

Sanctuary Care Limited

# The Winsor Nursing Home

## Inspection report

54 The Avenue  
Minehead  
Somerset  
TA24 5AW

Tel: 01643707870

Website: [www.sanctuary-care.co.uk/care-homes-south-and-south-west/winsor-nursing-home](http://www.sanctuary-care.co.uk/care-homes-south-and-south-west/winsor-nursing-home)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 17 May 2016 and was unannounced.

The Winsor Nursing Home provides nursing care to older people. The home is situated in a convenient location close to the sea front, shops and cafes. A maximum of 40 people can be accommodated and some bedrooms are large enough to accommodate people who wish to share a room. The home is staffed 24 hours a day and registered nurses are on duty at all times.

There were 39 people living at the home when we visited. Many people were able to tell us about their experiences of life at the home however; some people were living with dementia and found communication difficult. We therefore used our observations of care and our discussions with staff to help form our judgements.

There was a registered manager who is responsible for the home. 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.

The registered manager had a good knowledge about the needs and preferences of the people who lived at the home. They were committed to ensuring people received the best possible care. The registered manager regularly worked on the floor providing registered nurse cover which helped them to observe the quality of care people received.

The atmosphere in the home was relaxed, cheerful and welcoming and staff communicated with people in a very kind and respectful manner. Without exception all the people and visitors we spoke with were very complimentary about the care they received and of the staff who supported them. A person who lived at the home told us "The staff are all so kind. We have a laugh and they take time to talk to you; even at night." Another person said "The staff are very kind to me. I have my favourites but they are all lovely."

People told us they felt safe living at the home. One person told us "I see this as my home now and I feel very safe indeed." Another person told us "They [the staff] look after me very well. I have no worries at all." A visitor said "I am very content with everything. Most importantly; I don't go away feeling concerned about [Person's name]." There were policies and procedures in place to minimise risks to people and to help keep

them safe. These were understood and followed by the staff team.

There were enough staff to help keep people safe and meet their needs. One person who lived at the home told us "If I ring my bell the staff come pretty quickly really. I don't have any concerns there." A visitor said "There always seems to be plenty of staff about when I visit." The service made sure staff were appropriately trained and supported.

People received effective care and support which was adjusted to meet their changing needs. People had access to appropriate healthcare professionals to make sure they received effective treatment when required. One person told us "I can't stress enough how wonderful it is here. The staff know all about my medical conditions and they help me in just the right way so that I am not in pain." A visitor said "I think the staff are very good from what I have seen. It's not an easy job and they really know what they are doing." There were systems in place to make sure people received their medicines when they needed them.

People had their nutritional needs assessed and food was provided in accordance with people's needs and preferences. People told us they were provided with plenty to eat and drink and were positive about the choice and quality of the food. One person said "The food is lovely and it's nicely served." Another person told us "I get plenty to eat and there's always a choice. It's very good."

People had opportunities to take part in social activities. An activity worker was employed. We observed that care staff also engaged in activities with people.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor and improve safety and quality of care.

## 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.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs and to help keep them safe.

People received their medicines when they needed them. There were procedures for the safe management of people's medicines.

The provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People's healthcare needs were monitored by staff and advice was sought from other professionals when required.

People received meals which met their dietary needs and took account of their preferences.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who showed patience and understanding towards them.

People were treated with dignity and respect. Staff supported people to make choices about their day to day lives and they respected their wishes.

Staff were committed to providing high quality care to people at the end of their lives.

### Is the service responsive?

Good ●

The service was responsive.

People told us they received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were able to take part in a range of activities and trips out.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager was described as open and approachable.

The performance and skills of the staff team were monitored through day to day observations and formal supervisions.

There were quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

# The Winsor Nursing Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 17 May 2016 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service on 17 June 2014 we did not identify any concerns with the care provided to people. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were 39 people living at the home. During the inspection we met with 18 people however; many were living with dementia and were unable to engage in conversations with us. We therefore used our observations of care and our discussions with staff to help form our judgements. We spoke with five members of staff and four visitors. The registered manager and a provider's regional manager were available throughout our inspection.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of three people who lived at the home. We also looked at records relating to staff recruitment, the management and administration of people's medicines, health and safety and quality assurance. findings.



## Our findings

People felt safe living at the home and with the staff who supported them. One person said "I see this as my home now and I feel very safe indeed." Another person told us "They [the staff] look after me very well. I have no worries at all." A visitor said "I am very content with everything. Most importantly; I don't go away feeling concerned about [Person's name]." Some people were unable to fully express their views to us because of their dementia. We observed interactions between staff and people and noted that people were very relaxed with the staff who supported them.

There were enough staff to help keep people safe. There was a good staff presence and staff responded quickly to any requests for assistance. One person told us "If I ring my bell the staff come pretty quickly really. I don't have any concerns there." A visitor said "There always seems to be plenty of staff about when I visit." The staff we spoke with told us staffing levels were sufficient to enable them to meet people's physical and social needs. People were assisted in an unhurried and relaxed manner and we observed staff were able to spend time chatting with people.

Care plans contained risk assessments which related to assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. A plan of care had been developed to minimise risks and these were understood and followed by staff. For example some people required walking aids to enable them to mobilise safely. Staff quickly interacted and reminded people to use their walking aids when they got up to walk. Records showed staff monitored people's intake of food and drink where they had been assessed at high risk of malnutrition.

People received their medicines when they needed them. One person told us "That's something they are very good at here. I always get my tablets on time." There were procedures for the safe management and administration of people's medicines and these were understood and followed by staff. Medicines were managed and administered by registered nurses who had received training and regular checks of their skills and competencies. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. All medicines were securely stored. We checked a sample of stock balances for medicines which required additional secure storage and these corresponded with the records maintained.

The provider's staff recruitment procedures minimised risks to people who lived at the home. Application forms contained information about the applicant's employment history and qualifications. Each staff file contained written references one of which had been provided by the applicant's previous employer. We saw

applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. A maintenance person was employed and records showed that any concerns were dealt with promptly. There were risk assessments in place relating to health and safety and fire safety. Each person who lived at the home had an emergency evacuation plan. These gave details about how to evacuate each person with minimal risks to people and staff. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Staff also carried out regular health and safety checks.





## Our findings

Staff were confident and competent when assisting and interacting with people and it was evident staff knew people well. One person told us "I can't stress enough how wonderful it is here. The staff know all about my medical conditions and they help me in just the right way so that I am not in pain." A visitor said "I think the staff are very good from what I have seen. It's not an easy job and they really know what they are doing." We observed staff assisting people to transfer with the aid of a hoist. They were skilled and confident and reassured people throughout.

People received effective care and support from staff who had the skills and knowledge to meet their needs. Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training. The Care Certificate had recently been introduced as part of the induction programme. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff's skills and understanding were regularly monitored through observations and regular probationary meetings. The staff we spoke with told us they were never asked to undertake a task or support people until they had received the training needed and they felt confident and competent. One member of staff said "The training you get is really good. [Name of registered manager] always checks our skills and training before we accept a new admission to the home."

People received good support to meet their health needs because staff monitored people's well-being and sought advice from appropriate healthcare professionals when required. A person who lived at the home said "I've never had a problem. They are really good at calling the doctor if they are worried about you." A visitor told us "[Person's name] was poorly recently. They responded really quickly and got the doctor to come out the same night." The registered manager told us the home received very good support from health and social care professionals. They also explained that a local GP held a surgery in the home each week.

We read the care plans for two people who were being treated for a pressure sore. Running records showed that registered nurses were managing the wounds effectively and there were photographs which showed how the wounds were progressing. However, there was no information about the size or status of the wounds, the prescribed treatment, frequency of the treatment and when the effectiveness of the treatment should be reviewed. The registered manager explained that details of the prescribed treatment and frequency of treatment was detailed on the individual medication administration record. They also acknowledged the need for more detailed information about the wounds and they took action to rectify this straight away.

Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences. Staff knew about people's preferences, risks and special requirements. People were provided with food and drink which met their assessed needs. Examples included soft or enriched diets and thickened fluids. People who were at risk of malnutrition were weighed at least monthly. We saw weight charts in each person's care records. All records were complete and up to date. The registered manager carried out an audit of people's weights each month. Records highlighted any concerns with regard to weight loss and we saw staff had sought the advice of appropriate health care professionals where required.

People told us they were provided with plenty to eat and drink. One person said "The food is lovely and it's nicely served." Another person told us "I get plenty to eat and there's always a choice. It's very good." We saw people were offered a choice of hot and cold drinks regularly throughout the day and on request. We observed lunch being served and people were able to choose from two main courses. They did not have to decide on their meal choice until the lunch arrived. Some people required assistance to eat their meals. We saw these people were assisted by staff in an unhurried and dignified manner. Registered nurses were present during lunch which meant they could monitor people's intake.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff knew how to support people to make decisions and about the procedures to follow where an individual lacked the capacity to consent to their care and treatment.

Throughout the inspection we heard and observed staff asking people what they wanted, if they were comfortable and if they wished to be helped with anything. Staff respected people's choices. One person told us "You're never made to do anything you don't want to do here." Another person said "I like to come to my room for a little rest after lunch. It's never a problem; I can do what I like."

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. Staff had received training and supervision sessions about the MCA and had an understanding and worked in accordance with its principles. The registered manager had made appropriate applications where people needed to be deprived of their liberty to keep them safe.



## Our findings

Throughout our inspection we observed staff interactions were very kind and respectful. There was a cheerful atmosphere in the home and people appeared relaxed and comfortable with the staff that supported them. A visitor said "It's always like this. It's not put on because you are here." A person who lived at the home told us "The staff are all so kind. We have a laugh and they take time to talk to you; even at night." Another person said "The staff are very kind to me. I have my favourites but they are all lovely."

Staff knew what was important to people. This was achieved by staff spending time with people and their families. Care plans recorded people's life histories this helped staff to understand what the person's interests were. One person said "I filled out a form when I came here. It was all about me; what I liked, what I didn't like and all about my life. I feel the staff know what is important to me and I haven't been here very long."

People were supported by caring staff and we saw staff being kind, patient and caring with people. Staff spent time enabling people to be independent and offering gentle reassurance when needed. One person became tearful and a member of staff quickly went to them to offer support and distraction. The person responded positively to the interaction.

People were treated with dignity and respect. Staff offered people assistance with personal care in a discreet manner. Each person had their own bedroom. Bedrooms were personalised with people's belongings, such as small items of furniture, photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

Staff morale was very good and staff spoke about people in a warm and respectful way. There was a stable staff team which enabled people to build relationships with the staff who supported them. We heard staff chatting to people about subjects they were interested in and about their family and friends. There was a keyworker system in place which meant each person had an allocated worker who took a special interest in them.

Visitors were always made welcome to make sure people were able to maintain their relationships with friends and family outside the home. One visitor told us "I visit every day and I am always greeted with a smile. I feel they care about me too." Another visitor said "I am always made to feel welcome and offered refreshments. I can eat with my [relative] if I want to."

Systems were in place which ensured people's wishes and preferences during their final days and following death, were respected. Care plans outlined how and where people would like to be cared for when they became very unwell. In their completed Provider Information Return (PIR) the registered manager said "End of Life care plans and checklists have been written with the help of families [where appropriate] to ensure that the residents wishes are adhered to. We ensure that the families feel supported and are given every assistance to understand the process that their loved one is going through, give advice, support and invite them to be involved in caring for their relative if they choose."

The home had produced a helpful booklet for people's representatives which provided useful information and contacts. The registered manager told us they had "Good working relations with St Margarets Hospice where we can seek advice and support for the residents." Positive feedback had been received from people's relatives about the care their loved ones received at the end of their lives. Comments included "My [relative] spent the last two years of their life here. They were very happy, well cared for and treated with dignity. I cannot tell you how happy I was with the care and attention they received." And "The end of life care my [relative] received was greatly appreciated as it was done with care and dignity for both them and us. We will be forever grateful to the staff for everything."



## Our findings

Before people moved to the home they were visited to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet their needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there. A visitor told us "I came to have a look around before my [relative] moved here and I was very impressed. The staff were friendly and I was given all the information I needed. We haven't been disappointed." A person who lived at the home told us "I was in hospital so my [relative] came and had a look around for me. They said it was lovely and it is. I was able to phone [name of deputy manager] and they answered all the questions I had. I hope I can stay here forever."

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Care plans contained clear information about people's assessed needs and preferences and how these should be met by staff. Care plans had been regularly reviewed to ensure they reflected people's current needs. People and/or their representatives had been involved in reviewing their plan of care. A visitor told us "I am kept fully informed about everything. I know my [relative] has a care plan and we are asked whether we are happy with everything."

Staff made entries about people during the day and at night. The daily records we read contained information about the person's well-being and the tasks staff had performed. This information helped to review the effectiveness of a plan of care which meant people received care and support which was responsive to their needs and preferences.

The service was responsive to changes and concerns in people's care or welfare. For example one person was exhibiting behaviours which were challenging to others. Staff had maintained detailed records and had requested input from a mental health professional and the person's GP in a timely manner. We were informed the person was now more settled.

People were supported to make choices about their day to day lives. Some people were able to clearly express their views and preferences however some people found this difficult because they were living with a dementia. Staff spent time offering people choices about what they wanted to do and they regularly checked people were happy with where they were sitting. One person, who was able to express a view, told us "I need a bit of help to get about but if I want to go up to my room, I tell the staff and they help me." Another person explained how they had preferred female staff to assist them with their personal care needs and this had been respected.

People had opportunities to take part in social activities. An activity worker was employed. We observed that care staff also engaged in activities with people. People received information about what activities were planned each week. Activities planned for this month included newspaper reading, stories, manicures, music sessions, exercise and trips to the local park and shops. Past events had included trips on the local steam train and visits from petting animals. A hairdresser visited the home on a regular basis and there were religious services held at the home for people who wished to attend.

The registered manager had developed links with the local community. They told us people enjoyed visits from children from a local day nursery who came to sing to them. Students from two local colleges were supported with work placements at the home and the registered manager had set up a dementia support group. Monthly meetings were held at the home and these were open to people's relatives and members of the local community. .

People and their visitors knew how to make a complaint. Everyone we spoke with said they felt confident any concerns would be addressed. Records of complaints showed that all complaints expressed verbally or in writing were responded to in a timely manner. We saw complaints had been fully investigated and action was taken to address people's concerns.



## Our findings

The home was managed by a person who had been registered by the Care Quality Commission. The registered manager was available throughout our inspection. They were visible in the home and they knew the people who lived there very well. The registered manager's usual hours of work were supernumerary however; they often provided registered nurse cover which enabled them to work closely with the people who lived at the home and the staff team.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager was supported by a deputy manager. There was a team of registered nurses, senior carers and care staff who provided 24 hour care and support to the people who lived at the home. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities which came with that. Catering, domestic, administrative, activity and maintenance staff were also employed.

The registered manager met with nursing staff and the head of each department each morning. These meetings provided opportunities to share information and updates which provided all present with important information about all aspects of the home and the people who lived there. For example; what activities were planned, the days menu, planned maintenance, bed changes, hospital appointments and updates on the health and well-being of the people who lived at the home.

People who lived at the home, staff and visitors described the registered manager as approachable and supportive. In their completed Provider Information Return (PIR) it stated "We have an Open Door Policy whereby anyone can come and talk to us without an appointment." We saw this to be the case on the day we visited. A visitor told us "[Name of registered manager] will always make time for you if you want a chat." Through our discussions with the registered manager and through our observations it was evident that they were committed to ensuring people received the best care possible. They spoke with great compassion about the people who used the service and it was evident they knew people very well.

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had an annual appraisal where they were able to discuss their performance and highlight any training needs. There were also meetings for staff where a variety of issues could be discussed. There was also a handover meeting when staff changed to ensure all staff were kept up to date with people's care needs.

Staff were supported and trained to take lead roles. They shared their knowledge and provided training for other staff as well as ensuring standards were maintained. These included nutrition, dignity, promoting independence, health and safety and infection control.

There were quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. Regular checks on the premises were carried out and any repairs were attended to promptly. Every month the registered manager completed audits which covered all aspects of the running of the home and the health and well-being of the people who lived there. An action plan had been completed to address shortfalls within agreed timescales and we saw these had been addressed. The registered provider also monitored how the home was managed and the quality of the service provided. A regional manager from the company carried out regular visits to monitor the service. We read the report of a recent visit which showed outcomes were positive.

In their completed PIR, the registered manager told us "We have received an award from the Care Homes web site for being one of the top 20 homes in the South West of England in 2015. We have also received an award from Sanctuary Care for The Most Improved Home in the South West in 2015."

Surveys were sent to people's family and representatives each year to seek their views on the quality of the service provided. We looked at surveys which had recently been completed. These demonstrated a high level of satisfaction with all aspects of the service provided. Comments included "The care and support is excellent." And "As a family we feel happy that our [relative] is in a happy and safe environment so we don't need to worry." Where comments identified areas for improvement, these had been responded to. For example, in a previous survey there had been comments about the temperature of hot beverages. In response to this an electric tea urn had been purchased.

The registered manager told us that formal meetings had not proved appropriate for the people who lived at the home. Instead, the registered manager met with people every day and recorded any discussions or concerns. They explained that any issues raised would be dealt with at the time.

Significant accidents/incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. The registered manager reviewed incidents to see if there was any learning to help improve the service. Following an audit of the number of falls, the registered manager had increased the number of care staff on during the day. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.