

Wardington House Partnership

Wardington House Nursing Home

Inspection report

Wardington House
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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

Wardington House Nursing Home is a care home for up to 60 people. At the time of our inspection there were 40 people using the service. The home specialises in supporting people who are living with dementia.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

People remained safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking which enable people to live their lives as they chose. People received their medicines safely.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service support this practice. People were supported to access health professionals when needed and staff worked closely with people's G.P's to ensure their health and well-being was monitored.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity. People and their relatives felt involved in decisions about their care needs and the support they required to meet those needs.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The service was led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people, relatives and staff and promoted a caring ethos.

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 remains Good

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service has improved to Good.

Wardington House 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 8 and 13 February 2017 and was unannounced.

The inspection was carried out by two inspectors and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

We spoke with two people who used the service, four relatives and one visiting health professional. We also spoke with the registered manager, matron, deputy matron, facilities manager, two nurses and six members of the care staff team.

During the inspection we looked at five people's care records, four staff files and other records related to the management of the service. We observed care practice throughout the inspection. 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.

Following the inspection we received feedback from two healthcare professionals. .

Is the service safe?

Our findings

The service continued to provide safe care to people. People felt safe and were supported in a way that promoted positive risk taking. Relatives told us they felt people were safe. One relative said, "Yes 100% safe".

There were sufficient staff to meet people's needs. Throughout the inspection people's needs were responded to in a timely manner and staff had time to spend with people, talking to them and walking with them both inside and outside. One relative told us, "There are always a lot of staff".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse.

The provider had safe recruitment and selection processes in place. These included completing checks to make sure new staff were safe to work with vulnerable adults. Staff were not able to work in the home until references and disclosure and barring service checks had been received.

People received their medicines safely. Nurses administered medicines and supported people to identify if they required 'as required' medicines. Records were kept to show when medicines had been administered or refused. Medicines were stored safely. Nurses were knowledgeable about people's medicines and liaised closely with people's GPs to ensure their medicines were regularly reviewed.

Risks to people were identified in their care plans. Where risks were identified there were plans in place to show how risks were managed. People were able to move freely about inside and outside the home and there were systems in place to manage risks. For example, people's rooms had door sensors. These were activated at night for people who were assessed at risk in relation to leaving their rooms at night. This enabled people to leave their rooms freely. The system ensured staff were aware and could monitor people's whereabouts.

There were detailed maintenance records that showed equipment and the environment were monitored. Any issues were addressed and resolved promptly. For example, one person had taken a fire extinguisher off the wall. The facilities manager had spoken with the registered manager to identify a method of keeping people safe. Bespoke cupboards had been constructed around the extinguishers which prevented people accessing them whilst ensuring they were easily accessible in the event of a fire.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. Throughout the inspection we saw staff used their skills and knowledge to effectively support people. Relatives were positive about the staff supporting them. One relative told us, "Yes I think they are skilled in what I have seen".

Staff told us they were supported by the nursing staff and management team. There was no structured supervision process in place. However, the registered manager had used recent research to inform the decision to implement a system that encouraged staff to request supervision if they felt they needed it. Each member of staff had a mentor to support them on a day to day basis and had access to training to ensure they had the skills and knowledge to meet people's needs. One member of staff said, "There is always someone I can go to. [Nurse] is my mentor and I can go to her with anything. I can sit down and chat with her and she always asks if I am OK".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One member of staff told us, "We always ask, give choices, promote independence, make best interest decisions. We have to make decisions that are best for their well-being". The service had an approach that minimised the restrictions placed on people and people were supported in way that ensured their rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS and had made appropriate referrals to the supervisory body.

People and relatives were positive about the food. One person told us, "Food is jolly good here". People enjoyed the food and were supported to meet their nutritional needs. We saw that people were given choices and if they appeared not to be enjoying their meal staff offered them alternatives. Where people had specific dietary requirements these were met.

The service worked closely with people's G.P's to ensure health needs were monitored and any changes responded to. A visiting health professional told us, "They are extremely good at contacting me and good at following advice and guidance". People had access to other professionals that included podiatrists and dentist. People were supported to attend hospital appointments as necessary.

Is the service caring?

Our findings

The home continued to provide a caring service to people. People and relatives were extremely positive about the caring nature of staff. One relative told us, "They're excellent the staff here; thoughtful". Throughout the inspection there were many kind and compassionate interactions. Staff had clearly developed meaningful relationships with people and ensured they considered people's wishes when supporting them. Staff responded in a calm and supportive manner when people showed signs of anxiety. Staff used their extensive knowledge of people to comfort and distract them.

People were involved in decisions about their care. Staff gave people choice and respected their choices and decisions. We saw staff spending time with people, explaining choices and using visual prompts to enhance their communication with people.

Relatives were involved in people's care. One relative told us, "Yes I have seen [person's] care plan. They quiz me over it (person's needs), which is a good thing". Relatives told us they were kept informed about any changes and were encouraged to be as involved as they wished in people's care. We saw one relative supporting a person with their meal. Staff were welcoming and respected the relationship between the person and their relative.

People were treated with dignity and respect. One relative told us, "They do knock on her door to come in". Staff were patient and responsive to people's needs, encouraging them in a way that maintained people's dignity. People looked well cared for. One relative told us, "She is always clean and her clothes are always laundered nice and clean".

We saw many examples of people being encouraged to be as independent as possible. Staff understood the importance of people being able to do things for themselves and prompted people in a supportive way. Relatives told us how people's abilities to do things for themselves had improved since moving to the home.

Is the service responsive?

Our findings

The service continued to be responsive. Relatives were extremely complimentary about the improvements in people's condition since moving to Wardington House. Comments included: "Since [person] has been here [person] has really improved. [Person] used to be on morphine but not anymore" and "When [person] first came here she couldn't walk".

Care records were not always accurate and up to date. We spoke to the registered manager and matron who had identified that some areas of record keeping could be improved and were working with an external consultant to look at ways to improve records.

Some care plans were personalised and included 'This is my day' and 'This is me' documents which described the person's history and what was important to them. Relatives were invited to be involved in developing people's care plans to ensure information about people's past was included. One relative told us, "When she first came in here they gave us a book to fill out about the history of her life and photos so that they could look back over it with her."

People were supported to spend their day as they wished. Throughout the inspection we saw one person who liked to engage in the same craft activity all day. Staff engaged with the person talking with them about the activity. When the person needed to stop the activity to eat their lunch, staff showed understanding that this was difficult for the person. Staff reassured them and made sure they were able to resume the activity quickly once they had eaten.

There was a lively, happy atmosphere where people enjoyed interactions with staff and each other. People had the opportunity to engage in a variety of activities throughout the day. People were supported in small groups and individually. We saw people making Valentine Cards, reading magazines, doing puzzles and walking around the grounds. Relatives told us there was always a lot of activity in the home. One relative told us, "They always have entertainers coming in, singers and musicians. And during the day they do activities, someone also comes in doing exercises to music, all sorts of things going on."

The provider had a complaints procedure and relatives felt confident to raise any concerns with the registered manager. There had been three complaints since the last inspection and we saw these had been responded to and the issues resolved.

Is the service well-led?

Our findings

At the last inspection we found that improvements were needed as the provider was not always submitting notifications to CQC. At this inspection we found improvements had been made and the provider was submitting notifications appropriately.

There was a registered manager 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 2008 and associated Regulations about how the service is run.

The registered manager promoted a culture that ensured people were seen as individuals. This culture was encouraged through all interactions with people, relatives and staff. Relatives were complimentary about the registered manager. One relative told us, "He is brilliant. If it wasn't for him, [person] could have died." Health professionals were positive about the management of the home and the impact the service and on people's lives. A visiting health professional told us, "They are wonderful. [Person] was at another home and they were unable to cope. Since coming here they are absolutely fine".

Relatives were complimentary about the quality of care provided. One relative told us, ""No, I can't fault it here. I wouldn't make any changes here."

Staff enjoyed working at the home. One member of staff told us, "I like it here. I am well supported and I think the management is good. It is a nice working environment. They are very flexible around working patterns".

There were some auditing systems in place. The registered manager had employed an external auditor who had identified the issues we found relating to records and this was being addressed.

The provider carried out an annual survey to enable people and relatives to provide feedback about the service. The results of the survey were used to improve the service. The registered manager was extremely visible about the service and everyone we spoke with was confident to speak with the registered manager about any areas they thought required improvement. One relative told us, "[Registered manager] is very good and when I see him I talk to him".