

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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Winsor Nursing Home is a residential care home providing personal and nursing care to up to 40 people. The home specialises in the care of older people. At the time of the inspection there were 30 people living at the home.

People's experience of using this service and what we found

People were very happy with the care and support they received at The Winsor Nursing Home. People felt safe and respected by staff.

Since the last inspection there had been improvements to social stimulation offered to people. There was a variety of activities and events which people could join in with.

Staff morale was good which created a nice atmosphere for people to live in. People told us staff were always happy and friendly. Visitors said they were always made welcome.

People received their medicines safely from trained nurses who had their competency assessed on a regular basis.

There were enough staff to ensure people received care and support promptly when they needed or requested it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were able to make choices about their day to day lives and follow their preferred routines.

Each person had a care plan which had been personalised to take account of their needs and wishes. This helped to make sure staff had the information they needed to provide person centred care.

The provider had effective systems to monitor quality and plan ongoing improvements.

Rating at last inspection The last rating for this service was good (published 19 October 2018.)

Why we inspected

This inspection was prompted by a review of the information we held about this service and the length of time since the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This was a focused inspection to look at the key questions of safe, responsive and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed from good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Winsor Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Winsor Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

The Winsor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Winsor Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we had received from and about the service since the last inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who lived at the home and 4 visiting relatives. We also spoke with 7 members of staff and received feedback from 2 healthcare professionals.

We 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 variety of records relating to people's individual care and the running of the home. These included 3 care and support plans, 2 staff recruitment files, a sample of medication records, minutes of meetings and health and safety records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and with the staff who supported them. One person told us, "I feel safe here. I like the company. Feels safe to have people around you." A visitor told us, "They are definitely safe here. We have nothing to worry about."
- Staff knew how to recognise and report any concerns about abuse. All staff were confident that action would be taken to protect people if concerns were reported.
- The registered manager worked with appropriate agencies to ensure that all allegations of abuse were fully investigated.

Assessing risk, safety monitoring and management

- People received care with minimum risk to themselves or others. The staff carried out risk assessments and control measures were in place to minimise risks. For example, where people were assessed as being at high risk of pressure damage to their skin, suitable pressure relieving equipment and care was in place.
- People lived in a well maintained and safe environment. For example, fire detecting and lifting equipment was regularly checked and serviced by external contractors.
- There were plans to guide staff about the action to take in an emergency. Personal emergency evacuation plans (PEEP) were in place with information about people's support needs in an emergency. Staff also received training in the action to take in an emergency.

Staffing and recruitment

- People were cared for by staff who had been safely recruited. References and checks were carried out before new staff began work at the home.
- There were sufficient staff to meet people's needs. During the inspection we saw staff were attentive to people and responded promptly to requests for support. Staff and people said they thought there were enough staff.
- People who liked to stay in their rooms had access to call bells to enable them to ask for help when they needed it. People told us call bells were answered within a reasonable time. One person told us. "There are always staff popping in. If I ring the bell they usually come quickly."

Using medicines safely

- People received their medicines safely from trained nurses who had their competency assessed to make sure their practice was safe.
- Some people were prescribed medicines, such as pain relief on an 'as required' basis. We heard trained nurses asking people if they required these medicines and their decision was respected. Where people were

unable to express their wish, there were individual protocols in place and trained nurses used a recognised tool to assess levels of pain. One person told us, "I can always ask for pain killers."

- People were happy with how their medicines were managed. One person said, "No issues with tablets."
- There were suitable storage facilities for medicines. Medicines with additional controls due to their potential for misuse were stored in accordance with current regulations. We made some random checks of records against stock and found them to be correct.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to have personal and professional visitors at any time. Visitors said they were always made welcome.

Learning lessons when things go wrong

- The registered manager carried out audits for all incidents and accidents at the home. The audits looked for patterns and trends which enabled lessons to be learnt and practice to be changed where appropriate.
- The registered manager used staff meetings to share information and lessons learnt.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Where appropriate the registered manager had made applications for people to be cared for under DoLS.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
At the last inspection we made a recommendation that the provider should review their activities programme to make sure it provided social stimulation to everyone. At this inspection we found improvements had been made.

- Since the last inspection a new activity worker had been appointed. The activity worker was enthusiastic and passionate about their role which resulted in improvements to the social stimulation people received.
- People had access to a range of activities. There were group activities available and individual sessions for people who chose not to join in.
- During the inspection people enjoyed a variety of social stimulation. On one day a therapy dog visited people including people who were being cared for in bed. We saw people engaged with the dog which brought smiles and conversation. There was also musical entertainment from visiting musicians which was well attended.
- We saw photographs of people taking part in a range of activities and celebrations. One person told us, "Activities have so improved. There's always stuff going on now."
- Staff supported people to keep in touch with family and friends. Visitors told us they were always made welcome and were able to visit at any time. WiFi was available throughout the building which enabled people to stay connected to their loved ones.
- Friendships were encouraged. We saw people sitting together chatting and enjoying each other's company. We also saw staff spending time with people. One person commented, "I have friends here." Another person told us, "The carers have become like friends. We have a laugh together."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People were able to make choices about their day to day lives. People told us they were able to decide what they did each day. One person said, "You can do what you like within reason. Obviously, you have to consider other people to an extent, but no restrictions."
- People had comprehensive care plans. These gave staff the information they needed to provide care to people in line with their preferences. The registered manager told us they tried to involve people and their representatives in writing and reviewing their care plans, however there was little evidence of this.
- People's end of life wishes were recorded. Care plans gave information about where people wanted to be cared for, and things and people who were important to them. This helped to make sure people received care in accordance with their preferences.
- People could be confident that at the end of their lives they would receive kind and compassionate care.

We saw numerous thank you cards from friends and relatives of people who had died at the home. One relative had written, "Thank you to all the staff who made [person's name] so comfortable in her last days." Another thanked staff for their "Love and care."

- All staff undertook training in end-of-life care, and they had links with the local hospice who provided additional specialist training. This helped to make sure people received high quality care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had care plans which gave information about their communication needs. The registered manager told us they could adapt communication to individual needs such as using pictures and visual aids.
- People had access to personal communication aids such as glasses and hearing aids.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which enabled people to make a formal complaint. However, the registered manager told us they encouraged people to raise issues with them to enable them to address concerns promptly. One visitor said, "Would be comfortable to make a complaint but they respond promptly to anything you ask of them."
- People told us they would be happy to make a complaint if they needed to. One person told us, "If I wasn't happy, I would raise it. Would be sorted." Another person told us, "There's not a lot to complain about here but you could say if there was."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager led by example to create a happy environment which valued each person and was supportive of staff. People told us staff were always happy and friendly.
- The registered manager said they were committed to providing good quality care to everyone. People were very happy with the care and support they received. One person told us, "Everything is wonderful really. Nothing is ever too much trouble for the staff." Another person said, "This really is a very good home. I can't think of anything they could do better."
- The consistently high standard of care had resulted in improvements in people's physical and mental wellbeing. Visitors told us how much improvement they had seen in their relatives since being at the home. One visitor told us, "They have improved so much since being here." Another visitor told us about things their relative now enjoyed which they had not previously been able to.
- Staff promoted an inclusive atmosphere which gave people a sense of belonging. Conversations we heard between people and staff showed they interacted as equals, sharing stories and local news. One person said, "This is my home now." Another commented, "There's nowhere like your own home but I don't feel out of place here. If you've got to be somewhere I would say this is the best."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and staff described the registered manager as open and approachable. All said they would share any worries or concerns with them.
- The registered manager acknowledged when things did not go as well as they hoped and was open about where improvements needed to be made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a staffing structure at the home which gave clear lines of accountability and responsibility. This helped to make sure there were always senior staff available to advise less experienced staff and respond to concerns from, or about, people.
- People lived in a home where the provider had quality assurance systems which monitored standards and drove improvements. There were in house audits, regular visits from the regional manager and full assessments from the provider's quality and compliance team. Action was taken to make improvements when these systems highlighted shortfalls in care and support. This all helped to maintain good standards

of care for people.

- The registered manager was committed to continually improving people's quality of life. They had signed up to take part in university research projects. The first project being trialed was an air filtration study which looked at the possibility of reducing winter coughs, colds and flu in care homes.
- The registered manager and provider were aware of their regulatory responsibilities. They kept the Commission informed of all significant events at the home and liaised with other authorities as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked in partnership with other professionals to make sure people received the care and treatment they needed. One healthcare professional told us that communication was always good. They also said that staff were helpful, professional and friendly.
- People were able to attend meetings to keep up to date with changes at the home. There was also a monthly newsletter which was sent to family and friends to keep them up to date.
- The registered manager was very visible in the home which enabled people, staff and visitors to raise issues and make suggestions.
- Following the pandemic, the staff were rebuilding links with local groups to make sure the home had an active role in the community. This included welcoming religious representatives, arranging social events such as fetes and coffee mornings and links with a local school