

Sanctuary Care Limited

# Wantage Nursing Home

## Inspection report

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20 July 2016

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We inspected Wantage Nursing Home on 20 July 2016. The inspection was unannounced.

Wantage Nursing Home is registered to accommodate persons who require nursing or personal care. The home offers care for up to 50 people. At the time of our inspection there were 34 people living at the Home.

There was not a registered manager at the service. However, an application had been made by the current manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 17 and 18 February 2016. We found the provider was not meeting the legal requirements of five of the fundamental standards. After the comprehensive inspection, we took enforcement action and issued warning notices to require the provider to meet the legal requirements of two of the fundamental standards.

This inspection in July 2016 was to check they had met the legal requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which relates to people's safe care and treatment.

We also checked they had met the legal requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which relates to staffing.

This report covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wantage Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Since February 2016 the provider had improved their practices in relation to mitigating the risk to people who had been assessed as being at high risk of pressure damage. People that were at high risk of pressure damage had up to date and accurate records that demonstrated they had been repositioned in line with the guidance within their care records.

Since February 2016 the provider had improved their practices in relation to infection control. People who used the service had access to appropriate equipment that was in line with the code of practice on the prevention and control of infections.

Since February 2016 the provider had improved their practices in relation to the deployment of staff. People had access to 'call bells' and the response time by staff in answering to peoples care needs had improved.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

Call bells were responded to in a timely manner.

People that were at high risk of pressure damage had up to date and accurate records.

People who used the service had access to appropriate equipment that was in line with the code of practice on the prevention and control of infections.

**Requires Improvement** ●

# Wantage Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook an unannounced focused inspection on 20 July 2016. At the time of our inspection there were 34 people living at Wantage Nursing Home. This inspection was carried out to check improvements had been made by the provider after our comprehensive inspection on the 17 and 18 February 2016. This inspection looked at one of the key questions we ask about services: is the service safe. This was because the service was not meeting all of its legal requirements at the February 2016 inspection.

This inspection was undertaken by one inspector and a specialist advisor, whose specialism was nursing. We looked at nine people's care records and nine repositioning charts for people who were at high risk of pressure damage. We spoke to six people, two relatives, five members of staff, the manager, the regional manager and the national operations director.

We looked at the response times for call bells and equipment in relation to infection control.

# Is the service safe?

## Our findings

At our inspection in February 2016 we found care and treatment was not provided in a safe way for people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action advising the provider they must make improvements to meet the legal requirements by 18 April 2016.

At the inspection in February we found that people were not always protected from the risk of pressure area damage. Records relating to the repositioning of people who were at high risk of pressure damage showed they had not been repositioned for long periods of time. These time frames for helping people to change their position exceeded those recommended in national guidelines. At this inspection we found improvements had been made in relation to the recording of people's repositioning.

We saw that people's repositioning charts were being completed accurately and in line with the guidance within their care records. For example, one person who was at risk of pressure damage had guidance in their care record that they should be repositioned every four hours. We checked this person's repositioning chart and it demonstrated that this guidance was being followed and recorded by staff.

Another person who was at risk of pressure damage had guidance in their care record that they should be repositioned every two to four hours. We checked this person repositioning chart and it demonstrated that this guidance was being followed and recorded by staff. In total we checked the care records and repositioning charts for nine people and we were satisfied that peoples repositioning needs were being met.

Staff we spoke with told us that improvements had been made in relation to the recording of peoples repositioning. Comments included; "The management have changed how things are done", "We always keep checking in with the nurse to make sure the guidance is right", "Repositioning has got a lot better, it's drummed into you a lot" and "There's no excuses for gaps in records".

At the inspection in February we found that people were not protected against the risk of the spread of infection. One hoist sling was being use on the Carlton suit. This hoist sling was used to support 12 people during lifting tasks and continence needs. This was not in line with the code of practice on the prevention and control of infections. At this inspection we found improvements had been made in relation to infection control.

We saw that individual slings had been provided for 15 people living at the home that required them. These individual slings were kept in people's rooms. The service had also increased the number and variety of hoists available to staff to ensure that people were supported appropriately. One staff member we spoke with told us "Every Sunday there is an infection control audit". Another staff member we spoke with told us "It's a thousand times better than it was" and "Things are definitely changing for the better".

At our inspection in February 2016 we found that the service was failing to deploy sufficient numbers of

suitably qualified, competent, skilled and experienced staff to meet the needs of service users living at the home. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action advising the provider they must make improvements to meet the legal requirements by 13 June 2016.

At the inspection in February we found that staff were not being deployed effectively. Call bells were not being responded to within a reasonable time frame and people had to wait for long periods of time for support from care staff. This had an impact on people receiving support with their care needs. At this inspection we found improvements had been made in relation to the deployment of staff and that response times to call bells had improved.

Throughout our inspection we saw that people had access to call bells and that call bells were responded to within a reasonable time frame. For example 10.10am a call bell was activated by the inspector on the Grove unit, a staff member responded to this at 10.12am. The staff member could not visually see anybody in need of support therefore proceeded to carry out a check of people's rooms in the surrounding area to ensure that there was nobody in the area that needed support.

At 10.25am a person who resided on the Grove unit activated their call bell, staff responded to the person care needs at 10.27am. During this time at 10.26am another person residing on the Grove unit also activated their call bell this was responded to by a different member of staff at 10.28am.

A person who resided on the Carlton unit activated their call bell at 10.48am. This was responded to at 10.51am by a staff member who proceeded to support this person with their care needs. Another person who was residing on the Carlton suite activated their call bell at 11am and this was responded to within one minute.

People we spoke with told us that improvements had been made in relation to the response times to call bells. One person told us "They are more on the ball with the bell system". Another person told us "Things have improved". One relative we spoke with told us "Mums care needs are being met". We also noted that there was an increase in the visibility of staff on both the Gove and Carlton units during our inspection.

The service has now been rated as requires improvement in this key question. This is because the service was previously rated as inadequate. Therefore we need to be satisfied that these changes are being sustained. We will do this by following up these concerns at our next fully comprehensive inspection which will look at the five key questions we ask about services, which are: is the service safe, effective, caring, responsive and well-led.

Following our inspection we asked the provider to send us details of how these improvements will be sustained. The provider sent us an action plan that included the continuous practice of ensuring that call bell response times were being monitored and that people care records were routinely checked to ensure accuracy and that peoples care needs surrounding pressure damage were routinely monitored.