

Wenham Holt Nursing Home Limited

Wenham Holt Nursing Home

Inspection report

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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

About the service

Wenham Holt Nursing Home is a family run nursing home for up to 50 people. The home provides nursing care and rehabilitation to older and younger adults, some of whom may also be living with dementia, a physical disability or a learning disability. At the time of our inspection there were 42 people living at Wenham Holt. There is a 16 bed continuing healthcare unit which is part of the home.

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

People told us they felt well cared for by staff. People's feedback included, "The staff are really nice and caring here" and "Definitely. I like living here."

The providers had systems and processes in place to safeguard people from the risk of abuse. Staff assessed risks to people and supported them to stay safe, whilst respecting their rights. There were sufficient numbers of suitable staff to support people safely. People's medicines were managed safely. The providers had processes in place to minimise the risk of people acquiring an infection.

People's care needs were assessed and their treatment and support was delivered in line with guidance, standards and legislation. Staff had the required skills, knowledge and experience to deliver people's care effectively. Staff supported people to eat a varied and balanced diet. Staff worked across organisations and ensured people's healthcare needs were identified and met. The service was well decorated and maintained and people had access to ample space both indoors and outside.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support

- Model of care and setting maximises people's choice, control and independence. People were supported to make their own decisions about how they wanted their care provided wherever possible. People had an advocate to represent their views if required and who had oversight of how their care was provided. People had regular contact with both members of their family and significant people where they wished.

Right care

- Care is person-centred and promotes people's dignity, privacy and human rights. People received person-centred care, based on their interests and preferences about their care. Staff cared about people and ensured they were cared for with dignity. They understood and upheld people's human rights.

Right culture

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff had received relevant training to enable them to support people in a person-centred manner. The provider matched the skills of specific staff to people when allocating who was to work with them. Staff worked well with external services to ensure people's health and social care needs were identified and met.

People were treated with kindness, respect and compassion. Staff supported people to express their views and to be involved in decisions about their care. Staff ensured people's privacy, dignity and independence were respected.

People received personalised care which was tailored to meet their identified needs. Staff supported people to identify their interests and to engage in relevant activities. Staff worked with other professionals to ensure people were appropriately supported at the end of their lives.

The providers promoted a positive culture, focused on achieving good outcomes for people. They had processes in place to enable them to monitor the quality of the care provided against current guidance and to identify areas for improvement. Incidents were reviewed to identify any learning. People were provided with information about how to raise any concerns. Staff worked openly with other agencies to support the delivery of people's care.

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

Rating at last inspection

The last rating for this service was good (published 11 October 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding to test the reliability of our new monitoring approach.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wenham Holt Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two adult social care inspectors completed the site visit and an Expert by Experience spoke to people and their relatives by phone. 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

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

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information as part of the inspection.

During the inspection

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with 10 members of staff including both providers (one of whom was also the registered manager), nurses, care and ancillary staff. We spoke with two professionals who were visiting the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed records relating to people's medicines and health and safety.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at three people's care records, three staff recruitment records, training data and quality assurance records.

We spoke with a further two people and 14 relatives. We also spoke with or received written feedback on the service from a further 13 day and night staff. We spoke with one of the two GPs for the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff supported people to keep themselves and their belongings safe and secure. People reported feeling safe living at the home. One person told us, "Yes, I do feel safe here. The staff are lovely; I trust them 100%."
- The provider had in place safeguarding processes and guidance. Staff completed safeguarding training annually to ensure people were safe and protected from the risk of abuse. Staff demonstrated a good knowledge of their role and responsibilities to safeguard people. They understood the signs a person might be at risk of abuse and the action they should take.

Assessing risk, safety monitoring and management

- Staff assessed potential risks to people using recognised tools. When risks were identified, strategies and equipment were put in place to minimise them. Staff shared and understood information about people's risks and how these were to be managed. Staff understood the rights of people to take risks and to make potentially unwise decisions.
- People were consulted about their care plans including risk management wherever possible. A relative said, "They plan well, and they know how to manage the diabetes."
- Processes were in place to ensure equipment was regularly serviced and well maintained. For example, daily checks were completed to ensure people's pressure relieving mattresses were functioning correctly. The providers ensured required checks were completed in relation to fire, electrical, gas and water safety.

Staffing and recruitment

- The providers regularly assessed people's staffing level needs and ensured there were sufficient staff with the right skills on duty on each shift. Staff received effective training in safety processes and practices, such as fire safety, moving and handling, and first aid.
- We observed and people and staff confirmed there were enough staff to meet people's needs during both the day and night. People commented, "There are lots of carers all the time" and, "If I need help with something, there's always staff around to help."
- Staff saw the service as a good, safe place to work. Staff told us, "Staffing levels were maintained throughout COVID" and, "We do have agency staff but they only work here and are like the permanent staff."
- The providers operated robust recruitment processes. Their staff pre-employment recruitment checks included a Disclosure and Barring Service (DBS) check and the required pre-employment checks upon staff's suitability for their role.

Using medicines safely

- People received their medicines from trained staff whose competency to administer medicines was

regularly assessed. Staff had access to the provider's policies and medicines guidance to inform them.

- People told us they received their medicines as prescribed. People were consulted about their medicines administration. Where people lacked the capacity to consent, legal requirements were met.
- Staff had protocols to guide them in the administration of medicines given to people 'as required'. People at risk of experiencing pain who could not express it verbally were assessed, using recognised tools.
- Staff managed people's medicines safely and kept accurate records of their administration. People's medicines were stored safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff understood their responsibility to raise and report any concerns and felt safe to do so.
- The providers had processes in place to document, review and learn from any safety incidents. The registered manager engaged with local professional networks, which ensured they were kept up to date with relevant safety guidance. The registered manager told us they reflected with staff following any events and shared any relevant information at the staff handover.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were comprehensively assessed. People's care plans documented their choices about their care and the outcomes they wanted to achieve and how these were to be met.
- Staff planned the delivery of people's care with them or their representatives based on up to date guidance, best practice and legislation. Staff applied national guidance and used recognised tools both to assess risks to people and to deliver their care.

Staff support: induction, training, skills and experience

- Staff had the required skills, competence and knowledge to carry out their roles effectively. A person confirmed, "I think they have training on how to keep me safe, they always know how to take care of me." Staff received an induction to their role and those new to care completed the care industry standard induction, the Care Certificate.
- Staff's training requirements were tailored to the needs of the people they cared for. In addition to the provider's required training which they updated annually, staff completed training in areas such as dementia care, person centred care and caring for people with a learning disability. Staff completed training in a different topic monthly. Staff confirmed, "Time [for training] is allocated monthly. We can get support with understanding the training."
- Staff received ongoing supervision, development and support. Nurses were supported to maintain their professional registration. A nurse confirmed, "We have regular nurse meetings, where we look at best practice and we are supported with revalidation."

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

- People were provided with a choice of food and drink options throughout the day. A person confirmed, "They ask me what I want to eat, if I do not like what is on the menu, they always give me something else."
- Staff had a good understanding of people's individual needs and preferences about what they ate and drank and where they liked to eat. They understood who had individual dietary requirements or if people required adapted crockery and cutlery and ensured these were met.
- People were protected against the risks of poor nutrition, dehydration and choking, as staff assessed the risks to them using recognised tools and where required referred people to relevant services. Staff understood and followed any professional guidance provided. Two relatives confirmed their loved ones were well supported with their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care

- There were clear processes in place to refer people to a range of external services as required. One person

told us how staff had helped them organise their new wheelchair, via wheelchair services. Staff worked collaboratively across services to understand and meet people's needs.

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's wellbeing using tools such as RESTORE2, which is a physical deterioration and escalation tool for use by both care and nursing homes. This enabled them to quickly identify if a person was at risk of deterioration.
- A health care professional told us, staff had 'excellent' clinical skills and understood when to request assistance. People's care plans documented their health needs, including those related to their oral health and any sensory needs. Staff told us people had regular sight and hearing checks and were supported to ensure their glasses and hearing aids were in working order.
- People had access to a GP who visited the service weekly and a dentist had visited people recently. A person told us, "There are always professional people coming to see that everyone is ok."

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

- People's preferences about their environment were reflected in how their bedrooms were decorated and furnished. One person told us they had recently had a new TV for their bedroom and chose the pictures they liked to be displayed.
- People had ample access to a variety of indoor and outdoor spaces. Where they could join in activities, enjoy quiet time or meet others including visitors. There was signage around the home, which was well decorated and maintained throughout. The home had extensive well-kept grounds, which people could access, enjoy and use.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff involved people about decisions about their care wherever possible, to ensure their human and legal rights were upheld. A person told us, "They [staff] ask me what I want." Where people lacked the capacity to make a specific decision, legal requirements were met.
- Staff had assessed when people lacked the capacity to make specific decisions and relevant people had been consulted. Professionals confirmed they had been involved in making best interests decisions for people. Staff had completed relevant training and had a good working knowledge of the MCA 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were seen to treat people warmly and kindly. People responded positively to staff. A person told us, "I think you'll go a long way before you find a more caring bunch than the staff here." Another person said, "They are very kind to me." The registered manager told us how staff had done things for people in their own time, such as shopping.
- People's communication plans described their communication methods for staff and referenced any external guidance. Some people used pictures to communicate their wishes and one person expressed their views with written notes.
- One of the providers told us if English was not a person's first language, then they tried to identify any staff within their diverse workforce who spoke the person's first language and could speak with them.

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

- People's records recorded who had been involved in writing their care plan. This showed people had chosen family members and people significant to them to contribute to planning their care. We observed throughout the site visit staff sought people's views about different aspects of their care.
- Staff ensured people had an advocate where required to represent their views. We spoke with a visiting advocate, who met with the people they represented regularly at the home in private. This enabled them to seek and represent their views.
- Staff had the training and time they required to provide people's care in a compassionate and person centred way. Staff told us, "There is time to spend with people." People followed their own routines, which staff respected and understood. We observed one person had an item which was of personal significance to them. Staff recognised the importance of this item and ensured it was handled and treated respectfully, which the person valued.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed to treat people with dignity and respect at all times. Staff understood the importance of treating people with kindness, respect and compassion. People told us, "They [staff] are kind, when they come to my door, if it is shut, they knock and only come in when I answer to let them in."
- The registered manager told us they matched staff with the relevant skills and aptitudes to people, to ensure they had the most appropriate staff to meet their particular needs. This created the best opportunity for people to form a good relationship with the staff who cared for them.
- People's social needs were understood. Staff recognised the importance and value of people's relationships and supported them to maintain their relationships both within the home and externally. For

example, two people were accommodated who were lifelong friends. Staff recognised the importance to them of being placed together. Another person had since moving in been supported by staff to meet with a family member regularly, which they had not previously done. Staff supported people to maintain their relationships, through their chosen methods, which included, phone calls, video calls, visits and writing.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved with planning their care wherever possible. Staff consulted people's families about their care, where they wished them to be involved. Staff said, "We speak with families for information and read the care plans."
- People's needs in relation to all aspects of their lives, including those related to their protected equality characteristics were identified and met. People's care plans reflected their choices and preferences about how their care was to be provided. Staff had received training in person centred care and understood the principles of providing individualised care to people, which respected and upheld their human rights. Staff demonstrated a good understanding of people's individual needs and routines. Staff were observed to offer people choices about their care and confirmed people were "involved as much as possible."
- Staff told us they received detailed information about new people through the staff handovers. We saw and a professional confirmed, people's care plans were regularly reviewed and updated as their needs changed.

Meeting people's communication needs

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

- People had communication plans in place which identified their communication needs and how they wanted these to be met. Staff provided support to people with their communication needs where required. For example, a person was supported by staff to read their large print letters they received. Staff used a 'photo menu' to enable people to make choices about their meals where required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with a range of both group and one to one activities. Staff told us, "activities are broad, they are anything that can enable communication and a person's sense of well-being."
- Staff worked with people to identify what interested them and tailored activities accordingly. The registered manager told us a person had moved to the home specifically as they wanted to live somewhere with extensive gardens. They enjoyed spending their time outside, gardening. We observed when staff were running a craft session, each person had a different craft, depending on their interest. Staff had personalised the session to each person's skills, abilities and preference.
- The registered manager told us about the range of items in the home people living with dementia could

access independently, to occupy themselves. Staff had noted one person derived pleasure from tapping items, so drums had been ordered for them to use.

- Staff had adapted people's external activities during the pandemic and completed risk assessments, to ensure they could go out if they wished to, as safely as possible. People who wanted to, visited their families a person went shopping, at a quieter time of the day. Staff took people out for regular drives and brought food and drinks with them for people to enjoy.
- Staff met the needs for people who had to be cared for in bed. Staff told us they spent time with them speaking with them. A person confirmed, "They (staff) come and spend time with me." Staff also considered people's environment and how it could be improved to provide them with additional stimulation. One person particularly liked flowers, so staff had attached murals to the ceiling above their bed. Some people had bird feeders positioned within sight of their bedrooms.

Improving care quality in response to complaints or concerns

- Overall, people and their relatives told us they felt able to raise any issues. People and their relatives had access to information about how to raise concerns. Staff understood their responsibilities if any complaints were raised with them.
- The provider had asked people in their last survey if they understood how to raise an issue and if they were satisfied with the response when they did. Everyone who responded to the survey was very satisfied with how any concerns raised had been managed.

End of life care and support

- People were supported to make decisions about their preferences for their care at the end of their lives and these were recorded. People's religious needs were documented and met.
- Staff had completed training in the provision of end of life care. They worked with relevant external health care professionals to ensure people were comfortable at the end of their lives and received any required medicines, to ensure they were pain free and comfortable.
- People were supported by their families. Staff told us how they ensured people were supported compassionately at the end of their lives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- People felt the service was well-led. A person said, "They (staff) seem really organised. I think that's down to the manager. She has really high standards."
- The provider's aims and objectives for the service promoted people's rights to individuality, choice, independence and dignity. There was a positive culture which was person centred, inclusive and empowering. Staff understood the importance of equality, diversity and human rights in relation to how people's care was provided.
- The providers were both highly visible and worked alongside staff in the provision of people's care. This ensured they knew people as individuals and understood their care needs. It also enabled them to understand staff's daily work and challenges, especially in relation to the COVID-19 pandemic.
- The workforce was diverse and a number of the staff had worked at the home for many years. Staff told us they worked well together as a team. All of the staff spoken with felt well supported in their role and very valued. A member of staff told us, "When you feel cared for as staff, you feel supported and residents are then supported. Happy staff result in happy residents."
- Staff felt they were treated fairly and had opportunities for professional development. A staff member told us how the providers had supported them to complete a course in foot health care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal duties in relation to the duty of candour. A relative commented, "They are good and giving updates and reporting any issues."

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

- The service was well-led by two experienced providers, one of whom was also the registered manager, both understood the responsibilities of their roles. There was a clear organisational structure and staff understood their roles.
- Staff were well motivated in their work which they enjoyed and had confidence in the management. A staff member said, "Everyone puts the patient/resident and their families first."
- The registered manager had systems in place to identify and manage risks to the quality of the service.

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

characteristics

- People's views were sought through reviews of their care and an annual survey. People's feedback on the service was evaluated and the feedback used to inform the provider's annual service plan. People were provided with feedback on the annual survey, which was very positive across all areas. The provider ensured where any points had been raised, the action taken for people was noted. Staff's views were sought through supervisions of their work, meetings and the shift handovers.
- There were good links with the local community. The registered manager told us, prior to the COVID-19 pandemic, people had attended local community groups. The provider had enabled nurses to volunteer at the local vaccination hub. This both supported the local community with their COVID-19 vaccinations and staff told us it enabled the nurses to gain experience outside of the home.

Continuous learning and improving care

- The providers understood the challenges for the service, for example, in relation to COVID-19. Processes were in place to enable them to assess a range of different aspects of the service and to monitor the quality of the service provided in order to identify areas for improvement. The nurses were allocated several people's care reviews monthly and each nurse then audited other people's care plans. This enabled them both to get to know each person and to audit each other's work.
- There was a strong focus on learning at all levels of the organisation and a monthly staff training topic which focused on a specific aspect of people's care. The providers were members of relevant professional associations and accessed local professional networks to ensure both they and the staff team kept their knowledge up to date. The providers ensured good practice guidance was shared throughout the staff team. A staff member confirmed, "We (registered nurses) get clinical supervision too, to help us stay up to date."

Working in partnership with others

- The providers worked in partnership with key organisations such as local authorities, safeguarding teams, clinical commissioning groups and multidisciplinary teams to support the provision of people's care. Professionals involved with the service spoke positively about the quality of care people received.