The Weir Nursing Home Ltd

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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 19 and 24 October 2016 and was unannounced.

The Weir Nursing Home provides accommodation and personal care for up to 35 people. At the time of our inspection there were 29 people living at the home.

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 and associated regulations about how the service is run.

People were kept safe by staff that knew how to recognise and report any concerns about people's safety. Staff understood people's needs and about risks and how to keep people safe. There were enough staff on duty to make sure that people got the right support at the right time. The provider completed checks to ensure staff were suitable and safe to work at the home.

People were positive about the support and care that they received. People were treated with dignity and respect and staff were kind and caring in their approach with people. People's care and support was centred on their individual needs.

People had their health needs responded to effectively. People were supported to access doctors and other health professionals when required. People were supported to have their medicines when needed. Medicines were stored and administered appropriately.

People were asked and gave staff permission before any care or support was given. Time was taken to make sure that people could make choices and decisions about the care and support they received.

People were supported by staff that had the skills and knowledge to understand and meet their needs. Staff had access to on-going training and support to meet people's specific health and wellbeing needs. Staff felt that they were able to contact the registered manager at any time if they needed support or guidance.

People and their relatives found the staff and management approachable and, willing to listen to their views and opinions. People knew how to complain and who to complain to.

Audits and checks were completed regularly to ensure that good standards were maintained. There were established links with organisations relevant to the care and support provided.

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 were kept safe because staff knew people's needs and how to meet them.

There were enough staff to meet people's assessed needs and keep people safe.

Staff knew what to do if they suspected that any type of abuse had taken place.

People received their medicines safely and medicines were stored securely.

Is the service effective?

Good

The service was effective.

People had support from staff that had the knowledge, skills and support to meet their health needs effectively.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able to make choices and consent to their care.

Staff felt well supported and had regular access to training and supervision.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and treated people with dignity and respect.

People's views and input into their care was promoted and supported. People felt they could make suggestions about their care at any time to the staff, the registered manager or the provider.

People were involved in planning and reviewing their care and

support. They were supported to have choice and to be involved in all aspects of their care.

Is the service responsive?

Good

The service was responsive.

People had care and support that responded to their individual needs effectively. If staff had any concerns about people's health needs other health professionals became involved quickly.

People knew how to complain and felt any concerns they had would be listened and responded to.

Is the service well-led?

Good

The service was well led.

People and staff felt that the manager and the provider were approachable and supportive. People said they could talk to the manager at any time and they would be listened to.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from people and their families and used the information to make improvements

The Weir 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 unannounced inspection took place on 19 and 24 October 2016 and was conducted by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also asked the local authority for any concerns or information relating to service. We did not receive any information of concern.

During the visit we spoke with six people who lived at the home, ten members of staff who consisted of a registered nurse, four care assistants, two senior care assistants, one assistant care manager, one clinical manager, the registered manager. We also spoke with a doctor and a community physiotherapist.
We observed staff supporting people throughout the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at a care plan for pressure area care, diabetes and a falls risk assessment.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

Good

Is the service safe?

Our findings

People told us that care and support was provided by staff in a way that made them feel safe. A relative said, "Staff always have people's safety in mind. You can just see that by the way that they support people." A doctor also said that they felt that people were supported to keep safe.

People had individual risk assessments which included risk assessments for falls prevention, nutrition and pressure area management. Where risks were identified plans were in place to identify how risks would be managed. For example, there were some people who were at risk of skin damage due to their health conditions. Individual risk assessments had identified the actions to be taken by staff to reduce the risk which included repositioning guidance and the use of pressure relieving equipment. The staff we spoke knew the people who were at risk and what action they needed to take to reduce the risk of skin breakdown. The provider told us that there were currently no people with pressure area concerns. The registered manager regularly checked that people had suitable footwear. This included checking not only fit but also the general condition of footwear. The registered manager told us that this was to reduce the risk of falls as poor footwear increased this risk. We checked the accident records and found there had not been any recent falls.

People told that there were enough staff to keep them safe and provide them with the support they needed. We saw examples where people asked for support and were given the support they needed straight away. Staff told us that they felt that the number of staff in the home provided them with opportunity to focus on individuals' needs and to be able to respond promptly to people. We saw that call bells were answered promptly and staff were quick to respond and offer support. People in their rooms were able to ask for support when they wanted as they all had easy access to call bells in their rooms. The registered manager and the provider told us that staff worked as a team to cover unexpected staff absence to ensure consistent support for people.

People felt that they could raise any concerns about their own or other people's safety and they would be listened to and action taken. Staff knew what they would do if they suspected abuse and showed us that they had a good understanding of the different types of abuse. The registered manager and the provider both told us about how important it was to have robust safeguarding in place. The provider told us, "It is their home and it our responsibility to make sure people feel safe."

Staff told us that checks were made to make sure they were suitable to work with people before they started to work at the home. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care. Staff told us they undertook a structured induction programme, including shadowing experienced staff members, until they were confident and able to carry out their roles effectively.

People said they had the support they needed to take their medicines safely. Medicines were only administered by staff that had received training in the safe management of medicines. We observed how

medicines were administered and found staff to be organised and focused on giving the right medicines at the right time to the right person and accurate records of medicines were kept. We found this to be carried out safely and effectively. Medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines.

Good

Is the service effective?

Our findings

People told us that staff were skilled and knew how to meet their needs. One person told us, "They know me and how to keep me well." A relative said, "[Family member] is very difficult to manage. The staff do a sterling job and really understand the intricacies of her condition." The doctor told us that staff were skilled and provided safe effective care. Staff told us that they were able to have plenty of training that was relevant to their roles. One staff member said, "The training is brilliant. You only have to ask to learn something new and they try and sort it for you." They felt that the on-going training they had was relevant to their roles. For example staff told us that they had training around, the Mental Capacity Act, safeguarding people and medicines. Staff also had training in providing good end of life care. This training was provided by a local hospice, as the registered manager told us that they felt these services were best placed to provide this training.

Staff told us that they felt supported in their roles. They told us that they had regular supervision and felt the clinical manager and registered manager were approachable and supportive. Staff we spoke with demonstrated good knowledge of people's individual care and support needs.
Staff told us that when they started work there was an induction period which provided them with training in their roles and also a period of working alongside more experienced staff until they and the registered manager were confident they had sufficient knowledge to carry out their roles safely and effectively. The registered manager told us that staff sickness and holidays were covered by existing staff and that no agency was used, so that there would be consistency for people that lived there.

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 told us that staff respected their wishes. We saw examples where people were involved in day to day decision making where they chose what they wanted to eat and drink and when they wanted it. People were able to say what they wanted to do and staff provided the support people needed to enable them to do it. For example some people had chosen to do an art activity. Staff were quick to make sure that people had the materials and support to do this. We discussed with staff what needed to happen if people could not make certain decisions for themselves. What they told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA and were confident in their knowledge of its principles and use.

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). 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.

We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited appropriate people for example social workers and family members to be involved with best interest meetings. These had been documented and confirmed the person themselves had been involved in this process. At the time of inspection one DoLS application had been approved and a further 17 DoLS applications had been made. The registered manager, clinical manager and staff were able to tell us what this meant for the people that lived there.

People told us that the food and drink they were offered was good and they were given choice over what they wanted to eat and drink. There was a choice of hot and cold food and a varied nutritious menu. People said that if they did not like what was on offer on the menu staff were quick to provide an alternative of their choice. We found that there were sufficient staff to ensure that where people needed extra support with their meals this was provided. We saw that mealtimes were relaxed and there were conversations and laughter between people and staff. Where people had specific food requirements this was freshly prepared by the chef.

People told us that they were supported to access other health professionals when needed. We could see that where needed referrals had been made to relevant health professionals and guidance followed. For example, a person told us how when they had become unwell staff had supported them with appointments with doctors and nurses. They told us that they were now feeling much better. A doctor we spoke with felt confident that staff knew how to care for people. They said that staff were quick to identify and act on any concerns with people's health. They explained staff followed any instructions or changes regarding a person's care and support swiftly and accurately.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring with the care and support they gave. One person said, "They [staff] are very kind." The doctor told us, "This is one of the best nursing homes I visit. All of the staff are kind, well-motivated and care about what they do." Staff took time throughout the day to spend time with people to chat about families, current news and events and to make sure people were happy and comfortable. One staff member said, "People here are like my extended family. We all care greatly for the people that live here."

People told us that they were treated with dignity and respect. We saw that people's privacy and dignity was respected by staff. Staff knocked on people's doors before going into their room and they addressed people by their preferred name. Where care was given this was done in a way that ensured the person's privacy was respected. For example we saw where people requested help with personal care staff were discreet and maintained people's dignity and privacy. The provider told us that they made sure that people were always supported with dignity and respect. Staff told us that there was a strong emphasis on dignity and respect and they felt their approach reflected this. An example they gave us was how they maintained conversation throughout any care tasks making sure that the person was happy with the support they were getting. They also said that dignity and respect was a regular agenda item for discussion at team meetings and also in the meetings for the people that lived there. The registered manager was currently the dignity champion and they told us that this role was to make sure that dignity and respect was reinforced through everything the staff did. All staff had regular training around dignity and respect and there were plans to identify and train other staff to also become dignity champions in the home.

People were given time by staff to express their wishes and choices that they made were respected by staff. One person asked move to another area of the home. Staff were quick to support them and took time to make sure they was settled in the area of the home they wanted to be in. People told us that they could ask for anything and staff would make sure that their wishes were met. All of the staff we spoke with told us that they would not carry out any care or support without the agreement of the person first.

People told us they felt involved in their care and support. They said they were supported to give their views by the staff and the managers. One person told us how they had been involved in meeting with staff as part of a review of their care. Staff and the registered manger told us that the home operated with as much participation from people as possible. The registered manager said, "It's not about having big meetings for people, it is about spending time with people. We always involve people in decisions that affect them." We observed that staff understood people's communication needs and gave people time to express themselves.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about people's needs, both from a health and social perspective. Staff told us that some people took part in in-house activities, whereas others were too ill for this. They said that for people that were nursed in their rooms staff always ensured they were given regular company and interaction from staff. What we saw demonstrated this. Both the nurses and the care assistants understood what care and support people needed. For example a person had diabetes that had become more unsettled. Following advice from the doctor there was an increase in the monitoring of their diet and blood sugars, staff were able to tell us about this and what action they would take if there were concerns.

People were also supported to have their own hobbies and interests. The home employed two full time activity coordinators to provide opportunities for people to engage in different activities. People told us that they had a choice of what they would like to do, and where they would like to spend their time. We saw examples where some people were being supported with craft activities while other people were sat quietly reading. Staff told us that they supported people fully with what they wanted to do, and any ideas or extra materials were always that they paid attention to what people wanted to do and any ideas from people were encouraged. Staff were able to tell us about people's individual preferences and what they did and did not like to do. Some people had time with gardeners from a local community gardening club attended the home on a regular basis. People that we spoke with were positive about this. Another person was knitting items for the home. They told us how they had been knitting since they were young and that they enjoyed carrying this on in the home.

People's own individual histories and identity was reflected in what they did. For example one person worked as the gardener at a local castle, living a short distance from the castle before becoming unwell and moving to the home. The registered manager told us that through spending time with them they identified that the person wanted to visit where they used to live and work. The registered manager and provider arranged the opportunity for them to visit the gardens where they used to work as well as visiting their previous home for the first time in almost three years. We spoke with the person about this experience and although they were unable to vocally tell us how they felt they indicated to us that they had enjoyed this. The registered manager told us that care reflected and responded to people's own individual needs.

People said that they would raise any concerns with the staff or the registered manager and felt that they would be listened to. People told us that they found they could talk to the staff, registered manager and provider and felt confident that any concerns or complaints would be immediately dealt with. We saw that the provider had a system in place for dealing with complaints but there had not been any recent concerns raised. The system enabled the registered manager and provider to review any complaints and identify actions and lessons learnt.

Good

Is the service well-led?

Our findings

People said the registered manager was approachable and they felt the home was well run. This was a view shared by the relatives, staff, the community physiotherapist and the doctor that we spoke with. Staff told us that it was an open culture where they could approach the clinical manager or the registered manager with any ideas or concerns and they would be listened to. Staff said that they did not know of any staff concerns at present but knew that if they did the registered manager would be supportive and listen.

The registered manager told us that the vision of the home was, "To be the very best in nursing care." The staff we spoke with shared this view. Staff were motivated to do the best that they could and we found that staff had good morale and spoke positively about their experiences of working for the provider and the registered manager. The registered manager told us that they felt well supported by the provider and had a clear management structure to support them with their role.

The registered manager told us how they had established links with the local community. These included a local school, a local theatre, local gardening projects and also with local churches. The registered manger told us that it was important for people to not become isolated and for the home to be part of local community life. There were also established links with the Macmillan Cancer service and advocacy services.

Staff told us that they felt well supported in their roles. They told us that as well as regular one to one supervision they had on-going support throughout the day. One staff member said, "You feel supported all of the time here." There were also regular staff meetings. Staff told us that these meetings were useful as it gave the opportunity to talk openly with the registered manager and where any actions were identified or suggestions made these were listened to. They told us that there was an open door culture where they were able to speak with the clinical or registered manager straight away if they had any concerns.

There were systems in place to check the quality of the care given by staff. This included regular checks and audits on areas such as medicines, staff training and any falls or incidents. We could see where actions had been taken as a result of the checks and audits. Feedback was gathered on a regular basis from the people that lived there, relatives and also from staff. We could see that there was a system for capturing comments and concerns and identifying relevant actions to be taken to improve the quality of the service.

People and the staff told us that the registered manager was visible in the home spending time throughout the day with the people that lived there and with staff. Staff told us that this gave them confidence that the registered manager knew what was going on.

All staff told us about the whistle blowing policy and said that they would feel comfortable to whistle blow if they felt that this was needed to ensure people's safety. One staff member said, "I would not hesitate to report anything."

We spoke with staff about the support they had to do their job. Staff told us that the provider and registered manager were supportive and approachable. Staff told us that they had access to regular supervision,

training and staff meetings. They all felt that the registered manager listened and took action when necessary. The registered manager told us that they felt well supported by the provider and had a clear management structure to support them with their role.

The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes involving the service within a required timescale. This means that we are able to monitor any trends or concerns.