to the areas of concern identified.

Staff members were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with management. There was an emphasis on continually striving to improve, in order to deliver the best possible care and support for people.

Wadhurst Manor

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.

We visited the home on the 10 and 16 December 2014. This was an unannounced inspection. The inspection team consisted of three inspectors and a specialist nursing advisor.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared from the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the Local Authority and Clinical Commissioning Group (CCG) to obtain their views about the care provided in the home.

During the inspection we spoke with 10 people who lived at the home, six visiting relatives, 11 staff members, two registered nurses, the training lead, administrator, the registered manager and regional director. We also contacted five relatives after the inspection to obtain their views.

We looked at areas of the building, including people's bedrooms, the kitchens, bathrooms, and communal lounges. Some people with specific physical or psychological needs were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during lunchtime. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we reviewed the records of the home. These included staff training records and policies and procedures. We looked at 10 care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Wadhurst Manor. This is when we looked at their care documentation in depth and obtained their views on how they found living at Wadhurst Manor. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Wadhurst Manor. One person told us, “I feel safe as they check on me throughout the day and night.” Visiting relatives we spoke with commented they felt their loved one was cared for in a safe environment. Although people told us they felt safe, we found areas of practice which were not safe.

At the last inspection in August 2014, the provider was in breach of regulation 22 of the Health and Social Care Act 2008. This was because there was not enough staff to safely meet people’s needs. Improvements had been made but we continue to have concerns.

People told us staffing levels had improved. One person told us, “There’s noticeably less to complain about now, especially staffing. They really have done something about it.” Another person told us, “They were clearly short at one time and we really didn’t get the right attention, it has improved.” Most staff members commented that staffing had improved. One staff member told us, “There have been blips but seems ok most of the time.” However, not all staff agreed improvements had been made. One staff member told us, “Staffing levels are not sufficient, I find this very frustrating.”

To determine the level of staffing needed, the provided had implemented a dependency tool. A dependency tool is designed to indicate the required staffing levels based on each person’s individual care needs. The registered manager told us, “Each person’s level of need is assessed each month and from that the dependency tool calculates the indicative staffing levels we need.”

Since the last inspection in August 2014, staffing levels had increased. However, despite staffing levels increasing, we found people living with dementia, were often left unattended in communal areas for over 20 minutes without call bells to summon assistance. Some people were able to move around independently, for others, they required assistance from staff members to move and get up. Due to the care needs of people living with dementia, they may try and get up independently. This can therefore place them at risk of potential harm or falls.

We were concerned that records of incidents and accidents in November 2014, found 19 people experienced un-witnessed falls. In October, 14 people and in September 12 people. Incidents and accidents were monitored on an on-going basis by the provider. We spoke in depth with the registered manager and regional director on how they were managing the number of falls and how they planned to reduce the number of un-witnessed falls. The registered manager told us, "We have identified this as a concern and are working with a quality team, analysing the falls, looking for trends and themes." Due to the needs of people living at Wadhurst Manor, people experiencing falls is not unusual, however, the number of un-witnessed falls was high. The provider had clearly identified this, however, improvements had not yet been made.

Due to the above issues, there is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff rotas confirmed the home had a dependency on agency staff. Agency staff were used both on a weekly and often a daily basis. The registered manager confirmed they were struggling to recruit additional staff members but did have interviews lined up. Documentation confirmed the provider continually used the same agency staff to help provide a consistent team of staff members.

A call bell facility was available in people’s own rooms. People’s ability to use the call bell was assessed on an individual basis. For people living with dementia, who may not be able to summon assistance using the call bell, hourly or half hourly safety checks were assessed as needed when residing in their bedrooms. Although staff members told us safety checks were conducted, we could not locate any supporting documentation to confirm they were taking place. Therefore we could not confirm when people were last checked on by staff members. We identified this as an area of practice that requires improvement.

Many people living at Wadhurst Manor required the support of an air mattress (inflatable mattress which could protect people from the risk of pressure damage) as they had been assessed as high risk of skin breakdown (pressure ulcer). When receiving care on an air mattress, it is important that the setting of the air mattress matches the person’s weight. Otherwise, it may increase the risk of a person sustaining skin breakdown. We were informed the settings of air mattresses were checked daily, however, there was no recording to confirm it was checked and on the right setting. We checked a sample of air mattresses

Requires Improvement

Is the service safe?

and found they were on the correct setting for the individual person. However, the failure to record could potentially place people at risk. We have identified this as an area of practice that requires improvement.

Staff encouraged and supported people to maintain their independence. There were risk assessments in place which identified risks and the control measures to minimise risk. These covered a range of possible risks, for example nutritional risk, choking, skin integrity, falls and behaviour that may challenge. We saw people had been provided with appropriate equipment which enabled them to move independently. Assessments had been regularly reviewed to ensure risks to people were minimised.

There were processes in place to protect people from abuse and keep them free from harm, as far as possible. Staff members were knowledgeable in recognising signs of abuse and the related reporting procedures. Staff confirmed they had received safeguarding adults at risk training and this was supported by training schedules we saw. It was clear staff understood their own responsibilities to keep people safe from harm or abuse. Safeguarding policies and procedures were up to date and appropriate for this type of home in that they corresponded with the Local Authority and national guidance.

People received their medicines when they needed them. There were procedures in place for the safe management and administration of people's medicines and these were followed by staff. People had an understanding of their medicines and what medicines they were on. One person showed us their topical cream chart and talked to us in detail about all their creams. Another person told us "The nurses are very good at giving me my tablets."

People's medicines were securely stored in their bedrooms and they were administered by registered nurses who had received appropriate training. Training schedules confirmed registered nurses received medication competency checks to ensure their knowledge base was up to date. People commented they felt confident in the skills of the registered nurses.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview and before they started work, that the provider obtained references and carried out a criminal records check on them. Staff files records confirmed these were in place. Each file had a completed application form listing their work history as wells as their skills and qualifications. Nurses employed by Wadhurst Manor, bank nurses and agency nurses all had registration with the nursing midwifery council (NMC) which were up to date.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, staff safety and welfare. There was an emergency plan to appropriately support people if the home needed to be evacuated. Due to the rural location of the home, the provider had a dedicated four by four, so that in the event of hazardous weather such as snow, staff could be collected and brought to work.

The provider employed a dedicated maintenance worker who carried out day-to-day repairs and staff said these were attended to promptly. On the day of the inspection, we were informed of water damage to a couple of lower level bedrooms. As a result of the water damage, people had to be moved from their bedroom temporarily to another room. People commented they were happy to be moved while work was undertaken in their bedroom. However, one relative commented they were not informed their loved one had moved bedrooms and felt this would impact on their psychological wellbeing. This was brought to the attention of the provider's formal complaint procedure.

Is the service effective?

Our findings

People spoke positively of the home and of staff members. One person told us, "I'm well looked after." Another person told us, "I have physically and mentally improved as a result of moving here." Visiting relatives expressed confidence in the skills of staff. However, we found Wadhurst Manor did not consistently provide care that was effective

Training schedules confirmed staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 sets out how to act to support people who do not have capacity to make a specific decision. Policies and procedures were readily available to staff on the MCA and DoLS. These provided staff with guidance regarding their roles and responsibilities under the legislation. Staffs understanding of MCA and DoLS varied. Some staff understood the legislation and terminology clearly and others were not clear on the meaning of MCA and DoLS.

Despite the above concerns, staff members had a firm understanding of how to gain consent from people. They described measures taken to obtain consent from people who may not be able to communicate or verbalise their care needs. For people living with dementia, staff learnt the importance of facial expressions and mannerisms. One staff told us, "We look at their face. If they can't verbalise concerns, we've learn from body language whether they are happy, want something or don't want something."

It was observed throughout the inspection that many people had bed rails in place. Under the Mental Capacity Act (MCA) 2005 Code of Practice, where people's movement is restricted, this could be seen as restraint. Bed rails are implemented for people's safety but do restrict movement. Bed rail risk assessments were in place for all people where bed rails were used. However, the bed rail risk assessment did not document whether the person consented to the bed rails or if the bed rails were implemented in their best interest. For people who could not consent to bed rails, mental capacity assessments had not been completed. Assessment of capacity should be undertaken to ascertain if the person could consent to the restriction of their freedom (bed rails). If not, it must be explained why the bed rails were implemented in their best interest and if other options were explored. We brought this to the attention of the registered manager. They felt confident assessments of capacity had been undertaken. These could not be found on the day of the inspections. We have identified this as an area of practice that required improvement.

For other specific decisions such as receiving covert medicines, mental capacity assessments were in place and completed in line with legal requirements. They considered the specific decision and whether the person could understand, weigh up, retain or communicate their decisions. Meetings of best interests were available and documentation confirmed family members were involved in the decision making process.

In March 2014, changes were made by a court ruling to the Deprivation Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. On the day of the inspection, two people were subject to a deprivation of liberty safeguard. Further applications were also being made for people whose freedom was being restricted in their best interest as a result of the recent court ruling. This included people who spend all day in bed and require the use of bed rails. Under the recent court ruling, this is now potentially seen as a DoLS.

People were complimentary about the food and drink. One person told us, "We get a menu every day and get to choose." Another person told us, "The food is very nice." Visiting relatives also spoke highly of the food options available for people.

We spent time observing lunchtime on the nursing floor and memory lane. Tables were laid out with refreshments available. Napkins and condiments were also available and the menu was clearly displayed. Music was softly playing in the background and people were served a three course meal. For people living with dementia, they were empowered to make decisions on what they preferred to eat. Staff members showed them the options which enabled them to make a choice. Staff members also monitored facial expressions to ascertain if the person was enjoying the meal or not. If not, alternative options were offered.

Is the service effective?

Where a need for a specialist diet had been identified we saw that this was provided. For example some people were on a soft diet due to problems with swallowing. People were assisted by staff in an unhurried and dignified manner.

Some people's food and drink was monitored and recorded on a daily basis. People at risk of choking received thickened fluids (drinks that were thickened to reduce the risk of choking). Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. People were weighed on a monthly basis, however, where weight loss occurred; we could not see what action was being taken. One person had lost over 3kg in one month while another had lost 5kg. We discussed one individual with the registered manager and the registered nurse and were informed action had been taken such as contacting the GP and offering fortified drinks, however, this was not recorded. We found this was a trend throughout the home. Documentation failed to tell us what happened following the identification of weight loss. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support the needs of people living at Wadhurst Manor. Staff received essential training in health and safety and moving and handling. Staff also accessed training that was specific to care needs of people they supported. Additional training included dementia awareness, end of life care, diabetes awareness and management of falls. A number of staff had attained a National Vocational Qualification (NVQ) in care and other staff commented on how they had started their NVQ. Nursing staff also confirmed they received clinical training and support.

Staff were supported to continue with their professional development through supervisions and appraisals. Supervision is a formal meeting where training needs, objectives and progress for the year were discussed. One staff member told us, "I have regular supervision and one to one with senior carers." Other staff members also commented on the use of supervision and the forum to discuss practice issues or concerns. Staff also advised that the registered manager was approachable and any questions or queries could be discussed with them.

People confirmed they had regular contact with their GP. If they ever felt unwell, the nurses were always brought along and advice from their GP was sought. Relatives commented they felt on the whole their loved one's healthcare needs were met. We spoke with the visiting GP who confirmed they were kept informed of any changes in people's needs and were continually contacted with regards to any concerns. People were referred to healthcare professionals as required and staff members organised for chiropodists and dentists to visit the home to have appointments with people.

Staff understood the importance of regularly monitoring people's health and wellbeing. People's ever changing health needs were reviewed and staff encouraged people to be as independent as possible. People with mobility problems were encouraged to stay mobile and to go for regular walks. Where people's mobility had deteriorated but they wished to retain their independence, the provider had sought electric wheelchairs. This enabled people to freely move around the home and retain their independence. One person told us, "The wheelchair has made a huge difference; I can do things for myself."

Good

Is the service caring?

Our findings

People commented they were treated with privacy and respect. One person told us, "They are very good at respecting my dignity." Visiting relatives spoke highly of staff members. One relative told us, "The quality of care is good. They speak to residents, have a respectful approach." Another relative told us, "You can't praise the carers enough."

For people living with dementia, they each had a memory box on their bedroom door which contained photographs of themselves and items of importance. This helped to orient people to their bedrooms. People living with dementia often make use of past experiences from to make sense of the present. Throughout 'memory lane', rummage boxes were available (boxes with items from the past or items such as sewing equipment). Objects from the 1940s, 1950s and 1960s were also on display for people to touch and feel. This helped to trigger memories and enhance past skills, hobbies or occupations.

The home was calm and relaxed across all floors during our visit. When we arrived, we noticed a large coffee shop at the entrance of the home. Staff informed us this was the hub of the home. Coffee, tea and other refreshments were available along with the daily newspaper as well as fresh cakes and cookies. Throughout the inspection, we saw people gathering at the coffee shop, sitting with relatives, or sitting together, chatting drinking coffee or eating a cake.

People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. A hairdresser visited on a weekly basis along with a manicurist. People commented they enjoyed getting their hair and nails done.

Staff members spoke fondly and knowledgeably about the people they cared for. They demonstrated a good understanding of the individual choices, wishes and support needs for people within their care. All were respectful of people's needs and described a sensitive and empathetic approach to their role. Staff told us they enjoyed their work because everyone cared about the people they supported.

Staff showed warmth and compassion in how they spoke with people. People responded in a positive way to staff in their gestures and facial expressions. One lady sitting at the dining room table becoming increasingly distressed. Staff identified they were distressed and recognised why. A member of staff immediately brought over the ladies doll. Instantly the lady was reassured hugging and kissing the doll whilst smiling at staff members. This showed concern for people's well-being whilst understanding their individual care needs.

Staff treated people and their relatives with dignity and respect. People told us their privacy and dignity was maintained and upheld. Throughout our inspection we saw staff protecting people's privacy. They knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. One person told us, "They keep me covered when I'm getting dried after my wash." Another person told us, "They always knock before they come into my room."

Staff demonstrated a good understanding of how supporting people to be as independent as possible to help them to feel valued and empowered. We observed people being encouraged to do as much for themselves as they were able to. Staff told us how they prompted to people to eat and drink independently or wash their face independently. Some people used items of equipment to maintain their independence. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it.

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. One person told us, "One of the good things here is the extent to which I am in charge of what I do." Visiting relatives told us they felt involved in their loved one's care and were kept informed of any changes. Throughout the inspection, we observed staff enquiring about people's comfort and responding promptly if they required any assistance.

'Resident's and relatives meetings' were held on a regular basis. These provided people and their relatives to discuss any concerns, queries or make any suggestions. Minutes from the last meeting in November 2014 demonstrated that staffing levels were discussed along with the recruitment of nurses, Christmas, laundry and shopping trips. People confirmed they found the forum of 'residents meetings' very helpful.

Requires Improvement

Is the service responsive?

Our findings

People were complimentary about the activities offered and the opportunities for social engagement. One person told us, "There's great entertainment." Another person told us, "The activities lady is really efficient and we do lots of things." People had an understanding of their care plan; however, care plans did not always provide guidance for staff to provide safe, effective and responsive care.

Each person had a care plan which was personal to them. Care plans were reviewed regularly, however, despite regular reviews, we found care plans did not contain clear guidance on how to best support the individual. We were informed that one person was under a DoLS. Information in their care plan recorded they were not under a DoLS. Therefore the information in their care plan was contradictory and did not provide clear guidance to staff members. Information was also not available on the impact of the DoLS and what it meant for that person. Another person's care plan recorded they required the support of bed rails for their safety. However, after checking their bedroom, we saw bed rails were not in situ and staff members confirmed this. Again information in the care plan was contradictory and did not contain clear guidance on the support needs of the person.

Each person had a daily log where staff would record information on their day to day activities, what personal care they received and how they found their day. However, where people expressed a preference for a bath or shower daily, recordings reflected that people often went over three weeks without having a bath or shower. One person's care plan recorded they should be offered a shower daily, preferably in the evening and if they refused, to offer again later. Information from their daily log reflected they had not had a shower in a significant period of time. There was no documentation of staff members offering a shower daily. The registered manager told us staff members offered but did not record this, staff also confirmed this. During the inspection, it was clear people received the level of personal care required and the inspection team was not concerned that people were not receiving the care required; however, documentation did not reflect the level of care being provided.

This was a breach of Regulation 20 of the Health and Social Care Act 2008.

Care plans were personalised to the individual. Information was readily available on their personal history. This included personalised information on the person's background, what was important to them and key memories. Staff commented the profile allowed them to build a rapport with people and engage with them. However, information was not readily available on when the person preferred to get up, go to bed or what time they preferred their meals. During the inspection, we observed people still receiving assistance with washing and dressing at 11.30am. We could not tell if this was the person's individual preference or when staff could provide assistance. We have therefore identified this as an area of practice which requires improvement.

We saw that each person's needs had been assessed before they were offered accommodation at the home. Their physical health, mental health and social care needs were assessed and care plans were developed to meet those needs. Care plans included information on the person's next of kin, medical background, dietary and health needs. Information was readily available on people's religious and cultural needs and the provider supported people to meet their religious needs. Priests and Reverends regularly visited the home to conduct services and people were supported to attend local church services. People of other religious faiths were also supported to attend religious services or have services within the home.

There were other ways in which the provider was responsive to people's individual needs. Staff recognised the importance of monitoring people's changing healthcare needs. One staff member told us, "For people at high risk of skin breakdown, we regular re-position them and monitor their skin as it could breakdown very quickly." For people living with dementia, staff commented how they monitored people's facial expressions, mood and mannerism for any changes in behaviour or wellbeing.

The provider employed a dedicated activities co-ordinator who provided meaningful activities and opportunities for social engagement. People we spoke with were very positive about the activities. One person told us, "Activities staff do a lot, arranging quizzes, word games, visiting entertainers – music and recently a magician who went down really well." Another person told us, "There are a lot of good activities."

A weekly activities timetable was displayed throughout the home and person was delivered a copy of the timetable to

Requires Improvement

Is the service responsive?

their room. One person told us, "I like having the timetable delivered, I get to choose what I want to attend and do." People commented they had picked up new skills since moving into Wadhurst Manor. One person told us, "I've learnt to paint, something I've never done before." With pride, they showed us their paintings which were on display. Another person told us, "I've picked up things I haven't done for a long time, like become a reader again."

The home had a dedicated mini bus which enabled people to go out on day trips such as going to local garden centres, shopping or local events. During the inspection, people commented on their trip to a local restaurant for Christmas dinner. People commented they enjoyed going out in the mini bus.

We spent time observing activities throughout the inspection. On one day the home had a local singer in who provided entertainment for people. Christmas songs were sung and people enjoyed playing with instruments and singing along. Staff encouraged people to get up and dance and we saw staff dancing with people. On the second day of the inspection, the home had a piano player, playing songs to famous musicals. People were seen singing along and enjoying the engagement. One relative told us, "It's lovely to see Mum smile again."

There was guidance on how to make a complaint which was displayed on a notice board in the reception area. People and their relatives were encouraged to discuss any concerns during regular 'Resident meetings and relatives meetings', during day to day discussions with staff and management and also as part of the annual survey. Most relatives we spoke with expressed confidence that any concerns or complaints would be dealt with, listened to and acted upon. The provider had received two complaints in the last twelve months. The complaint had been acknowledged and responded to appropriately in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

People spoke highly of the registered manager and commented they felt the home was well run. One person told us, "She regularly joins in with things and comes out with us." Staff members told us they felt the home was well led. One staff member commented, "I think that it's a well led establishment. They come down to your level and approach you." However, we found elements of Wadhurst Manor which were not well-led.

Throughout the inspection, we looked at the home's documentation, such as staff rotas. We looked at the staff rotas for the past four weeks and rota for the forthcoming week. The rota did not provide a true reflection of the number of staff on duty each day. Often the rota reflected the home only had three members of staff or one registered nurse. We therefore looked at the staff's signing in and out sheet to ascertain the number of staff on duty. The signing in and out sheet also reflected the home was understaffed. On one day, it appeared the home was without a registered nurse until 15.00pm. We therefore undertook a head count of staff on both days of the inspection. The numbers of required staff were on duty; however, documentation was not a true reflection of the staffing levels. We have therefore identified this as an area of practice which requires improvement.

Despite the above concerns, systems were in place to identify, assess and manage risks to the health, safety and welfare of the people. These included health and safety audits, nutrition and care plans audits. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. The regional director also completed monthly reviews on the running of the home, these included un-announced night and day visits. These reviews were shared with the provider and registered manager to make on-going improvements to the home.

The registered manager was committed to on-going improvement of the home and was able to describe the key challenges. When discussing concerns found during the inspection, the registered manager was open and responsive to our concerns. The areas of concern identified throughout the inspection had already been identified by the registered manager and regional director. For example, following audits of care plans by the regional manager, they had identified concerns with the care plans and an action plan was in place to make improvements. This included a new formal of care plans to be introduced.

A key challenge for Wadhurst Manor had been staffing levels. The registered manager acknowledged the home had a dependency on agency staff whilst recruitment was taking place. We were informed, "Despite recruitment campaigns, we have struggled to recruit, most likely due to our rural location. " The registered manager commented staffing levels had regularly been discussed with staff during staff meetings and informally. The provider also organised confidential one to one meetings for staff members with human resources to discuss their concerns.

The atmosphere in the home felt open and inclusive. Staff spoke to people in a kind and friendly way and we saw many positive interactions between the staff and people. Throughout the inspection with discussed with staff and the registered manager the culture of the home. The registered manager told us, "We have been gradually improving the culture within the home. Previously it felt that staff could not approach management but now I feel we have an honest and transparent culture. Staff come to me and I feel that is quite honest." Staff commented they could approach management and felt listened to as employees. One staff member told us, "Well supported. I can go to the office and everybody listens."

There was a clear management structure at Wadhurst Manor which provided clear lines of responsibility and accountability. There was a registered manager in day to day charge of the home. The registered manager was supported and monitored by a regional director and was able to regularly meet with managers from other homes in the group. The registered manager kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area.

People were aware of the management structure at the home. They made positive comments about the management arrangements. One person told us they had taken a keen interest in Barchester since moving into the home. Another person told us, "They take an interest in finding out what we want."

Management were visible within the home. People looked relaxed in the company of the registered manager and it was clear they had built rapports with people. Staff told us

Requires Improvement

Is the service well-led?

they were regularly out and about on the floor and took a keen interest in the day to day events and running of the home. One staff member told us, "The manager comes around and makes herself known to you to make sure everything is ok for you." Another staff member told us, "If you don't understand the manager will always explain. She comes around the home every day."

There were systems and processes in place to consult with people, relatives and staff. The provider sent out a yearly satisfaction survey to people and relatives. This enabled the registered manager to monitor people's satisfaction with the service provided. Regular staff meetings were held which provided staff with the forum to air any concerns or raise any discussions. Minutes from the last staff meeting reflected the meeting was chaired by staff and concerns regarding staffing levels were discussed openly and honestly.

There were open and transparent methods of communication within the home. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. Each floor had a communication book which allowed staff to record any appointments, key information and other information of importance.

The provider had clear visions and direction for the home. The vision statement included, "We believe every one of the individuals we support deserves dignity, choice and independence." This was made available to people in their welcome packs when they moved into the home. Staff understood a vision statement was in place. Although they were not always clear about the visions, staff continually expressed commitment to providing high quality care. One staff member told us, "It's homely we make everyone very welcome." Another staff member told us, "We care about people and care for the people here. They get really good care."

Wadhurst Manor had a goal in mind and was continually striving to achieve their goal. The registered manager told us, "We are working towards achieving the 'centre of excellence award'. We were informed that all head housekeepers throughout the organisation attended Wadhurst Manor for training. This was because the home was known for its excellent training programme. The home was expanding its training programme and encouraging staff who were champions in tissue viability and other areas to deliver training to staff from other care homes in the Barchester group. The registered manager told us, 'Being seen as a centre of excellence due to our training programme would be excellent."

Wadhurst Manor had strong links with the community. Local clubs and groups held social events and activities at the home. These included regular bridge clubs and reading events. Local choirs and volunteers regularly visited spending time with people and providing activities. One person told us, "I think it's positive that U3A (local organisation) come in and bring outside people into the home."

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the Wadhurst Manor had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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 did not take formal enforcement action at this stage. 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 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered provider had not taken steps to ensure each service user was protected against the risks of receiving care that was inappropriate or unsafe by means of carrying out of an assessment of needs of each service user and the planning and delivery of individual needs. There was a lack of certain risk assessments in place that ensured service users were receiving safe appropriate care

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The registered person had not ensured that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information