

Sanctuary Care Limited

Watlington and District Nursing Home

Inspection report

Hill Road
Watlington
Oxfordshire
OX49 5AE

Tel: 01491613400

Website: www.sanctuary-care.co.uk/care-homes-oxfordshire/watlington-and-district-nursing-home

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16 February 2017

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

We inspected Watlington and District Nursing Home on the 16 February 2017. It was an unannounced inspection.

The service provides accommodation for people requiring personal and nursing care. The service supports people with dementia and has a 15 bedded intermediate care unit. The service accommodates up to 60 people. At the time of our inspection 55 people were 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 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 8 June 2016 and found the provider was not meeting the legal requirements relating to people's nutrition and hydration needs.

This inspection in February 2017 was to check they had met the legal requirements of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which relates to meeting people's nutrition and hydration needs.

At this inspection we found improvements had been made and people's nutrition and hydration needs were being met.

People had access to food and fluids to meet their needs. People who had been assessed as requiring a specialised diet received food and drink in line with their care plan.

Where people required their food and fluids monitored, records were completed to ensure people's food and fluid intake was monitored.

People were supported by staff who were knowledgeable about people's needs and provided support with compassion and kindness. People received high quality care that was personalised and met their needs.

Staff understood the Mental Capacity Act (MCA) and all staff applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected, this included Deprivation of Liberty Safeguards (DoLS).

Staff spoke positively about the support they received from the registered manager. Staff supervisions and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

People's nutrition and hydration needs were met and people told us they enjoyed the food.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Watlington and District 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 checked whether the provider was 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 16 February 2017 and was unannounced. The inspection was carried out by two inspectors.

We spoke with two people, two relatives, two care staff, two nurses, a kitchen assistant and the registered manager. We reviewed records relating to the management of the home including, five care plans, four staff files and records relating to people's nutrition and hydration.

Before the inspection we reviewed previous inspection reports, the action plan that was sent to us following the last inspection and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Is the service effective?

Our findings

At our last inspection on 8 June 2016 we identified concerns relating to people's nutrition and hydration needs. People did not always have access to food and fluids to meet their needs. People who had been assessed as requiring a specialised diet did not always receive food and drink in line with their care plan. Where people required their food and fluids monitored, records were not always completed to ensure people's food and fluid intake was monitored. People did not always receive food at an appropriate temperature and where people who chose to eat lunch in the dining room on the ground floor, they did not always receive support to eat and drink in a timely manner.

These concerns were breaches of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection on 16 February 2017 we found improvements had been made. People were provided with food and drink to meet their nutritional needs. Where people had specific dietary requirements these were detailed in their care plans and included information as to how these needs would be met. For example, one person was identified as at risk of choking. The person had been referred to speech and language therapy (SALT) for assessment. SALT recommendation detailed the consistency of food and fluids the person required to reduce the risk of choking. These recommendations were reflected in the person's care plan and we saw the person being supported in line with this guidance. Staff we spoke with were knowledgeable about people's dietary requirements.

Where people were at risk of weight loss this had been identified and action taken to monitor the person's weight and reduce the risk of continued weight loss. For example, one person's care records showed the person had lost weight. The care plan stated the person required a fortified diet and to be offered smoothies three times a day. The care plan guided staff to record the person's food and fluid intake and monitor their weight weekly. We saw the person was receiving food to meet their nutritional needs and that the person had gained weight.

People's care plans identified what support they needed relating to eating and drinking. For example, one person required 'prompting' with their meals. Another person required support with eating due to their condition. We observed both people being supported in line with their care plan at the lunchtime meal.

People's meal preferences were recorded which included their likes, dislikes and how they wanted their meals prepared. One person had stated a preference for 'medium servings, cut into small pieces'. Staff were aware of people's preferences and people told us their preferences were respected.

We observed the midday meal experience. There was a calm atmosphere with staff talking to people and encouraging them to eat. The food was served hot from the trolley and looked wholesome and appetising. We saw people were supported to eat their meal where they chose. For example, one person living with dementia was not settled in the dining room. A member of staff guided the person, walking with them and asking if they would like to sit in a quieter area of the home. The person settled there and happily ate their

lunch. People were shown a plated meal of each of the options available, this enabled them to indicate their choice. People were then served the meal of their choice. One person made a choice but then decided they did not like it. The member of staff offered them options and then arranged for the chef to cook the person an omelette. People who required support to eat and drink were supported in a respectful manner at a pace that suited them.

People told us they enjoyed the food. People's comments included; "Food is good. I can always have something. The diet is varied, the choice is good and I can ask for anything I want" and "Oh yes, it is very satisfactory. Food comes hot and is very good. I get plenty to drink as well". One relative commented, "My husband knows a lot about food professionally, he loves it here. He thinks the food is good and he eats it all". We asked this relative if the food was served at an appropriate temperature. They said, "Temperatures are fine".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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. The registered manager was knowledgeable about how to ensure the rights of people who were assessed as lacking capacity were protected.

People were supported in line with the Mental Capacity Act 2005 (MCA). Care records included mental capacity assessments in relation to specific decisions. Where people were assessed as lacking capacity to make a decision, a best interest process had been followed and showed who had been involved and the decision reached. Care records identified where people had someone with legal authority to make decisions on their behalf.

Staff were knowledgeable about the MCA and understood their responsibilities to support people in line with the principles of the Act. One member of staff told us, "It is about listening and knowing the person and making sure we act in their best interest, what's best for them not us. They may have dementia but that doesn't automatically mean they can't make decisions".

At the time of our visit two people were subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body. The registered manager told us they continually assess people in relation to people's rights and DoLS and understood the court of protection was the decision maker in this process.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they had received an induction and completed training when they started working at the service. Induction training included fire, moving and handling and infection control. People told us staff knew how to support them. One person said, "They know me very well. I'm going down to bingo and yesterday I won the quiz, they know I like these things". A relative said, "Staff are always cheerful and there for them (people). They are all well trained".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. Staff comments included; "Yes I get regular supervisions and I am fully trained" and "I do feel supported. I would

definitely get support if I asked for it".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GPs, speech and language therapist (SALT) and the physiotherapist. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.