

The Weir Nursing Home Limited

The Weir 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?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 28 October 2014 and was unannounced. The Weir provides nursing care for up to 35 people. There were 35 people living at the home when we visited and 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.

At the previous inspection no improvements were identified as being necessary.

People told us they felt safe living at The Weir. People knew who they could talk to if they had any concerns. There were sufficient numbers of appropriately trained staff to meet the needs of people and keep them safe.

Risk assessments had been completed so that staff had the information they needed to manage identified risks.

People's healthcare needs were met as they were supported to see healthcare professionals when needed. They received their medicines as prescribed.

People were supported to have their needs met by staff who had the skills and knowledge and who received support and guidance to provide care. People told us that the staff were kind and respectful. Relatives told us they

Summary of findings

were kept informed about their family member's care. We saw that staff involved people in their care giving them explanations of what could happen so that they could make informed choices. We saw that people were treated with dignity and respect.

People were able to raise their concerns or complaints and these were thoroughly investigated and responded to. People were confident they were listened to and their concerns taken seriously.

The provider acted in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. At the time of our inspection nobody was subject to DoLS.

People told us that if they needed anything they would ask the staff. Staff meetings were held so staff could discuss the service provided to people. People and their relative's told us that the registered manager and the staff were approachable at all times. We saw that staff gave people choices and asked their opinions.

The provider had taken steps to assess and monitor the home which took account of people's preferences and the views of relatives and other professionals. These had been used to make changes that benefitted the people living at the home. The manager showed that they clearly understood what their legal duties and responsibilities under The Mental Capacity Act particularly in relation to the Deprivation of Liberty Safeguarding process. This meant that people's rights and liberty were being monitored and maintained.

Summary of findings

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.

People told us they felt safe living at The Weir. Staff knew how to safeguard people from the risks of abuse.

People had risk assessments in place that made sure they received safe and appropriate care.

There were sufficient staff to meet people's needs.

There was a procedure for managing people's medication safely.

Good



Is the service effective?

The service was effective.

People were supported by care staff who had received appropriate training.

The manager and staff understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) which meant people's rights were protected.

People were provided with a choice of meals and drinks that met their dietary needs. People were referred to appropriate health care professionals to ensure their health and wellbeing was maintained.

Staff followed advice and guidance so people's health needs were supported effectively.

Good



Is the service caring?

The service was caring.

People's privacy and dignity was respected. People were positive about the care they received.

Staff showed an interest in people encouraging them to chat about everyday matters in ways that stimulated them.

People were encouraged to express their views on the care they received and staff were knowledgeable about their needs.

Good



Is the service responsive?

The service was responsive.

People had their needs and requests met by staff who responded appropriately.

People's wishes and preferences, their history, the opinions of their relatives and other health professionals were respected. This ensured people received the care and treatment that met their needs.

People were encouraged and supported to raise concerns and complaints.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People and their relatives were confident that their concerns would be listened to and acted upon.

The provider had taken steps to assess and monitor the home which took account of people's preferences and the views of relatives and other professionals.

Staff were supported by a registered manager who had maintained up to date knowledge on changes in legislation so that steps could be taken to protect people's rights if necessary.

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 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 28 October 2014 and was unannounced.

The inspection team consisted of 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. This service provides care for older people.

We looked at information sent to us by the provider and other bodies, such as local authorities, who fund the placing of people in this service and the local Healthwatch. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We talked with nine people who used this service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing how people interact with others to help us understand the experience of people who could not talk with us. We looked at eight records about people's care, staff duty rotas, complaint files and records showing how the home's progress in meeting people's needs was monitored by the provider.

Is the service safe?

Our findings

All of the people we talked with told us they felt safe and the staff treated them well. One person said, “Very safe thank you,” and a relative said, “Safe? Yes – I didn’t like leaving her in any other place”.

Another relative told us they felt confident that their family member was kept safe and not at risk of abuse. All of the people we talked with told us they felt confident that they could raise concerns with any of the staff if required. One person said, “If there was a problem I’d mention it to the manager”.

All of the staff that we talked with showed a good knowledge of the local authority and the provider’s procedures for reporting safeguarding concerns. The staff described how they would respond to allegations or incidents of abuse, and who they would report them to. One staff member said, “If I was concerned, I would talk to [registered manager]. That’s the home’s procedure”. Staff told us that they felt able to report any suspicions they might have about possible abuse of people who lived at the home. They showed a clear understanding of whistleblowing and how to raise concerns.

Care plans we viewed made sure staff had information to keep people safe. Where risks had been identified the plans detailed how to minimise or manage these risks. For example, we saw that a number of people required assistance to get from their wheelchairs to the chairs in the main lounge. We saw that staff followed the written instructions about how to provide that support safely.

We saw incident records in people’s files. These had been completed fully and investigated appropriately. The actions for staff to follow to reduce any risks were clearly identified in people’s care plans.

One person told us staff had talked with them about how they moved around the building. They told us that this was because they were unsteady on their feet and were at risk of falling over. They told us that they had agreed that they would ask for assistance when they wanted to walk around which showed that they were involved in decisions about risks involved in their care.

We looked at staffing numbers in the service. The care staff told us and we saw that they were supported by the registered manager, activities organisers, catering, administration and housekeeping staff. People told us that staff were available to support them when they needed assistance. One person said, “There always seem to be staff around”. Another person said, “They have time to chat with me”.

We looked at the service’s staff recruitment processes. We saw that they were robust with background checks being obtained on all staff before they commenced work. Care staff worked three weeks of shadowing experienced staff before they work unsupervised. Volunteers were subject to the same pre-employment checks. These processes were carried out to reduce the risk of unsuitable people having access to the people using this service.

We saw that staff spent time with people and took every opportunity to encourage them to chat. They told us that this was not only to have a conversation with them but helped develop the trust people would need to raise issues of concern. Call bells were answered promptly by staff ensuring that people’s needs and wishes were met as quickly as possible.

People we spoke with told us that staff looked after their medicines for them and they felt they got their medicines at the same time every day. One person said, “They look after my tablets for me so I get them on time”.

We saw that people’s medicines were managed so that they received them safely. The type and quantity of each person’s medication was clearly recorded to avoid confusion. Nursing staff told us that their ability to give medication was regularly assessed by the senior staff. We saw records that confirmed this. Clear guidelines had been written for the staff to follow to make sure that medication was given correctly.

We saw people’s medication were stored and handled in a way which ensured that people received the correct medication. Staff told us that regular audits of the medication system were carried out. We saw records that confirmed this.

Is the service effective?

Our findings

People told us the staff helped them in the ways that they preferred. One person told us that they were involved in planning their care, they said, “Staff do what I want and need”. We looked at nine people’s records. We saw that the care plans contained information about people’s care as they had either described or we had observed.

Staff we talked with understood their role in providing the care people needed. They told us that they had received training that helped them to do this. The manager told us and the training plan showed that training for staff, such as manual handling, was ongoing so that they would be aware of the latest guidance to meet people’s needs. Staff also told us that they felt they would be supported by the provider should they need to raise an issue. They also said, “We have supervisions quite often – we talk about things that are not right”.

Staff talked about how they supported and prompted people to make decisions as independently as possible. The actions they described, and demonstrated throughout the inspection, showed how they maintained people’s rights under the Mental Capacity Act 2005 (MCA). Staff were also able to describe their duties should a person become subject to a Deprivation of Liberty Safeguarding (DoLS). These are formal decisions that can deprive people of part of their liberty.

We talked with the registered manager and the senior staff team. They all showed a comprehensive understanding of their duties within the MCA. They had a clear understanding of when and how to make an application for a DoLS should the need arise.

We saw that each person was offered a choice of meals each day. We were told “It’s very good here. The food is very good”, “Meals are very nice and there is a good choice” and, “That was jolly good” (The meal). One person told us about their favourite foods. They told us that they were often provided with them. They gave the example of bacon sandwiches for breakfast. The menus showed people were offered a varied and nutritious diet. At lunch time we saw that the meal was well presented and looked appealing. We saw people who needed assistance were supported to eat their meal.

We saw that if a person required a special diet for medical reasons then one was provided. For example, some people were provided with a soft food diet. Staff were aware of any food allergies that people had. This meant they knew which foods the person should not be given. When we asked about providing a special diet for cultural or religious reasons, staff said that these could be catered for. They also said, “If someone doesn’t like what is available, we can always give them something else”.

On the day of our visit, we saw a healthcare professional visited the home. They told us the service had good clinical systems and processes to monitor people’s health and provided good care and was very responsive to advice. One person who lived in the home told us how someone had become unwell that morning and a doctor had been called straight away. Details of these visits, including guidance for staff to follow, had been recorded in people’s care files. This meant people’s health was monitored regularly so that healthcare could be arranged when necessary.

Is the service caring?

Our findings

People told us that they were treated with kindness and compassion. One person told us how they had seen staff responding to another person in a caring and sensitive way. They said, “[Name] was weeping and one of the staff went and comforted them”.

We saw a number of people visit their relatives. They told us, “All the staff are very nice” and “The home has a nice feel”.

We saw staff demonstrated kindness and compassion. At lunch time one of the people was being helped towards the dining room. We heard the member of staff say, “That’s a nice skirt? It’s a lovely colour – is it new?” and the person was clearly pleased that the member of staff had noticed.

We heard examples of discrete conversations between individuals and members of staff. Staff reminded people what they had asked for previously, and then asked if they still want that to happen. One example was a person being reminded that they had said that they liked wearing their slippers. The member of staff went on to ask the person if they wanted them to fetch them from their room which showed staff were attentive and caring.

We saw that one person was eating their lunch in their bedroom whilst in bed. They were eating unassisted but a member of staff stayed with them so as to be on hand if needed. The member of staff told us that this was to promote the person’s independence and safety and to be available if they required assistance.

Throughout the inspection we heard many conversations between staff and the people they were providing care for or just passing where they were sitting. Although we could not hear the content of the conversations the tone of people’s responses and their facial expressions were cheerful. People’s responses also indicated that they were used to such conversations which demonstrated a caring approach. Staff told us that they used the content of such conversations to build up a picture of people’s needs and preferences.

We saw that people’s privacy and dignity were respected and promoted. Some people told us that they preferred to stay in their rooms. They told us that staff visited them regularly to check they were safe and content. We saw that staff knocked on bedroom doors and waited for a response before entering.

We observed people being moved from their wheelchair to an armchair in the main lounge. We saw that staff were careful to preserve people’s dignity while doing so.

Is the service responsive?

Our findings

People said that they always had something to do. We saw that a range of activities were available for people to take part in. A newsletter detailed some of the activities that had been undertaken. We saw three activity groups with one making pumpkin lanterns, one planting pots and another discussing newspaper articles. In those groups staff actively looked for opportunities to get people talking about what was important to them.

Staff told us about a 'scarf sorting' session. They had obtained a number of different scarves and then gave them to people to sort through. They had used this activity to develop discussions about colours and texture and reminiscences of the past. This and the other activities gave people the opportunity to develop relationships with other people and provided stimulation for them.

One person told us that when they moved to the home the staff had asked them about their past, including their hobbies and interests. They had identified certain board games that they had enjoyed in the past. They told us that staff had responded to that information by regularly visiting them in their room and playing those games with them. This showed that people were encouraged to carry on with their hobbies and interests.

Staff told us that they find background information about people to be useful in understanding their experiences and

the information they gain may help them to identify and prompt pleasant memories for the person. One member of staff told us, "If someone starts calling out for [person's name], it helps to know who [person's name] was".

People told us and we saw staff were responsive to people's needs when, for example, they were not well. One person told us, "I spotted that [name] didn't look well so I called the staff. They came quickly. Now the doctor's coming".

People we talked with told us that they were confident to raise any concerns that they may have. One person said, "No complaints whatsoever, though they will keep turning me". This last comment was because the person found being turned as part of their skin care to be uncomfortable but was happy that staff responded to their need. Another person told us, "If there was a problem I'd talk to the manager about it". We saw that there was a copy of the service's complaints procedure was available for people and families to refer to.

Staff told us that they used the discussions that they had during general conversations to identify people's concerns. They then tried to address issues in the early stages to avoid unnecessary distress to the person concerned. Staff told us that they were encouraged to discuss any issues with the senior staff and management so that the concerns would not arise again. The manager and the senior staff told us that they saw complaints as an opportunity to respond in a way that improved the service to the people who lived in the home.

Is the service well-led?

Our findings

People told us that they were able to talk to the registered manager and the staff about areas that they felt could be improved. They said that staff asked them for their opinions about how the service could be improved. One example given was that the mealtime menus were developed by the chef who talked to people about their preferences and changed the menus to meet people's choices.

We saw that family feedback surveys were carried out regularly. We saw completed examples from the latest questionnaires and a copy of the letter detailing the actions taken or planned to address the issues raised. One example of action taken was that a member of staff had been employed to ensure that people's clothes were correctly labelled and laundered.

We talked to a visiting professional who told us that they had been asked to complete a quality assurance questionnaire. This had enabled them to comment on how well they thought people's needs were being met. We were shown a number of questionnaires that had been completed by other professionals. The person that we talked with told us that the provider always responded to their comments in a positive way and made changes to improve the service.

The manager told us they spent time each day in the communal area of the home observing how the staff went about their business. We saw these staff observations were recorded. The manager told us this gave them information they could use to discuss and improve people's care provided by the staff.

Staff told us that they knew the registered manager did observations and found feedback useful. One of the staff said, "Our management is really good. [manager] is great. We are one big team". They told us that they were clear about what was expected of them through team meetings and daily handover meetings. Staff told us they had opportunity to discuss any concerns about people's care

The manager showed that they clearly understood what their legal duties and responsibilities were. They talked knowledgeably about their duties under The Mental Capacity Act particularly in relation to the Deprivation of Liberty Safeguarding process. This meant that people's rights and liberty were being monitored and maintained.

Our records which showed that the provider had sent us notifications of incidents that allowed us to monitor the service's performance on an ongoing basis.

The owner of this service lives on the premises. The registered manager told us that he discusses issues as they arise and is regularly available to provide support. Staff told us that he, "Walks around and makes sure everything's as it should be".