

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 ●

Summary of findings

Overall summary

Care service description

Walmer Care Centre is a care home for up to 37 people who may be living with dementia. The service is provided in two houses that are next door to each other, Carlton Lodge and Carlton Mead. Bedrooms are on the ground and first floors and there are communal areas including lounges overlooking the sea. There were 15 people living in each of the houses when we inspected.

Rating at last inspection

At the last inspection on 23 November 2015, the service was rated 'good' overall with a rating of 'requires improvement' in the safe domain as there was a breach of a regulation. The provider sent us information about actions they planned to take to make improvements. At this inspection we found that the service remained rated 'good' overall and the breach of the regulation had been met.

This report covers only the safe domain; please see the previous reports for further information.

Why the service is rated good

Staff were aware of potential risks to people and any risks had been assessed to reduce them as much as possible. Previously, there was a lack of guidance for staff about how to reduce risks including how to move people safely. There was now step by step guidance for staff to follow.

Changes had been made to make sure that all medicine was now administered safely. There were enough staff to meet people's needs. Staff had been checked before they started to work with people.

Staff had been trained to recognise abuse and knew about different types of abuse and who to report to.

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 was safe.

Risks to people were being managed.

Staff knew how to recognise and respond to abuse.

Medicines practice was safe.

There were enough staff to meet people's needs and staff were checked before they started working with people.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced focused inspection, carried out on 16 March 2017 by one inspector.

Before the inspection we looked at notifications received from the service. Notifications are information we receive from a service when significant events happen, like a serious injury. We looked at previous inspection reports and gathered information from health and social care professionals. We did not request a Provider Information Return (PIR) for this shorter focused inspection as the provider had previously completed and returned a PIR.

We spoke with eight people, three staff members, the registered manager and nominated individual (the provider's representative). We looked at care records and associated risk assessments for three people. We looked at management records including staff recruitment records and health and safety checks for the building. We looked at medicines records and shadowed a staff member giving people their medicines.

We observed in the lounges of both houses and talked with people in the lounges and in their rooms. Some people were not able to explain their experiences of living at the service to us due to their dementia. We used the Short Observational Framework for Inspection (SOFI) which is a way of observing care to help us understand the experience of people who could not talk with us.

We last inspected Walmer Care Centre in November 2015 when a breach of regulation was found. That breach of regulation had now been met.

Is the service safe?

Our findings

People said they felt safe and well looked after. It was clear by the laughter and activity that people were relaxed and happy in each other's company and in the company of staff. People told us "They (staff) are very nice to me, they are nice to everyone" and "I have nothing to worry about in this place. I feel this is a nice place."

At the last inspection there was a lack of guidance for staff to show how to keep risks to people to a minimum. For example, when moving people using a hoist. The registered manager had updated people's care plans and risk assessments.

We sampled some of these and there were now step by step guides for staff on how to move people safely. Although we did not see anyone being moved with a hoist we spoke with people who said they felt safe when being moved and were confident that staff knew what they were doing. Staff had been trained to use the moving equipment safely and there had been no accidents related to moving people.

Other risks to people, including the risk of falling or choking, had been assessed. There was guidance for staff on how to keep these risks to a minimum and what to do if a person did fall or choke. The risk assessments were reviewed each month which should note any changes. The review, over time, should establish if the risk is still there or if it has decreased or increased. For one person, there had been a change. The person, who was at risk of choking, had seen a speech and language therapist (SALT) for advice about eating and drinking. Although the risk assessment had been reviewed after the person saw the SALT, it noted no changes and the assessment by the SALT was not noted. There was also no mention whether the person had any choking episodes. The registered manager agreed that there was opportunity to improve the effectiveness of the reviews.

Medicines were managed safely. The medicines room was organised and secure but on two occasions recently had been just above the safe maximum temperature for storing most medicines. The temperature at which medicines are stored must be within safe limits or the way the medicines work may be affected. The registered manager took immediate advice and action about this.

Staff went to each person individually to give them their medicines and spent time with people chatting until they had taken their medicines. Staff now wore plastic disposable gloves if they needed to hand people their tablets. Staff were patient and asked people if they were comfortable or if they were in any pain. One person told us "They (staff) come and give me my tablets, they offer them to me and say 'would you like this', they are very kind."

The medicine records were well recorded and up to date. There had been a change to one person's medicine by their doctor. Staff were aware of this change and it had been noted in a communication between staff. This change had not been recorded on the person's medicines record or in their care plan to confirm which doctor had made the change, when the change had been made and why. The registered manager agreed to make the required updates.

Some medicines required special storage, for example, in a fridge. These medicines were stored safely and a record was kept of the stock. Some people needed to take medicines only now and again for pain or when they were anxious. Each person had instructions for staff about when to give this medicine and how much to give.

People told us that the staff were there when they needed them. Staff worked as a team in each of the two houses led by a senior staff, two heads of care, two deputy managers and the registered manager. There were housekeepers, maintenance staff and cooks so care staff could dedicate their time to people. One staff member told us "I love it here, I would not change that."

Some staff, including the registered manager, had worked at the service for several years and knew each other and people very well. This helped the service to run smoothly and staff worked together to make sure people had everything they needed. An activity coordinator was employed and people joined in to try smoothies and 'superfoods' during the morning of our inspection. People looked engaged and interested in the activity, there was lots of laughter. Other people listened to relaxing music, read their newspapers and enjoyed the view from the lounge of the sea. It felt very relaxed, staff were not rushed and everyone appeared calm.

Staff were available in the lounges and dining room so they were on hand when needed. Staff often stopped to chat with people and there were lovely natural exchanges. For example, one person looked a bit fed up until they saw a member of staff. They smiled and made fun of the staff member's accent and smiled more as the staff member joined in, laughing.

The registered manager listened to feedback from people, relatives and staff about the staffing levels. Following this the registered manager had deployed a member of staff to work across the two houses an hour at a time. They had also increased staffing levels in the early evening, as some people needed extra support during this time. Staff were checked before they started work at the service to make sure they were safe to work with people. This included a criminal background check and obtaining satisfactory written references. The registered manager agreed to record any checks of references they made by telephone in the future.

Staff told us about different types of abuse and what they would do if they suspected abuse. Staff knew how to recognise abuse and who to report to. They felt confident the registered manager would act to protect people from harm. The environment and equipment were checked regularly to make sure everything was safe. Staff took part in fire drills and knew what to do in the event of an emergency. Accidents and incidents had been recorded and the registered manager had analysed the information to identify any trends. For example, alarmed mats were used to alert staff to people's movement if they were at risk of falling and the staff levels had been increased at a certain time of the day to give people more support.