

Heritage Manor Limited

West Eaton Nursing Home

Inspection report

West Eaton House
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27 July 2016

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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

West Eaton House is registered to provide nursing care and accommodation to up to 33 older people. At the time of our inspection 26 people were living there.

The inspection took place on 13 and 27 July 2016 and was unannounced.

At the time of our inspection 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.

People and their relatives we spoke with felt people were safe living at the care home. Staff who worked at the home were knowledgeable about how to keep people safe and were aware of the action they would need to take in the event of abusive practice taking place.

The atmosphere in the home was calm and people were seen to be relaxed and at ease with members of staff. There was laughter and friendly banter between people and staff members. Staff were seen to be kind and caring towards people. People felt their privacy and dignity was maintained by staff members and staff were able to give examples of how they achieved this.

There were sufficient staff on duty to support people in their personal and social care needs. We saw people participating in events within the home or engaged in their own personal hobbies and interests. Staff received training and support from the management to enable them to have the skills and knowledge needed to care for people.

People had access to healthcare professionals and their medicines were administered by nursing staff in a safe way. People enjoyed the food and were assisted as needed to maintain their nutritional requirements. Staff were aware of people's individual likes and dislikes.

Staff consulted with people before they provided any care or support. Where people were needed support with making decisions this was done in their best interests. Staff were aware of people's needs and of recent changes in people's care. The registered manager was aware of care plans and risk assessments were in need of updating.

The registered manager and the deputy manager were knowledgeable about people's care needs and were known to people who lived at the home. Regular checks and audits were carried out by the registered manager and others to monitor the quality of the care provided. Action plans were devised and suitable action taken to make improvements where required.

Relatives were confident they could raise any concerns they may have about the care of their family member

and believed they would be listened to.

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.

People felt safe and were looked after by staff who knew how to protect them for harm. People were supported by a sufficient number staff who knew about risks to people and their care and support. People received their medicine as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for staff who had received training. Consent was gained by staff prior to providing care and support. People liked the food and had a choice of meals available to them. People had access to healthcare provision to support their well-being.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind and considerate. Staff were aware of the need to maintain people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were able to participate in activities and events within the home. People were involved in their care and making choices. Relatives were pleased with the care their family members received. People were confident their concerns would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and the management team and were able to speak with them at any time. People benefited from management systems in place to monitor the quality of the

service provided. Staff liked working at the home and received support and guidance from the management.

West Eaton 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 13 and 27 July 2016 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service.

As part of the inspection we looked at the information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We spent time with people who lived at the home and had discussions with seven people about the care and support they received. We watched how staff supported people throughout the time we were at the home to see if individual needs were met. As some people at the home were living with dementia we carried out a Short Observational Framework for Inspection (SOFI). This is a way of helping us to understand the care experiences of people who are not able to talk with us about their care experiences.

We spoke with the registered manager, the deputy manager, two nurses and ten members of staff including the activities coordinator and the training coordinator. We spoke with three relatives of people who lived at the home.

We looked at the records written by staff regarding three people who lived at the home. We also looked at their medicine records. We also looked at staff training records and quality audits carried out by management at the home and within the organisation and external bodies.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at West Eaton House. One person told us, "I still feel safe here. I have been here so long it is my home." Another person said, "I like it here and I feel safe in this room [the communal lounge] and my room" the same person added, "I trust them [staff] and feel relaxed around them." Other people we spoke with told us they felt safe because staff treated them well and they believed the home to be suitably secure. We spoke with relatives who told us they believed their family member to be safe living at the home. One relative said, "I don't worry about [person] when I am not here".

One person confirmed they needed staff to assist them with their mobility. They told us they felt safe while staff supported them and said they were never roughly handled by staff. Another person told us they needed to use a hoist (specialist equipment for moving someone). They said they did not worry about staff using the hoist because, "They are gentle and never hurt me". Throughout the inspection we saw staff use equipment such as hoists. On each occasion we saw staff provide care and support in a safe way. Relatives we spoke with confirmed they had no concerns regarding the methods used by staff to assist their family member in their mobility.

Staff we spoke with confirmed they had received training in different types of abuse people may be subjected to. Staff knew of their responsibility to report any actual or suspected abuse. One member of staff told us, "I would report to the nurse, then the manager, then to head office or the police if nothing was done". The same member of staff told us, "I have never needed to report anything". The registered manager was knowledgeable about their responsibilities and was able to describe and update us on incidents which had occurred involving people who lived at the home.

Staff we spoke with were able to tell us the action they would take if they found someone had fallen to the floor such as calling for assistance and having the person checked by qualified people. Assessments to identify risks to people and staff members had been carried out. These were available for staff to refer to as needed. Risks identified included the transferring of people who had limited mobility, skin condition and the ability to eat and drink safely.

Equipment used by staff was found to be maintained and serviced to ensure it was safe to use. Staff told us people who needed to use a hoist did not have their own individual slings. Staff confirmed in the event of a person having an infection a specific sling would be identified to prevent the risk of cross infection. We saw staff use wheelchairs. These had footrests in place to ensure people were not at risk of injury. Cushions to help prevent people develop sore skin were in use. We saw these were used in line with the guidelines on the equipment to ensure they gave the best possible protection to people's wellbeing.

People we spoke with and relatives were pleased with the staff and raised no concerns about the number of staff on duty. Staff and the registered manager told us they believed there were enough staff on duty to meet people's need. One member of staff told us, "We have sufficient staff to meet people's current care needs". Another member of staff told us they could be very busy at times with the number of staff on duty. They told us the number of staff scheduled to be on duty was maintained and agency staff were used as needed. Staff

told us when agency staff were used, such as covering three night time nursing shifts per week, these were done where possible by a regular agency staff member to ensure consistency in the care provided.

The registered manager was undertaking interviews for staff while our inspection was taking place. As a result of recent interviews the number of agency staff used had reduced and the registered manager hoped to reduce this further with the appointment of more nursing staff.

We spoke with staff about the recruitment process used by the registered manager. These were to assist the registered manager make decisions about the suitability of people who had applied for employment. Checks were carried out on potential members of staff including one to the Disclosure and Barring Service (DBS) and obtaining references from previous employers. The DBS is a national service that keeps records of criminal convictions. Information received was used to make sure suitable people were employed so people who lived at the home were not placed at risk. Staff we spoke with confirmed a DBS check had been carried out before they commenced work.

People confirmed they received their medicines from the nurses. One person told us, "I take medication every day but cannot remember what it is for. The staff always offer it to me and ask. They do tell me what it is but I forget." Another person told us similar information telling us the nurse, "Always tells me what they are for."

We saw nursing staff administer people's medicines. We saw the nurse to be kind and gentle with people while they took medicine. The nurse was seen to refer to people's records and completed these following administration to evidence people had received their medicine. Nursing staff were aware of people who had medicines frequently throughout the day and were aware of the importance of ensuring these medicines were administered at the correct time. Where people required medicines on an 'as and when basis' guidance was available for staff so they knew when to administer these items. Records were seen to be accurate and up to date and balanced with the medicine remaining. Medicines were seen to be kept in a secure way.

Is the service effective?

Our findings

People told us staff knew them well and were able to meet their care and support needs. One person said, "I have confidence in what they [staff] do." We spoke with relatives who believed staff to have the skills and knowledge needed to look after their family member. One relative told us, "They [staff] know what they are doing". Another relative told us, "The staff are obviously very well trained which is good."

Staff told us they received regular training. They said the training provided had been useful and beneficial to the work they undertook. One member of staff told us their training had assisted them in knowing how best to communicate with people especially people who were living with dementia. Another member of staff told us they had received training in the use of specialist equipment such as hoists and had knowledge about different slings available for hoists. They recognised this to be important in order to keep people safe by using the right one. A further member of staff described their training as, "Really good". The same member of staff told us training on caring for people living with dementia had given them a better insight into people's experiences. Staff told us newly appointed staff were doing the Care Certificate alongside their induction training. The Care Certificate is sector specific training designed to ensure consistency of skills for staff in care homes.

Dates for forthcoming training refreshers were on display. The information highlighted the staff members who needed to attend the training to ensure their training was maintained and up to date in accordance with the provider's expectations.

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 interest and as least restrictive as possible. The registered manager was aware of their responsibilities under the MCA. Staff we spoke with were knowledgeable of the act and how their practice could ensure the legislation was met.

People we spoke with confirmed staff consulted with them and were happy with the level of care they received. Throughout the inspection we saw staff seek permission from people who lived at the home before they provided care or support. For example we heard a member of staff say to one person, "We are going to put you into a soft chair. Is that alright?"

People's ability to make decisions were assessed where needed. The registered manager and staff we spoke with were aware where best interest decisions had taken place. Where these decisions had been undertaken they involved suitable people such as professionals and family members as well as staff members and the people themselves. The best interest decisions were specific and looked at least restrictive options.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager knew the process and had

made applications where needed.

People told us they liked the food provided. People we seen to eat their meal with enthusiasm. The meals were seen to be hot, well presented and appetising. One person described the food as, "Excellent". The same person confirmed people were offered a choice and alternatives were found if people requested. They told us, "Good food makes a huge difference to your life and I always enjoy eating in the dining room with others. It's like going out for a meal every day." We saw staff assist people with eating and drink where required or offer encouragement to people as needed. We heard staff describe to people what their meal was and guide them to what was on each spoonful. Throughout the inspection we saw drinks to be available to people both in communal areas and within people's own bedrooms.

Condiments suitable to the meal people were having were available. A menu showing the choices available to people was on display. When we spoke with one person about the food available they referred us to the menu and told us it was always correct.

People we spoke with told us they were able to see a doctor if they wanted to see one. People also told us they had seen other healthcare professionals. One person told us, "I am well" the same person told us they had seen a healthcare professional who had helped them with their mobility. Relatives we spoke with felt their family member's healthcare needs were met. They told us they were kept informed as appropriate regarding the healthcare needs of their family member.

We saw records were maintained and showed input from the doctor as well as other professionals such as tissue viability nurse (skin specialist) and speech and language specialists.

Is the service caring?

Our findings

People we spoke with were pleased with the care and support they had received. One person told us, "The nurses are very friendly". Another person told us they were, "Very comfortable" living at the home. A relative described the care provided for their family member as, "Very good". Another relative told us staff were, "Always very kind and careful."

Throughout our inspection we saw staff care for people in a kind and gentle way. We heard laughter and friendly banter between staff and people who lived at the home. We heard staff share stories of their own family with people and talk about day to day things such as the weather. People were seen engaged in discussion with each other. We saw examples of staff reassuring people if they became anxious or worried about anything. Staff were seen to hold a person's hand while supporting them and sit next to them while providing comfort and reassurance. We saw people respond to staff by smiling and engaging with them. We saw other occasions when staff reassured people while they were support them. For example while assisting people using a hoist. Staff were heard to support and guide people and gave time to ensure care and support was provided at the person's pace.

People told us they had a choice on how they wanted to spend their day and were supported by staff to do this. They said staff gave them a choice of where they wanted to eat meals, where they spent the day and what they wanted to do. Throughout the inspection we saw and heard staff enable people to make choices and encourage people to be as independent as possible. Although people were not aware of their care plan and whether they were involved in any reviews people told us staff always involved them with their care.

People and their relatives told us staff were aware of the importance of maintaining people's privacy and dignity. People told us staff knocked their bedroom door before entering. During our inspection we saw staff members do this or call out to people before they entered if their door was open. One person told us they needed assistance with their personal care. They told us staff, "Are always careful with my privacy."

One relative told us, "The staff are always very respectful". The same relative continued by telling us their family member was, "Never made to feel uncomfortable when being helped to do personal things." Another relative told us they had seen staff treat their family member with dignity and respect and told us their family member's, "Privacy is always looked after."

We spoke with staff about how they maintained people's privacy and dignity. They were able to describe how they maintained this. For example ensuring personal care was carried out behind closed doors with curtains shut and a sign on people's door showing personal care to be taking place. Staff had an awareness of people's right to confidentiality. One member of staff told us, "We [staff team] never discuss people's care in public areas" and told us the sharing of personal information was on, "A need to know basis".

Is the service responsive?

Our findings

People told us they liked living at the home including the activities and events they were able to participate in. One person told us, "I am never bored" and "We have a lot of things going on all the time". Another person told us, "I can't sing praise enough about the activities we have here".

The provider had employed an activities coordinator who spoke with passion about their job and the events they had either organised or had involvement in. They told us a schedule of activities was in place. They told us these were suggestions and what actually happened would depend on what people wanted to do at the time. Staff we spoke with confirmed one care assistant also assisted to provide social activities each day once the majority of people were up and dressed each morning.

Throughout the inspection we saw people engaged in a range of leisure opportunities either as a group of people or individually. One person told us, "I am never bored". We saw people use technology such as a lap top while other people were seen reading books or newspapers including doing crosswords. Staff were aware of people's likes and dislikes and understood people's individual interests. One person was seen to have a magazine linked to a sporting interest the person had. Other people were seen engaged in a quiz with a member of staff or engaged in art work. We were shown name plaques people had made. It was intended for these to be used on people's bedroom doors if they wanted to.

The activities coordinator told us of links they had previous had with a local theatre. We were told of some current provision provided for people which involving the playing of drums. People we spoke with confirmed they had participated in these events and had enjoyed them. The activities coordinator told us of other events they had organised such as potting up items for the garden indoors during bad weather and a seaside day when a beach was created and people had ice creams and discussed their favourite holiday. They also told us of regular occasions when they had brought their dog into the home.

We were told of regular visits to the home by representatives from local churches and primary schools. One person told us, "My vicar visits and I take communion". Staff we spoke with confirmed they had links with local churches and were involved with religious festivals and celebrations in line with the needs and beliefs of people who lived at the home.

Relatives we spoke with were pleased with the care their family member had received. Staff were able to describe the care and support people needed. Staff told us they knew of any changes in people's care needs by attending handovers, speaking with staff and reading the care plan. Care staff kept records of certain care tasks they needed to carry out or monitor. These were usually completed as required showing when people were repositioned and the amount of fluid they had drunk. Records regarding people's skin care were not always maintained or corresponding with other records. Staff were however able to assure us people's needs were met and any wounds had improved or had healed.

Relatives we spoke told us they were confident they could raise any concerns about the care and support provided with the registered manager or the nurse on duty. They believed they would be listened to and

suitable action would be taken as a result of their concerns. One relative told us they believed their family member to be happy with the care provided. They felt they would know if their family member was not having their care needs met and believed they could raise this if needed with the registered manager. Another relative told us they and the family were happy with the care and not needed to make any complaints. A further relative told us they knew who they would need to speak with and the process if there were any concerns with their family members care. The registered manager had responded to complaints made about the service provided. They were investigated in order to prevent any reoccurrence taken place.

Is the service well-led?

Our findings

People we spoke with were aware of who the registered manager was. We saw the registered manager engage with people who lived at the home as well as visitors. People were at ease with the registered manager who demonstrated their knowledge of people and what they liked to do.

People we spoke with said they knew the deputy manager. The deputy manager confirmed they had management time on the rota as well as shifts when they worked as a nurse. People we spoke with said they liked both the registered manager and the deputy manager. The deputy manager told us, "Making quality of life for people is important to us." Discussions between the management team and people who lived at the home were friendly and informative. Throughout the inspection there was a calm atmosphere within the home. The registered manager and members of staff were helpful to the inspection team and willing to assist where they could.

Staff we spoke with said they liked working for the provider and found the management to be supportive and understanding. One member of staff told us, "Really nice working here". The same member of staff also told us they, "Get on well" with the registered manager. Another member of staff told us the home was, "One of the best places I have ever worked". Other staff told us they found the registered manager to be approachable. One member of staff told us, "We can see the manager at any time".

Staff confirmed they were able to attend regular meetings at the home and had the opportunity to express their views about the care provided and any improvements which could be made. Staff told us new equipment had been obtained as a result of discussions at staff meetings during which the need for items had been established. The team leaders held a meeting on the day of our inspection. We saw these members of staff were able to have time on their own initially followed by a meeting with the registered manager. Minutes were maintained of different meetings the registered manager had held with staff members. Staff we spoke with confirmed they had access to minutes from staff meetings which they could see if they had not been at the meeting.

The registered manager told us they had regular contact with the provider and felt they had the necessary support they needed to carry out their role. They told us they were involved in decisions effecting the management of the home.

The provider has systems in place to review the quality of the service provided to people. These systems included audits carried out by the registered manager and by managers from other homes also managed by the same provider. A matrix was provided showing different areas where audits were required to be completed during a period of 12 months. The registered manager had completed the audits required during the months leading up to our inspection. Following audits were action plans were put into place. These were completed when an action identified was carried out. The registered manager was aware of areas where improvement was needed in record keeping such as risk assessments. The registered manager told us the provider was also aware of the need to update some of the records held in order to reflect people's current care needs. Although these records needed updating management and staff were aware of people's individual needs and how these were to be supported.

The registered manager told us and staff confirmed management carried out competency checks around areas such as the administration of medicines with nurses and the washing of hands with care staff. Staff found these useful as a way of ensuring standards were maintained within the home.

The registered manager told us customer satisfaction surveys were recently sent to people. These were to be returned to the providers head office. At the time of the inspection the registered manager had not seen any responses returned to the provider. We saw an action plan had been devised following a survey the previous year. We saw an action plan which showed all the improvements identified had received suitable action.