

Nicholas James Care Homes Ltd

Walmer Care Centre

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection was carried out on 22 February 2018 and was unannounced.

Walmer Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Walmer Care Centre provides care for up to 37 older people with dementia. The service is arranged over two adjacent houses on the seafront near Deal. There are two residential floors in each building, with communal lounges and dining areas. There were 29 people living at the service when we inspected.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good

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 supported this practice. Potential risks to people's health and safety were assessed and there was detailed guidance for staff to mitigate risk and keep people as independent as possible. People were able to follow their hobbies and interests and were supported to maintain relationships with people who were important to them.

People were supported by enough staff who knew how to recognise abuse and discrimination. Staff had been recruited safely and received the training they needed to support people safely. Staff received supervision and appraisals to discuss their training and development needs. Staff knew people well and the support they needed.

There was a mutual trust between people and staff. People's privacy and dignity was respected. People, relatives and staff told us that there was an open and transparent culture within the service. The registered manager completed checks and audits on the quality of the service. Where shortfalls had been identified action plans had been implemented to ensure improvements. Accidents and incidents were analysed and used as learning experiences to reduce the risk of them happening again. People, relatives and staff attended regular meetings to discuss the service and raise any concerns they may have. People and relatives knew how to complain; any complaints had been investigated and used to drive improvements.

People's care had been assessed before they came to live at the service in line with current guidance. Care plans gave staff clear guidance about how to support people in the way they preferred. Care plans were

reviewed regularly to ensure people received the right support. People were asked how they would like to be supported at the end of their life, staff supported people and their family to ensure that their wishes were met. People's care plans and other records were held securely.

The premises suited people's needs and was clean. People were protected from the risk of infection. People received their medicines safely and when they needed them. People were supported to stay as healthy as possible including attending appointments with healthcare professionals and taking part in appropriate exercise. People had a choice of meals and these were prepared to people's specific health needs.

The registered manager was experienced and skilled in supporting people living with dementia and continued to enhance their knowledge and skills. The registered manager had a clear vision for the service and this was shared by the staff. The registered manager worked with other professionals to ensure people had the support they needed and encouraged links with the local community.

The registered manager had notified the Care Quality Commission of events that were reportable.

The rating of 'Good' was displayed at the service and on the provider website.

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 remains Good.

Walmer Care Centre

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, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 22 February 2018 and was unannounced.

The inspection team consisted of one inspector 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 we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We looked at three people's care plans, associated risk assessments and medicines records. We looked at management records including recruitment files, training and support records, resident and staff meeting minutes, audits and quality assurance.

We observed staff spending time with people and their interaction. We did not use the Short Observational Framework for Inspection (SOFI) as people were able to speak to us and share their views and experiences. SOFI is a way of observing care to help us understand the experience of people who cannot talk to us in communal settings.

We spoke with all the people living at the service and four visiting relatives. We spoke with the registered manager, nominated individual, deputy manager, two heads of care, three care staff and the leisure and lifestyle co-ordinator.

We contacted and received feedback from a community health professional after the inspection.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person told us, "It is not worrying here, it was worrying at home, but I am so well looked after now that I don't need to worry again." A relative told us, "My (relative) is very safe here, we have absolutely no concerns on that front at all."

Staff continued to know how to recognise signs of abuse and knew who to report any concerns to. Staff were confident that any concerns reported to the registered manager would be acted on immediately. The registered manager understood their role in reporting concerns to the local safeguarding team. The registered manager told us, "If I have a concern, I phone the safeguarding team and discuss it with them and follow their advice."

Potential risks to people's health and welfare continued to be assessed and staff had detailed guidance to mitigate the risks. Some people were living with diabetes; there was guidance for staff about when to monitor their blood sugar and what the reading should be. There was guidance about what signs and symptoms to look for if the person was unwell and what action to take.

Staff completed regular checks on the environment and equipment that people used to make sure it was safe. Staff completed maintenance checks continually and reacted promptly to any concerns about maintenance to ensure people were safe. There were environmental and a fire risk assessment in place. Fire equipment was checked regularly and staff took part in fire drills. Each person had a personal emergency evacuation plan; this gave details of the support each person needed to be safely evacuated in the case of an emergency.

There were sufficient staff on duty to meet people's needs. There was a stable group of staff that knew people well. People and staff told us that there were enough staff to meet people's needs. One person told us, "I do get worried at night if I have to go to the toilet, but I have never once, been left waiting." Another told us, "There is always a call bell but there is always staff close by to come to me."

Previously, staff had been recruited safely and this continued. Recruitment checks had been completed. This included references from previous employment, proof of identity and checks on the person's character had been completed. This also included the Disclosure and Barring Service (DBS) criminal records checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

People's medicines were managed safely. People told us that they received their medicines when they needed them. During the inspection, it was found that there were a number of signatures missing from medicines records; these all belonged to the same member of staff. People had received the medicines, but this had not been recorded accurately. The registered manager was aware of this and had taken action to remove the person from administering medicines and to complete their medicines training again.

There were systems in place to order, store and dispose of medicines safely. The temperature of the rooms

and fridges where medicines were stored were recorded to ensure medicines remained effective. Some people were prescribed 'when required' medicines for example pain relief or anxiety. There was guidance in place for staff to ensure people received their medicines when they needed them.

Accidents and incidents were recorded. The registered manager analysed the information to see if there were any patterns or trends and take action to reduce the risk of them happening again. The registered manager told us that staffing had been altered when there was a pattern to one person falling. This action had been successful as the person had fallen less following the action. Another person had been referred to the falls team for advice.

People were protected by the prevention and control of infection. There were sufficient domestic staff to keep the service clean and tidy. Care staff wore personal protective clothing such as gloves and aprons when needed.

Is the service effective?

Our findings

People told us that staff called the doctor when needed. One person told us, "I needed the doctor to look at my leg and they were very quick at organising it." People told us they enjoyed the choice of food. One told us, "The food is excellent, really tasty and fresh."

Before moving to the service, senior staff met with people and their relatives to assess if the service could meet their needs and preferences. The assessment covered all aspects of people's life including cultural, spiritual and social needs. The initial assessment was used to inform a care plan.

People's needs were assessed using recognised tools as recommended by the National Institute of Clinical Excellence, such as nutritional assessments. People's care was planned following the guidance of the assessment tool such as the use of a pressure relieving mattress to help support healthy skin.

Staff received training appropriate to their role. The training was a mixture of online and face to face for topics such as moving and handling. The registered manager ensured that staff received training in topics such as diabetes and epilepsy and that refresher training was given as recommended in the provider's policy. The registered manager had looked for new ways to provide training and for topics that had a practical use to them. Recently staff had attended training in the 'Dining Room Experience' this is when staff wear virtual reality goggles. The staff experienced what it is like to have the symptoms of dementia such as poor eyesight or not recognising items such as cutlery. Staff told us how this had changed the way they cared for people and had given them a greater understanding of what people experienced in everyday life. We observed staff taking time to explain to people what was happening and ensuring that people were aware of noises such as the Hoover, to minimise their anxiety.

New staff continued to complete an induction, including shadow shifts to learn people's choices and preferences. Staff also completed the Care Certificate. The Care Certificate is a set of standards that social care workers adhere to in their working lives.

Staff told us that they felt supported by the registered manager; they were always available for advice and support. Staff received regular one to one supervision and appraisal to discuss their training and development.

People were supported to eat and drink enough to maintain a balanced diet. People told us that they had plenty of choice and snacks were always available. One person told us, "We always have quite a bit to eat when we want it. If there is nothing I fancy they will always make me an omelette or a bit of scrambled egg."

We observed the lunchtime meal, the food looked appetising and people said they enjoyed their meal. Staff gave people time to eat their meals and supported people to eat in a discreet manner. People were able to choose where they wanted to eat.

Staff monitored people's health and promptly referred them to healthcare professionals such as the

dietician when people lost weight or speech and language team if they had difficulty with swallowing. Staff followed the guidance from specialist such as fortifying food and giving people dietary supplements.

People were supported to lead as healthy life as possible. People were encouraged to exercise, people enjoyed yoga during the inspection. People were supported to walk as much as possible; staff took people out for walks, when they wanted. People had access to opticians, dentists and chiropodists when needed.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager understood their responsibility under the MCA to apply for DoLS when appropriate. Applications had been completed and authorisations had been granted. Staff were working within the conditions on the DoLS authorisations.

Staff ensured that people were given as much control over their day to day life as possible. People told us that they were able to make choices. One person told us, "I decide what time I want to get up and where I would like my meals."

The buildings had been adapted to meet people's needs. The decoration of the service was designed in line with recommendations of good practice for people with dementia.

Is the service caring?

Our findings

People and relatives told us that the staff were kind and caring. One person told us, "The girls are kind and very caring and most of all friendly. A relative told us, "The staff are always so kind it is quite humbling at times."

At the start of the inspection, there was a happy relaxed atmosphere, some people were dancing and singing in the lounge or laughing with staff in their rooms, this continued throughout the inspection. People were happy in the company of staff, some people asked staff to sit with them so they could chat. There was a mutual respect between staff and people. Staff spoke to people in a discreet and caring way, using people's preferred names.

Staff understood people and to reassure and calm them. One person was opening and shutting the door in the conservatory and appeared to be distressed, staff explained why it was not safe for them to do this. This was done in an extremely patient and caring way, the person became more settled and sat down to have a cup of tea with staff.

Some people were not always able to communicate their needs and could become frustrated. Staff understood people's behaviour and how to respond. One person became agitated while sitting in the lounge, staff recognised immediately what was causing the person's anxiety and in a quiet respectful way prompted the person into a wheelchair so that they could go to the bathroom. Staff did not bring the person straight back to the lounge, but sat with them in the dining room, chatting until the person had regained their composure. A relative told us, "The staff are kind, caring, understanding and sympathetic to people."

People were encouraged to be as independent as possible. People were able to move around the building and where needed staff ensured that they had the aids they needed to keep them safe. People and relatives told us that staff respected their privacy. One person told us, "I like to stay in my room and everyone knocks before they enter; they are very good like that." We observed staff knock on people's doors and wait to be asked in.

Staff described and people told us, how their privacy was respected and prompted to be as independent as possible, when care was being given. One person told us, "I get the help I need to wash when I need it and am left to my own devices when I don't."

People were supported to maintain relationships with people who were important to them. Relatives told us that they were able to visit when they wanted, during the inspection; there were visitors throughout the day.

People were able to personalise their rooms, including photos and ornaments to help them feel at home. Where possible people were involved in decisions about their care. Staff were observed giving people choices during the inspection. When people attended appointments with healthcare professionals, staff accompanied them when requested. Staff recorded the information from the appointment on a computer tablet and asked the healthcare professional to sign that the information was correct. This helped the

person to remember what had been said and agreed to at the appointment.

Staff understood their responsibility to keep people's information and documents confidential. Computers that stored people's personal information were password protected and could only be accessed by staff who needed to.

When people were unable to express their views they were supported by their families or care manager. The registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests by either supporting people or by speaking on their behalf.

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The service ensured people had access to information in a format they could understand.

Is the service responsive?

Our findings

People and relatives told us that people received care that met their preferences and were encouraged to take part in activities. One relative told us, "The staff have always made sure that they cater for my (relative) care and suit their personal needs and individual requirements." One person told us, "I like to join in with whatever is going on."

Each person had a care plan that contained details about their choices and preferences. Care plans contained information about the person's life before they came to live in the service and what was important to them. One person had always had a dog and this was important to them, during the inspection we met the person and their dog who was visiting, they were relaxed and happy as the dog sat on their lap.

Care plans gave staff guidance in how people preferred to receive their care and support including when they liked to go to bed and get up. When people needed assistance to eat, staff had detailed guidance about how to support the person. One care plan described how the person only used one hand to eat and that staff should follow the person to prompt them to drink as they would walk away.

The registered manager and staff responded to people's needs when they changed. The registered manager told us about people who would wander around and were at risk of falls. People had a pressure mat to alert staff when they got up, however, some people would step over the mat. When this happened a device was placed on the door frame that projected a beam, when the beam was broken by the person this would alert staff. The registered manager explained that this allowed people to be independent but enabled staff to support them to stay as safe as possible.

There were activities available for people to take part in if they wanted. Some people decided to spend time in their room, this was respected by staff. One person told us, "I do not get lonely because the girls will pop in and take time for a natter." People told us about the activities they enjoyed, these included exercise, quizzes and reminiscence. During the inspection, staff encouraged people to join in with a current affairs discussion and reading from the newspapers. Everyone joined in and there were lively discussions, staff managed to engage with everyone with their respectful and caring approach.

People and relatives told us that they knew how to complain, but had not felt the need to do so. One person told us, "I have not had a single concern since I arrived." There had been three complaints since the last inspection. The registered manager had followed the provider's complaints policy. Each complaint had an action plan and an outcome of the complaint. One complaint had been about the temperature in some bedrooms in the evening, staff now recorded the temperature of people's rooms before they went to bed. If required a heater was put in the room before people were assisted to bed.

The registered manager and staff spoke passionately about how they supported people at the end of their lives. Their vision was to be a centre of excellence in end of life care for people with dementia. The service had signed up to start the Gold Standard Framework (GSF). The GSF is a process where the service is assessed against the best practice guidance in end of life care.

Some people had discussed their end of life wishes and had a Do Not Attempt Cardio Pulmonary Resuscitation order. Staff monitored people and when people were becoming frail they would discuss with the GP and family about the future care and support the person might need, including under what circumstances the person would be admitted to hospital. Staff worked with the district nurses to ensure people at the end of their life were comfortable. Medicines were kept at the service so they were available when they were needed.

Staff understood that people had different needs at the end of their life including dreams and wishes. The registered manager told us about one person whose wish was to have one last trip on a steam train. The staff used the virtual reality goggles so that the person could experience a trip on a steam train. Staff told us this had helped the person and their family at a difficult time.

Is the service well-led?

Our findings

Relatives told us that they thought the service was well led. One relative told us, "There are meetings for us but I feel it is an open culture here so things are discussed as and when we need to." Another told us, "The manager and every member of staff is extremely approachable."

The registered manager was leading the service and was supported by two deputy managers. A registered manager is a person who is 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 provider and registered manager had a clear vision for the service and the support given to people living at the service. The registered manager and staff work with the six 'C's this is Commitment, Competence, Communication, Care, Compassion and Courage. This was displayed in the service and staff explained to us how they endeavoured to meet the expected standard. There was an open and transparent culture within the service, people, staff and relatives felt that they were kept informed of changes within the service.

Staff had been finalists at the Great British Care Awards in 2017 and were attending an award ceremony in March as staff were finalists again this year. Staff were proud of the way they worked as a team and considered the registered manager to be an essential part of the team. Staff felt supported by the registered manager and were able to approach them at any time with their concerns.

The registered manager told us how important it was for people to be part of the community. In the summer, the service served tea to members of the public in their front garden; people were encouraged to be part of this and to meet people. The registered manager invited groups and organisations into the service to encourage people to be involved in activities such as the local churches, primary school and mayor. The service always took part in Walmer in Bloom and entered their garden in the competition. The registered manager had held a 'Dementia Open Day' to raise awareness of dementia to the local community.

The registered manager attended local forums held by the local commissioning group for registered managers. The provider had regular meetings for their registered managers; the meetings were used to promote learning and to develop policies and practices within the provider group. The service worked with the care home nurse specialist to improve staff practice.

The registered manager worked alongside the local safeguarding and commissioning teams to ensure that people received care and support they needed.

The registered manager and deputy managers completed audits on all areas of the service including medicines, care plans and training. When any shortfalls were identified an action plan was put in place with who was responsible for completing the plan and by what date. The registered manager checked that action had been taken.

Quality assurance surveys were sent to people, relatives, staff and stakeholders such as GP's. The results had been analysed and an action plan had been put in place. The response to the surveys had been positive, however, one of the concerns raised by families was that they did not know what people meals people were offered. During the inspection, the menu choices for the day were prominently displayed.

There were monthly meetings held for both residents and staff. People were able to discuss their views about the service and make suggestions such as what type of activities they would like, knitting had been introduced following a suggestion. Staff meetings discussed the quality of the service. The registered manager used the meetings for staff to reflect on the previous month and any incidents such as falls. Staff were prompted to analyse events and make suggestions about what could be improved.

Staff understood their roles and responsibilities. The provider had policies and procedures to support staff to complete their role. The policies were up to date and available to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The rating of 'Good' was displayed at the service and on the provider's website.