

Wenham Holt Nursing Home Limited

Wenham Holt Nursing Home

Inspection report

London Road
Hillbrow
Liss
Hampshire
GU33 7PD

Tel: 01730895125

Website: www.wenhamholt.uk

Date of inspection visit:

13 July 2017

14 July 2017

Date of publication:

11 October 2017

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

Care service description

Wenham Holt Nursing Home is a family run residential care and nursing home for up to 50 people with a range of needs. The home provides nursing care to older people with dementia, people with a terminal illness, and people with learning and physical disabilities. At the time of our inspection there were 44 people living at Wenham Holt. There is a 16 bedded continuing healthcare unit which is part of the home, (continuing healthcare is care outside of hospital that is arranged and funded by the NHS). This is referred to in the report as the 'unit'. The home is set in extensive grounds providing peaceful and attractive outside areas for people to enjoy.

Rating at last inspection

At the last inspection, the service was rated Good.

Rating at this inspection

At this inspection we found the service remained Good.

Why the service is rated Good

People were protected from the risk of potential abuse and appropriately supported by staff to manage assessed risks to their health and wellbeing. Staffing levels and recruitment processes were appropriate to support people safely. People's medicines were managed safely. The environment was monitored and managed to minimise the risks to people from emergencies such as fire and other health and safety related hazards including infection control.

Staff completed training and received supervision to maintain and develop their skills and knowledge to support people according to 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 policies and systems in the service support this practice. The service had made improvements in their systems and records to ensure people's health needs were consistently monitored, evaluated and any concerns were acted on.

People were cared for by kind and caring staff. Staff knew people well, their preferences and changing needs and people were treated with dignity and respect. People nearing the end of their life received compassionate and supportive care and their decisions were known and respected.

People's care and support needs were set out in a written plan that described what staff needed to do to make sure personalised care was provided. People received care and support in line with their care plan to achieve positive outcomes in their health and wellbeing. A range of activities was available to meet people's interests and needs for social interaction and stimulation. A system was in place for people and/or their representatives to raise concerns and make complaints and any received had been acted on. People told us they felt the registered manager and business manager listened to them and had addressed any concerns

they raised.

The home provided a welcoming, inclusive and homely environment with a friendly and positive 'can-do' culture. Staff understood and acted in accordance with the provider's values to promote personalised care for 'everyone' including people their relatives and staff. Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided. Feedback from people, their relatives and other professionals was gathered, evaluated and acted on to drive continuous improvement to the service.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service has improved and is now rated Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The services remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Wenham Holt 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 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 was a comprehensive inspection.

The inspection took place on 13 and 14 July 2017 and was unannounced. The inspection team consisted of two inspectors and two experts 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. On this inspection the experts by experience had personal and family experience of services for older people, people living with dementia and/or a learning disability and people with mental health needs.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. 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. Prior to the inspection we requested and received feedback from a GP in charge of the continuing health care unit, an NHS integrated senior clinical lead - mental health, a local authority senior social care assistant and a local authority clinical quality facilitator – safeguarding adults. During the inspection we spoke with two visiting GP's and a visiting community learning disability nurse.

We spoke with 18 people who lived at Wenham Holt and six people's relatives. We observed the care and support people received in the shared areas of the home, including the administration of people's medicines. We spoke with the registered manager, the business and environmental manager, four nurses and a nursing assistant, seven care staff members, the chef and an activities coordinator.

We looked at the care plans and associated records of six people, and the medicines record of eight people. We reviewed other records, including the provider's policies and procedures, quality assurance audits, reports and survey returns, staff training records, appraisal and supervision records, and recruitment records for two members of staff who had started work since our last inspection. Other records reviewed included fire safety and other environmental safety checks and certificates, and the staffing rotas for the period 14 May to 8 July 2017.

Is the service safe?

Our findings

All the people and their relatives we spoke with told us they (or their relative) were safely cared for at Wenham Holt. A person said "I feel very safe here, they're all very nice" and a person's relative said "I feel this is the best place for my Mum, I feel she is very safe here".

Staff completed training in safeguarding people and were aware of the types and signs of abuse and knew how to report any concerns. Staff told us they were confident the registered manager would act on any concerns they raised. We found the registered manager acted to promote people's safety and wellbeing and this was confirmed by the feedback we received from health and social care professionals. People benefited from a safe service where staff understood their safeguarding responsibilities.

Risks to people's personal safety had been assessed and plans were in place to minimise them. Staff were aware of individual risks to people and the actions required to promote their safety and wellbeing. These included risks to people from poor nutrition and hydration, manual handling, falls, choking, supporting people safely in the community and the prevention of pressure ulcers. We saw people were supported safely in line with these assessments such as; receiving the appropriate support to eat and drink to prevent the risk of choking and maintain good nutrition, supporting people to mobilise safely with equipment or staff support to prevent the risk of a fall, and ensuring people were provided with the right equipment and care to prevent the risk of developing pressure ulcers. Risks to people were managed safely.

Procedures were in place and followed to maintain the safety of the environment and equipment to promote safety and reduce the risks of injury to people. These included comprehensive fire safety procedures and equipment. The provider had recently installed a full sprinkler system throughout the building to minimise the risk of harm to people from fire. Staff practised evacuation procedures using different scenarios and regular fire drills and testing of fire equipment were recorded. CCTV was used to monitor the outside of the home during the night and regular checks of equipment and services were completed. People's safety was supported by well-maintained premises, services and equipment.

People told us there were enough staff with the right skills available to meet their needs. Staff told us they had enough time to meet people's needs and said the staffing levels were "good". The registered manager told us they allocated staff as consistently as possible to the unit and the house to provide people with good continuity of care from familiar staff. Records showed the staffing arrangements and levels were as described by the registered manager. Staffing levels were adapted to meet people's needs and the registered manager told us, "We respond to individual needs for example; when a person came in and we were not sure about their needs at night we had an extra staff member. We keep staffing levels the same even if there is a dip in occupancy". Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role. People were supported by sufficient safely recruited staff with the right skills and knowledge to meet their individual needs.

There were safe medication administration systems in place and people received their medicines when

required from trained staff. We observed staff safely administering medicines and people who were prescribed time specific medicines received these at the correct time. There were processes in place for the safe ordering, storage and disposal of medicines. Some prescription medicines are controlled under the Misuse of Drugs Act 1971 these medicines are called controlled drugs (CD's). Procedures were in place and followed to ensure these medicines were safely managed.

Some people were prescribed 'when required' medicines for example; medicines prescribed to calm people if they became agitated or distressed, or for pain relief and other short term or occasional symptoms. These medicines were recorded on people's medicine administration records (MAR's). A system was in place to provide information to support the use of these medicines such as; when to use, how much to give and the minimum time between doses. However, we found some of these records required updating in line with people's current prescriptions. We brought this to the attention of the registered manager who took action to ensure these records were updated at the time of our inspection.

All the people and their relatives spoken with agreed the home was always clean and tidy. Infection control procedures were followed by staff to maintain good hygiene standards and prevent the risks to people from infections. These practices were audited by the registered manager and the business and environmental manager to check standards of cleanliness and hygiene were adhered to and they addressed any shortfalls promptly.

Is the service effective?

Our findings

People and their relatives spoke positively about the staff and told us they were skilled to meet their needs. Their comments included, "The staff are marvellous", and, "The staff are very good". People told us they were offered choices and their decisions were respected by staff. A person's relative said, "Each and every one of the staff treat (person) as their own person". People spoke positively about the food and told us their needs and preferences were catered for. We received feedback from healthcare professionals that described the nursing care as 'excellent, effective, professional and competent'.

At our previous inspection on 15 August 2014 we rated the service requires improvement in this key area. At that inspection we found some aspects of people's care could be improved by more consistent monitoring of people's health conditions. This included information and monitoring associated with the risks from poor nutrition, hydration, continence needs including urinary tract infections (UTI) and the monitoring of mattress pressures for people at risk of developing a pressure ulcer. At this inspection we found the provider had made and sustained improvements to these areas. Risk assessments and monitoring records were in place, completed and checked to ensure that people's health needs were consistently monitored and concerns were acted on. The registered manager regularly audited these records to ensure they were completed and concerns identified were addressed. The service was now rated 'Good' in this key area.

People had been supported to achieve good outcomes in their health as a result of the monitoring, evaluation and care provided to meet their healthcare needs. For example; people received effective support to enable the healing of the pressure ulcers they had on admission to the home. The care given was effective in preventing the development of new pressure ulcers. There was a low incidence of urine infections and people were supported to gain weight if required. The GP with responsibility for overseeing the healthcare provided to people on the unit told us, "Patients are often admitted in a very poor state of fragility with bed sores and not eating and drinking. The home's excellent care leads to huge improvements, healing of the sores, weight gain and stabilisation of chronic medical conditions." They went on to tell us how this meant people did not always require on-going nursing care as a result of their health improvements.

Feedback from other healthcare professionals confirmed people were cared for effectively and that staff were skilled at identifying risks to people's health and wellbeing and acting promptly and appropriately to their needs. When people experienced changes in their health a monitoring procedure was in place to enable the nursing staff to carry out detailed observations and refer to other healthcare providers as necessary for guidance. This helped to prevent unnecessary hospital admissions. People told us and records confirmed that people had access to a range of healthcare services to meet their needs. These included; physiotherapy, GP, Macmillan nurses, psychiatry and speech and language therapists. People's healthcare needs were met effectively.

Staff completed an induction into their role and were supported to update and refresh their skills and knowledge through an on-going programme of training. Staff told us they were also supported to learn and develop their skills whilst working alongside more experienced staff and the registered manager. The

provider had made their own videos to use during in house training for health and safety and infection control to help staff relate to these issues in the home. Nursing staff completed training in subjects such as wound care, catheter care and end of life care. Nurses were supported with their continuing professional development and NMC (Nursing Midwifery Council) revalidation requirements. Revalidation is a process designed to ensure all registered nurses are competent and safe practitioners. Care staff were also able to access continuing professional development training by completing a recognised qualification in health and social care. People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs.

A system was in place to provide staff with supervision and an annual appraisal in their role. Records confirmed staff participated in both one to one and group supervisions with the registered manager and/or the night nurse in charge. Staff told us they found supervision 'helpful' and a staff member said, "The registered manager is very good at explaining". Staff were enabled to learn and develop in their role to provide effective care for people.

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.

Records showed people's mental capacity to consent to decisions made about their care and treatment were assessed in line with the MCA. Staff had completed training in the MCA and DoLS and demonstrated an understanding of how the principles of the MCA related to their role. People and their relatives told us staff sought their consent and supported their choices and decisions. A person's relative said, "They (person) have exactly what they want and with the food they get exactly what they want. They eat where they want, even on the stairs. They love going out in the sunshine, and they let (person) go out and they ring the bell to come back in".

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). 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. The registered manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body some of which had been authorised and others were awaiting authorisation. People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005.

Most people spoke positively about the food provided in the home. Some people said they would like more choice and variety. We observed that choices were available on the daily menus and that people were given their choice of meal on request. People were asked for their feedback on the food provided. The registered manager said they would remind people that alternatives to the choices offered were available if preferred. People were appreciative of the quality of the food and the fresh ingredients used and we observed the food looked appetising and was well presented.

People's nutritional needs were met and specialist recommendations were followed. Some people had textured diets as recommended by Speech and Language Therapist (SALT) and these were provided as directed by the SALT. Other people had needs such as a gluten free diet or vegetarian diet. A person told us about how their dietary needs were catered for and how they had gained lost weight following their

admission. Their nutritional needs had been met by the home providing favourite gluten free foods and snacks they said, "I said I liked it (favourite cake) and they (provider) brought it in, gluten free has a short sell by date and they keep me stocked up with my snacks so they are available in a nice big cupboard in my room". The chef was knowledgeable about people's needs and used feedback from people, families and staff to meet people's dietary requirements and preferences.

We observed lunchtime in the home and saw that people who required assistance to eat were appropriately supported by attentive staff. People were encouraged to eat independently and at their own pace, when they wanted to and in the area of the home they chose. The registered manager had introduced a snacks and drinks trolley to provide the opportunity for people to eat between meals if they chose to maintain a good nutritional intake. We observed water and juice was available to people in their rooms and for those seated in the lounge. People were consistently offered drinks throughout our inspection. People were supported with their nutrition and hydration needs.

Is the service caring?

Our findings

People and their relatives told us staff were caring. People's comments included, "They are very caring", "Definitely caring, very much so", "Everyone is so lovely here, there's always someone around, I just can't believe how good they are". A written compliment from a person's relatives stated, "We were so impressed with the care and kindness given to (person), very professional we left knowing they were in a good capable caring and loving kind home."

We observed interactions between staff and people that showed people were treated respectfully with care and kindness in their day to day care. For example; a staff member promptly and attentively responded to a person who had communication difficulties. It was clear the staff member had understood their request and met their need. We saw staff gently reassuring a person living with dementia who was anxious about their visit to the hospital. Staff discreetly and sensitively assisted people to use the toilet and supported people in a calm and unhurried manner with their needs and requests. A visiting healthcare professional told us they, "Staff talk about people in such a nice manner it's so nice to hear. I have seen staff sitting chatting with people on every visit."

Staff told us the importance of knowing about the lives of the people they supported to build positive relationships. We found staff spoke knowledgeably about people backgrounds, likes, dislikes, interests and preferences. Life history books had been completed for people using photos and information from people and their families. These books were used for people's own enjoyment and to enable staff to get to know them when they may not be able to explain their experiences. Staff told us about what people liked to talk about, liked to eat, how people spent their day and their important relationships. People received care and support from staff who had got to know them well.

People's decisions about their care and treatment were respected. A person said, "Showers are woman to woman and they keep to that. I stick to nightdresses because I want to and I'm allowed here as I get so hot". A person with complex needs had their room arranged entirely to their request, and their relative described the care they received as "wonderful and patient". During our inspection, we saw staff supported people's privacy and dignity. When people required support with personal care tasks this was done discreetly, behind closed doors to ensure people's dignity was maintained. Staff we spoke with told us they would explain the care to be given and seek the person's consent before supporting people. A staff member said, "We knock on the door, shut the door and we give choices such as; clothes, food, and what they prefer to do". People confirmed staff treated them with dignity and respect.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by other healthcare professionals such as Macmillan nurses. Palliative care plans were in place which detailed people's care and treatment need and their wishes. The GP for the unit told us, "The home excels in end of life care, managing the patient's last few weeks or days in a dignified manner helping them to be calm and symptom free. They are also excellent in helping families come to terms with their relatives increasing fragility or that they are coming to the end of their life. They are also well practised in helping relatives deal with bereavement of their relative". Facilities

were available at the home for people important to the person to stay before, during and following their death. A relative of a person who died at Wenham Holt had written, "Your home is in fact a haven of peace love and kindness, you chose the best most amazing can do staff who also have healing hands I have no doubt this contributes to the patient's well-being". People nearing the end of their life received compassionate and supportive care.

Is the service responsive?

Our findings

People and their relatives told us they were 'happy' with the care they received and people's needs were met. A person said, "They've got me eating and drinking I came over a year ago and it's the best place for me they are so kind and they smile. We have quizzes, bingo and discuss politics it's interesting and not boring in any way. They are looking after me very well I have everything I need". Another person said, "Yeah, I'm very happy, I used to have falls at home, but since I am here I am OK".

People's care and support plans were personalised and the examples seen reflected people's needs and choices. For example; people's preferred methods of communication were documented and included how to support people to communicate their needs. Information was included on people's preferred activities and lifestyle choices as well as how staff could support people to maintain their wellbeing when they were living with dementia, or a learning disability. Strategies to support people's health and care needs were clear and individualised and we observed people received the care as described in their care plan. We received feedback from a senior social worker, a senior clinical lead for mental health and a GP. This feedback included examples of the positive outcomes people with complex needs had achieved in response to their planned care. People received personalised care in line with their assessed needs.

People had a range of activities they could be involved in supported by two full time activity staff and care staff. People told us they could choose what activities they took part in and suggest other activities they would like to complete. A person said, "I take full advantage of the minibus, and we have a man who comes here like Rod Stewart and a lady who plays the harp, bingo and dexterity classes". During our inspection we saw people were engaged in both group and individual activities. These included a trip out to a country park for a BBQ, singing and dancing, poetry reading, drawing and a pet rabbit was taken round to visit people in their rooms. The registered manager told us how they provided trips out in the mini bus most days, and other outings for shopping, coffee and lunch in the pub were also provided. A person who chose to be mostly in their room told us, "It is beautiful surroundings with wild life here. I like the fresh air and I can have my windows open as I choose not to sit outside and they took me to Arundel to see the carpet of flowers which was amazing".

Complaints and concerns were taken seriously and investigated thoroughly. We reviewed the records of complaints and saw these had been dealt with in line with the provider's complaint procedure. Most people we spoke with told us they had no cause for complaint but felt they would be listened to and their concerns acted on should the need arise. One person said, "Yes there were a few problems and they have dealt with it".

Is the service well-led?

Our findings

A registered manager was in post, who was also the owner of 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 2008 and associated Regulations about how the service is run.

People spoke positively about the management of the home and said the registered manager and the business and environmental manager were, "always available". People and their relatives described the leadership as, "very good". Feedback from health and social care professionals included comments about how much they 'valued' the service and a visiting community nurse commented on the, "person centred and homely" atmosphere in the home. A senior social care assistant spoke positively about the 'can-do' attitude of the registered manager and staff and how this supported people to maintain their independence. A GP said, "One of the key things about the staff at the home is that they all appear to be extremely competent and work well as a team, led well by (registered manager) who is not only extremely caring to the patients but also very caring towards her staff".

The registered manager told us they fostered a positive and inclusive culture in the home by promoting the principles of caring, "For everyone", including people, staff and relatives. The registered manager said, "If the person's relative feels cared for this leads them to trust the person is cared for. If we don't look after staff how can we expect them to care about people"? Feedback from people their relatives and staff confirmed they felt valued and cared for in the service. A staff member said, "Patients should be our top priority and it is like that from my experience. I can go to the registered manager anytime she is brilliant, she listens and she is there if there are problems". We found staff were consistent in their responses about the values they reflected in their work with people. A staff member said, "Respond positively to people, approach with a smile, acknowledge, explain, rectify, support, spend time helping a person, talk to people, engage family." We observed and people confirmed, staff reflected these values in their interactions with people.

Staff had confidence the registered manager would act on any concerns in relation to how people were cared for by colleagues or other agencies and these would be dealt with appropriately. One staff member said, "I'm very happy here people are well looked after. We can all make mistakes and it is very important to say yes I did it and make it better and to say sorry to the residents". This meant staff were supported to learn from mistakes to prevent a reoccurrence. We observed a staff handover which was facilitated by the registered manager. It was evident staff were confident to raise their views and share information during the meeting which meant people's needs were thoroughly and carefully reviewed. Staff were supported to understand their role and responsibilities through daily meetings, supervision and team meetings as well as working alongside the registered manager as a role model. The registered manager told us this enabled them to monitor the quality of care and the culture in the service to address any issues and sustain a positive culture.

Quality assurance systems were in place to monitor and improve the quality of service being delivered and the running of the home. The registered manager and business and environmental manager checked key

quality and safety information through weekly and monthly audits to monitor the quality of care delivered. When actions for improvement were identified these were carried out and checked for completion. Incidents and accidents were investigated, reported and monitored for actions to ensure peoples on-going safety.

People and their relatives were asked to give their views and opinions verbally and in writing about the quality of the service at meetings and through quality assurance questionnaires. We saw improvements had been made in response to people's feedback and further developments were planned based on the evaluation of this feedback. Improvements had included; more activities and outings for people, improved facilities in the home for laundry and catering, a new call bell system to monitor call response times and time spent with people. Improvements to the telephone, Wi-Fi system and computer hardware to enable people to keep in touch with friends and relatives via a range of media.

Feedback from other agencies was also acted on to make improvements and a local authority clinical quality facilitator told us the registered manager had "Taken on board" their advice for improvements to people's care planning. These improvements were in progress at the time of our inspection and included changes to the records of care plan reviews to show more detailed evaluation and progress. People benefited from improvements to the service based on their feedback and the views of others.