Sanctuary Care Limited

The Winsor Nursing Home

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The Winsor Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is registered to provide accommodation and nursing care for up to 40 people. The home specialises in the care of older people but is also able to provide care to younger adults with nursing care needs. At the time of the inspection there were 37 people living at the home.

At our last inspection in June 2016 we rated the service good. At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. During this inspection the rating for the responsive key question changed to 'requires improvement', however this does not affect the overall rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good

People felt safe at the home and with the staff who supported them. The provider had systems and processes that minimised the risks of abuse to people. One person told us. "I'm safe here. There's no unkindness."

People's nursing and personal care needs were met by staff who were well trained and competent in their roles. One visitor said, "The girls [staff] here are marvellous. They are very skilled and definitely know what they are doing."

People told us staff who supported them were kind and caring. We observed staff showed patience and understanding when assisting people. One person told us, "Staff here are very kind, you can't fault them on that."

People's health was monitored by trained nurses and they had access to other healthcare professionals to meet their individual needs. People received their medicines safely.

Staff had received training and knew how to protect people's legal rights when they lacked the capacity to make a decision for themselves or give consent to their care.

The management team kept up to date with good practice to make sure people's care was provided in accordance with best practice guidelines and current legislation.

People lived in a home where the provider and management team were committed to making ongoing improvements. There were quality assurance systems which monitored standards of care and addressed

any shortfalls in the service.

Some improvements were needed to make sure care provided to people was person centred. People did not always receive social stimulation or have opportunities to take part in activities in accordance with their interests and hobbies. We have therefore recommended that the provider reviews their activity programme.

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?

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?

Requires Improvement

The service has deteriorated to Requires improvement.

People did not always receive social stimulation in accordance with their interests or hobbies.

People told us they would be comfortable to make a complaint.

People could be confident that at the end of their lives they would be cared for in a way that ensured their comfort and dignity.

Is the service well-led?

Good

The service remains Good

The Winsor Nursing Home

Detailed findings

Background to this inspection

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

This was an unannounced comprehensive inspection and took place on 18 September 2018. It was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider 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 the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with 17 people who lived at the home, eight visitors and eight members of staff. The registered manager and regional manager were available throughout the day. Two healthcare professionals provided positive feedback about the home before the inspection.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We attended a short heads of department meeting. We observed lunch being served in the dining room and in people's rooms. We looked at a selection of records, which related to individual care and the running of the home. These included four care and support plans, three staff files, records of compliments and complaints, medication records and quality monitoring records.

Good

Is the service safe?

Our findings

People continued to receive safe care.

People felt safe at the home. One person told us. "I'm safe here. There's no unkindness." A visitor said, "I'm so pleased they are here. I know they are safe and well looked after."

There were sufficient numbers of staff to keep people safe and to meet their needs. However, staff were not always effectively deployed within the home. For example, although a number of people were being cared for in bed, or preferred to stay in their rooms, there were limited staff in upstairs areas once people had been assisted with personal care. This meant there were no care staff available to people to check their well-being or provide social interaction. One person told us, "It can feel like a long day. Staff only come if you call them, they never just pop in for a chat."

Some people told us call bells were not always answered promptly and at times they felt they waited a long time for assistance. During the inspection we observed that on at least two occasions, call bells rang for approximately 10 minutes before being responded to. We passed this concern to the registered manager who assured us they would make sure response times to call bells were audited and rectified if required.

During the afternoon we saw care staff had time to sit with people in the main lounge and at lunch time there were sufficient staff to support people to enjoy their meal.

The risks of abuse to people were minimised because the provider had systems and processes which minimised risks. These systems included a robust recruitment process and training for staff. Recruitment records showed new staff did not begin work until appropriate checks had been carried out to make sure they were safe to work with vulnerable people.

Staff we spoke with knew how to recognise and report concerns and all felt any concerns reported would be fully investigated to make sure people were kept safe. One member of staff said, "I've never seen anything that worried me but if I did I would report it immediately to my supervisor. They would sort it out."

People were protected from the risks of unsafe care because the provider carried out risk assessments and put in measures to reduce risks to people. These included risks associated with the building and individual risks to people. Care plans contained risk assessments including people's mobility, pressure damage to their skin and nutrition.

Staff worked in accordance with risk assessments. One person had a risk assessment which stated the person needed to be supported to change position regularly to minimise risk of pressure damage. The daily records and our observations showed this was being carried out. Another person had a risk assessment stating they were at risk of choking on food. During the inspection we saw this person being supported to eat in accordance with the guidance in their risk assessment.

The provider had systems in place which ensured all accidents and incidents were analysed and action was taken to minimise the risk of reoccurrence. The registered manager learnt from incidents and took action to make sure practice was improved where possible. For example, following the admission to hospital of a person with sepsis the registered manager had made sure staff had improved knowledge in this area. This had included providing all staff with additional training and information to help them to identify early signs of sepsis.

People's medicines were safely administered by trained nurses. Clear records were kept which showed when medicines had been administered or refused. This enabled the staff to monitor the effectiveness of prescribed medicines.

Some people were prescribed medicines, such as pain relief, on an as required basis. The staff used a recognised tool to identify people's level of pain where people were unable to vocalise when they required these medicines. This helped to ensure people received appropriate medicines to alleviate pain and discomfort.

The risks of the spread of infection were minimised because staff had received training in safe infection control practices. Hand washing facilities and alcohol gel were available throughout the home and staff had access to personal protective equipment such as disposable aprons and gloves.

Good

Is the service effective?

Our findings

People continued to receive effective care.

The Winsor Nursing Home was a large older style building with accommodation set over three floors. There was a passenger lift to make sure people with all levels of mobility could access all areas. Aids and adaptations, such as assisted bathing and shower facilities were available.

The home was generally well maintained and there were plans to refurbish some areas, such as the kitchen. We identified some carpets which required deep cleaning or replacement. We advised the regional manager of this during the inspection.

People had their needs assessed before they moved into the home. This helped to make sure the home had the staff and facilities to meet people's needs and expectations. From the initial assessments, care plans were created to give staff guidance about how to effectively support people. Care plans we saw were comprehensive and personalised to the individual.

People were supported by staff who had the skills required to meet their physical needs. All staff undertook training to make sure they could provide safe and effective care to people. Trained nurses had opportunities to undertake training to make sure their clinical skills were up to date and in accordance with best practice guidelines. One visitor told us, "The nurses are all lovely and very competent." Another visitor said, "The girls [staff] here are marvellous. They are very skilled and definitely know what they are doing." Another visitor said, "Staff are on the ball. [Person's name] is getting better care than when I looked after them."

Trained nurses monitored people's health needs and sought advice and support from other healthcare professionals when required. This made sure people received the treatment they needed to meet their individual healthcare needs. People told us they were seen by other professionals including, opticians, doctors and chiropodists. One person said, "I just ask if I want to see the doctor."

The registered manager was pro-active in ensuring people's nutritional needs were met. They had analysed people's weight loss at the home and looked at ways to address this. A number of people required a soft diet to minimise the risk of choking and the registered manager had devised a menu to make sure these people had a good calorific intake and the same choices as everyone else. A variety of snacks were provided throughout the day which were suitable for people with all dietary needs and preferences.

People's nutritional intake was monitored and specific nutrition champions had been appointed to make sure good practice was maintained throughout the home. We heard from the regional manager that since the changes in menus, introduction of varied snacks and appointment of nutrition champions, the weight loss for people at the home had decreased showing the positive impact these changes had had.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a

decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People's legal rights were protected because their capacity was assessed regarding each element of their care and support. Where people lacked capacity to make a decision, or give consent, a best interests decision was recorded in their care plan. This demonstrated staff were working in accordance with the principles on the Mental Capacity Act.

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

Good

Is the service caring?

Our findings

People continued to receive a caring service.

The registered manager told us they wanted the home to be a safe and respectful place for everyone to live. They said they promoted an inclusive culture that welcomed people regardless of their religion, culture, sexuality or disability. Because of their ethos and attitude, they had been asked to sit on the provider's equality and diversity working group to promote good practice in this area throughout the provider group.

People told us they were treated with kindness and respect. One person told us, "Staff here are very kind, you can't fault them on that." A visitor said they thought all staff were kind and approachable and commented, "Male staff are particularly kind."

During the inspection we observed many kind and friendly interactions between staff and people at the home. We heard staff asking people about their families and complementing them on their clothing or hair. Staff used physical contact with people where appropriate, such as a pat on the arm or a little hug. This all helped to create a comfortable environment for people to live in.

Staff showed patience when assisting people and no one was rushed. For example, when people needed help to eat or drink staff supported them at their own pace to enable them to enjoy their food. Some people required to be assisted to move using a mechanical hoist. Staff explained to the person what was happening and gave constant reassurance to the person.

People's privacy and dignity were respected. Each person had a single room which they had been able to personalise to suit their tastes and preferences. One person told us how much they liked their room and enjoyed spending time there. People were able to see personal and professional visitors in communal areas or in the privacy of their rooms.

People were supported with personal care in a way that was respectful. Everyone we asked said they were comfortable and relaxed when staff helped them with washing and dressing. One person told us, "Staff are always kind and gentle when they help you." We saw staff made sure doors to bedrooms and bathrooms were closed when they supported people with personal care to maintain people's privacy.

There was an open visiting policy which helped people to keep in touch with friends and family. Visitors said they were always made welcome in the home and were able to come and go as they pleased. During the inspection we saw a number of visitors at the home. All appeared very relaxed and comfortable and staff greeted them in a friendly manner.

People who were able to verbally express their views were consulted about their care and care plans. One person told us, "They talked through it all." Another person said, "They do up-date it. They sit with me and go through it. Can't remember how often." Staff told us they tried to involve family members where people were not able to express themselves to make sure their wishes were taken into account. One visitor said,

"Very comprehensive meeting with the manager. Very thorough."

Requires Improvement

Is the service responsive?

Our findings

Improvements were needed to make sure people received responsive care and support.

Since the last inspection the home had changed their care planning system from paper based to a computerised system. The system had only been in operation for few weeks but care plans we saw were personalised to the individual and gave clear details of the care people needed. Information about people's life histories, their culture, religion, people and things that were important to them, had not been transferred to the computerised system and remained in paper format. Staff we spoke with had a good knowledge of people and their social histories.

People received care to meet their physical needs. Care plans gave clear guidance for staff about people's needs. Records and our observations, showed their nursing and personal care needs were met. However, there was limited social stimulation for people and in some instances care appeared to be routine based and task focussed rather than person centred. For example, before meals staff supported people to use the bathroom and then left them in their wheelchairs in either a small lounge area or the dining room. On the day of the inspection we saw some people were taken into the dining room an hour before the main course was served. There were no staff to interact with people and no entertainment or stimulation for these people. At tea time the same routine was followed. This resulted in a number of people sitting for long periods of time with no social stimulation.

We asked people if they were able to make choices about what they did each day and we received mixed responses. One person said, "They have their routines and you fit in. I get up at seven most mornings and that's OK." Another person told us, "They seem to have accommodated my routine." One person said because they ate their breakfast in their room they did not know what activities were going on so could not make a choice about what they wanted to do.

Activities were not always personalised to people's interests or hobbies. An activity worker was employed at the home who provided some one to one sessions with people and some group activities. There was an activities timetable in the reception area but activities were extremely basic and we did not see any evidence of how these had been chosen by people. For example, on the afternoon of the inspection the activity on the board was 'colouring.' We saw one person doing this activity.

One person told us, "I go down when the nursey children come in but apart from that the things here aren't really appropriate for grown men." Another person said the activities arranged in the home were "Not suitable."

A number of people were being cared for in bed or liked to spend time in their rooms. People in upstairs rooms were quite isolated from the rest of the home. Once staff had supported people with personal care they seemed to spend their time in the large downstairs lounge. One person told us the activity worker helped them with crosswords, wrapping presents and personal shopping. Another person said, "The activity woman does come in to say hello." One person commented, "I stay in my room and don't see anyone." On

the day of the inspection care staff did not interact with people in their rooms unless they were assisting them with care.

The provider produced a yearly calendar to encourage staff to help people to celebrate special occasions and hold social events. We were informed that at the time of the inspection the home was taking part in 'Cruise week.' This was designed to be entertaining for people and give them an experience of different cultures without leaving the home. Apparently on the day of the inspection the imaginary cruise ship was in India. Although the cook had entered into the spirit of the occasion and produced an excellent Indian meal and snacks, there were no other signs to show this was taking place. There was no relevant music playing and no traditional clothes worn to indicate to people it was India.

We recommend the provider reviews the suitability of the activity programme to make sure it provides appropriate social stimulation for everyone.

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Information for people was provided in large print and the activity board was in picture format. We asked the regional manager and registered manager how they catered for people's specific needs and were told the provider was able to translate all information into different formats or languages. They had not assessed individuals to establish if an alternative format may be more useful to them but the registered manager gave assurances they would make sure people had the information they required in suitable formats.

Complaints and concerns were effectively dealt with. People told us they would be comfortable to make a complaint and were confident any concerns or complaints made would be dealt with. Two people told us they had made complaints and the issues they raised had been dealt with. One person told us about a complaint they made about a member of staff. They said, "I told the manager. She was very supportive and dealt with the situation, and the member of staff, and it is resolved now."

The staff aimed to care for people until the end of their lives if people wished to remain at the home. Trained nurses had received training about end of life care for people. They ensured appropriate medicines were available to people nearing the end of their life to manage their pain and promote their dignity. The staff at the home had received a number of thank you cards' and reviews following people's deaths. One person had written, "I cannot praise enough the care, dedication and kindness shown to [person's name] but also to me. Nothing was too much trouble for them, they made sure they were comfortable and as pain free as possible."

Staff aimed to support family members as well as people at the home. The registered manager had produced a short leaflet to support relatives of people who had died. This gave information to help people with the grieving process and advice on practical things that needed to be done when someone passed away.

Good

Is the service well-led?

Our findings

The home continued to be well led.

People were generally happy with the way the home was run and the care they received. One person told us, "They are looking after me very well." A visitor said, "Physically they are well looked after. Never issues with staff and nurses are all lovely."

The registered manager had been in post for approximately six years. 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 knew who the registered manager was and said they felt they were approachable and always ready to listen. One person told us, "I know the manager and I talk to her." Another person told us, "I know the manager, very approachable." However, one person commented, "She stays in the office all the time because she is busy."

The registered manager told us they thought of The Winsor as a progressive and proactive home. Where they had identified issues within the home they had used research and good practice guidelines to make changes. These had included better understanding and promotion of good practice in relation to nutrition for people who required specialist diets and work on early signs of sepsis. Information and learning was shared with staff through meetings and one to one supervision sessions.

The registered manager and provider were committed to continually improving the service for people. We raised our concerns regarding the lack of social stimulation for people and the registered manager informed us they were planning some experiential learning for staff. This would involve staff spending time as a person who may live at the home and experiencing what it was like to receive care there. They also told us they would take action to assess and address the social needs of people who were in their rooms all day.

The provider had systems in place to monitor quality and plan improvements. There were systems which required the registered manager to send specific information each month to enable the higher management to monitor the service and identify patterns or trends which may indicate an issue at the home. The new electronic care plan system could also be accessed by company representatives outside the home, which enabled them to audit the quality of care plans.

People lived in a home where there was a clear staffing which ensured there were always senior and experienced staff to meet their needs. The registered manager was supported by a deputy manager and a team of trained nurses. The regional manager visited regularly to support the registered manager and monitor the quality of the service provided to people. All staff told us there was always someone available if they needed advice or guidance.

Staff morale was good and staff seemed happy in their roles which people told us created a nice atmosphere to live in. One person said, "They have a laugh and a joke." Another person said, "They [staff] seem happy. There's a very good atmosphere here."

There were some ways to seek staff and people's views. There were regular meetings for staff and all staff had opportunities for one to one supervision with a more senior member of staff. There were some meetings for people who lived at the home and their relatives but we saw these were very poorly attended. The registered manager told us they tried to see people individually to seek their views but these meetings were not recorded. We were therefore unable to see how people's views, especially those who were unable to fully verbalise their feelings, were used to influence the running of the home.

The provider carried out an annual satisfaction survey for people. We heard that this years' survey had been carried out but the results had not yet been collated.

The registered manager was aware of their legal responsibilities and worked in partnership with other organisations such as commissioners and the local authority to share information appropriately. The registered manager has notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities.