

# Niram Investments Limited

# Widcombe Nursing Home

## Inspection report

36 Grasmere Road Luton  
Bedfordshire  
LU3 2DT

Tel: 01582 505 575

Website: [www.widcombenursinghome.co.uk](http://www.widcombenursinghome.co.uk)

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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 unannounced inspection was carried out on 09 and 10 March 2015.

Widcombe nursing home is a registered care home which provides accommodation for up to 38 people with nursing needs. This includes people with dementia and people who require end of life care. The home offers accommodation over one floor. There were 33 people living at the home when we inspected it.

At the time of our inspection, there was a registered manager in place. 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 assisted by staff in a way that supported their safety and they were treated with respect. People had care plans in place which took account of their needs and individual choices.

People’s medication was administered by staff who had received training to ensure that the medication was administered safely and in a timely manner.

# Summary of findings

Staff cared for people in a warm and caring manner.

Staff were trained to provide effective and safe care which met people's individual needs and wishes.

Staff were supported to maintain and develop their skills and knowledge by way of regular supervision, appraisals and training.

There were enough skilled, qualified staff to provide for people's needs. The necessary recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home.

People were supported to have a healthy and nutritious diet and to access healthcare professionals when required.

People were able to raise any suggestions or concerns they might have with the manager and were listened to as communication with the manager was good.

Arrangements were in place to ensure the quality of the service provided to people was regularly monitored.

People were involved in meaningful activities in the home.

# 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 felt safe. Staff had received training on the safeguarding of people and were able to raise any concerns they may have about people's safety.

The provider had effective systems in place to ensure that any concerns about people's safety were well managed.

People's risk assessments were in place and up to date.

There were enough, experienced and skilled staff to meet the needs of the people at the service.

Staff recruitment procedures and safety checks were in place.

Good



### Is the service effective?

The service was effective

People who used the service and their relatives were involved in the planning of the care and support that they received.

People were supported to maintain a balanced and nutritional diet.

Staff received an induction when first employed, and on-going training and supervision.

Staff were able to demonstrate their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring

Staff spoke with people in a friendly and kind manner. Staff showed a good understanding of people's individual needs.

People were encouraged to make their own choices where possible with support from staff.

People and their families were given the opportunity to comment on the service provided.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that was assessed and planned to respond to their needs.

Staff made referrals to health and social care professionals to ensure that people's health and social care needs were met.

There were processes in place to make sure that people and their relatives could express their views about the quality of the service and to raise any suggestions or complaints about the care provided.

People were encouraged to maintain their hobbies and interests and were also able to access the local community.

Good



# Summary of findings

## Is the service well-led?

The service was well led

There was a registered manager in post and staff felt supported by them.

The manager and staff understood their roles and responsibilities to the people who lived at the home.

Staff enjoyed working at the home and supporting the people who lived there.

The provider had systems in place to monitor and improve the quality of the service provided.

Good



# Widecombe 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 inspection took place on 9 and 10 March 2015 and was unannounced. The inspection team consisted of one inspector from the Care Quality Commission 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.

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 also reviewed information we received since the last inspection including notifications of incidents that the provider had sent us, and information received from the local authority. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with seven people who used the service, the manager of the home, five care staff, the homes catering staff and six relatives. We reviewed the care records of four people who used the service and reviewed the records for three staff, and records relating to the management of the service. These included documentation such as accidents and incidents forms, complaints and compliments, medication administration records, quality monitoring information, and fire and safety records. We also carried out observations on the care that was being provided to people.

# Is the service safe?

## Our findings

Relatives of people who lived at the home told us that they had, “no concerns about safety” and that, “the care staff are very good here” and made people feel safe. People we spoke with told us that they were kept safe. One person said, “I feel well looked after and secure.” and another person said, “Yes, I do feel safe, any worries I speak to the manager.”

Staff demonstrated their understanding and responsibilities and were able to identify types of abuse and records showed that they had received training on safeguarding. Staff we spoke with told us that they knew how to recognise and report any concerns they might have about people’s safety. Staff said that they were aware of the provider’s safeguarding policy. They were also able to name external agencies they could report concerns to. The manager understood her responsibilities and our records show that they reported appropriately. One staff member said, “The manager is very good, and we can call at any time, night or day if we have any concerns.”

Individual risk assessments had been undertaken in relation to people’s health care and support needs and this included safe movement around the home, risks of falls, and accidents and injuries. These risk assessments were put in place to keep people as safe as possible within the home. The home also recorded and reported on any significant incidents or accidents that occurred. We saw examples of where an incident had occurred and the steps the provider had taken to learn from the incident and further train staff to reduce the risk of further incidents occurring.

The home had a fire and evacuation plan in place so that in the event of an emergency all people could be taken to safety quickly and effectively. Records showed that emergency evacuation drills involving people who lived in the home had taken place. This showed us that the provider had processes in place to assist people to be evacuated safely in the event of a fire or emergency.

We observed how staff provided care throughout our inspection. We saw that people were supported quickly by staff and their support needs were met safely. One person told us, “I feel 100% safe, they put a pad on the floor because I don’t like the bar up....I feel more safe here than I did at home.” Staff told us that people were supported by sufficient numbers of staff and this was also confirmed by our observations. We saw that staff were available to support people at all times and assisted people in a patient, unrushed and safe manner.

The manager told us that staff employed by the service had been through a thorough recruitment process before they started work to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been verified by the provider before each staff member began to work within the home. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to check that staff were suitable and qualified for the role they were being appointed to.

The provider took appropriate disciplinary action where the need arose. We saw that detailed records were kept of any disciplinary action and outcomes.

Medicines were stored safely within the home. Records instructed staff on how prescribed medicines should be given and protocols were in place for medicines that were to be given on an ‘as and when needed’ (PRN) basis. Medicines Administration Records (MARs) showed that medicines had been administered as prescribed. Staff signed these records to indicate that they had administered the medicines and the manager carried out a regular check on the charts to ensure they were being completed correctly. We observed medicines being administered to people and saw that staff were attentive towards them and ensured that they had a drink available to assist them in taking it. Staff were able to talk us through the processes in place for the safe disposal of medicines. The manager told us that this medicines administration process was in place to reduce administration errors and maintain people’s safety.

# Is the service effective?

## Our findings

Staff were knowledgeable about people's individual support and care needs, and had received the necessary training to equip them for their role. Staff told us they were supported by the provider to gain further qualifications such as National Vocational Qualifications (NVQ) in health and social care, to expand on their skills and knowledge of how to care for people effectively. Records reviewed showed that staff had received appropriate training in mandatory topics such as moving and handling, safeguarding, health and safety and first aid. The manager also had a system in place to ensure that staff were aware when refresher courses were required. Staff told us that they received regular supervision and felt supported in their roles. The one to one time in the supervision sessions allowed staff to discuss the training they had received and any that they needed to help maintain or improve their skills. This meant that they were supported to enable them to provide care to a good standard.

The manager was able to explain to us about the Mental Capacity Act 2005 (MCA), and the changes to guidance in relation to the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated an understanding of how they would use their MCA 2005 and DoLS training when providing care to people who used the service. We also saw that the home had policies and procedures available for staff to look at if they needed further guidance. Staff told us that they would always ask people for their consent before providing care because they recognised that verbal consent should always be obtained where possible. One staff member whilst talking about their understanding of consent said, "just like we can make decisions so can they". We were told by the manager that people's capacity to consent would be evaluated and assessed regularly. We saw that staff encouraged people to make day to day decisions. One person told us, "I do feel like I am in control of my day" because staff did as they wanted. A staff member said "it's all about the residents; we do the job how the resident wants it to be done".

People had enough to eat and drink. They said that the food was good and if they did not like the menu options

available then an alternative was offered. One person said, "I get plenty to eat; one of the cooks gives me too much to eat..... They have liver and the cook knows I don't eat it, so I have sausage." Another person said, "The food is very good, but I don't eat a lot.....the kitchen staff are very good." and a third person said, "The food is quite good and there is always plenty of it'...They know what I like." The kitchen staff demonstrated they were aware of people's preferences, and peoples likes and dislikes, as well as any dietary requirements they had, such as a soft, pureed, or sugar free diet were displayed in the kitchen

Staff monitored and helped people to manage and maintain a healthy weight. We saw that the home was part of a nutritional programme and staff had all received training to ensure that people received the correct nutrition and support. The home was regularly monitored by the dietician to ensure they were providing people with suitable, nutritional food and supplements. The home used a nutritional screening tool and worked closely with the local dietician's service to assist and support people in maintaining a healthy and balanced dietary routine. People took their meals in their rooms or the large sitting room. Carried out observation during meal times and found that there was limited interaction between staff and the people using the service while they were assisted with their meals, meal time was a task orientated experience rather than a pleasurable time for people to look forward to. Drinks were available on bedside tables and in communal areas and were within easy reach.

We saw evidence that people were assisted to attend medical appointments outside the home and where a person needed to access medical advice/treatment and was not able to leave the home, staff would then arrange for a doctor to visit the person in the home. This was confirmed by the care records we saw which showed that people had attended GP, dentist and optician appointments. People we spoke with said that they felt that the staff involved external health care professionals when needed. One person told us, "They are good at getting the GP when you need one, and keeping in touch with the doctor."

# Is the service caring?

## Our findings

We spoke with six relatives of people who lived at the home and they all made positive comments about the staff and the provider. One relative told us, “I think this place is as good as it gets. The staff are very good, and I’ve never seen anything untoward”. Another relative said about the staff that “they are quite good with [relative]; he has picked himself up a lot since he came here’.

We noted that the home had a friendly atmosphere. People were made comfortable in their surroundings and staff kept people entertained where possible. One member of staff said, “We have a laugh; some days we dance for the residents. ...we are like big kids with them.” Another member of staff said, that depending on the person they were caring for, they would spend time talking with them. They said “Residents always open up and talk to you like they are speaking to their own family”. We observed interaction between one staff member and a person who had relatives visiting them. We saw that the person smiled and laughed as the carer entered the room. They spoke very fondly of the carer to the family. We noted that the family were familiar with the carer and the carer was laughing and joking with the family and the person using the service.

People and relatives confirmed that they were involved in making decisions about their care. When asked if they were involved in decisions about their care or if they had had sight of their care plan, people told us that they knew they had a care plan and their family had been involved in the planning of their care.

We saw that people were asked about their likes and dislikes, choices and preferences and these were documented within their care plan for staff to refer to. We observed and people confirmed that they were offered choice in relation to the time they got up in the morning, what clothes they wanted to wear for the day, whether they participated in social activities or not and the time they went to bed.

One person we spoke with told us, “The staff are very good, and work so hard. ...they make me laugh.” Another person we spoke with said, “The girls are a great team. ....they sometimes have a chat when they go past.” We saw that staff showed care towards people and supported them in an unrushed manner. Staff demonstrated that they knew and understood people’s likes, dislikes and daily routines. When talking about the nursing staff one person said “the best are the nurses, their care is great. ....they are good here I can’t praise them enough.”

People’s dignity and privacy was respected. We observed people were supported to be suitably dressed in clean clothing and that personal care was offered appropriately to meet people’s individual needs. When we spoke with staff they demonstrated their understanding of how they could maintain people’s privacy and dignity while providing them with the care and support they required. One person we spoke with said, “The staff normally knock and wait to come into my room.” Staff told us and we observed that signs were displayed outside people’s rooms when personal care was being given to ensure that they were not disturbed. Staff also said that when providing personal care they would respect the person’s dignity and communicate with them about the care they were providing.



# Is the service responsive?

## Our findings

People had their needs assessed and the care records gave staff information to enable them to provide people with individual care and support, whilst maintaining their independence as much as possible. One person said, “I do feel like I am in control of my day” because the staff worked around their daily needs. We asked people about how quickly staff responded to the call bell system. One person said, “As soon as I press they come.” while another person said, “The biggest draw back here is the buzzer, it can take three quarters of an hour at times for them to come.” A relative we spoke with also said, “They can be a while to answer the bell, they were fifteen minutes once.” Although we observed call bells were answered quickly, we discussed these comments with the manager and staff. Staff said that occasionally the wait would take longer because most people required two to one care and therefore occasionally staff may be tied up providing care to others. One person we spoke with told us that they had asked that if staff were unable to attend immediately then they should be informed of this so they knew staff would see to them when they were free. The person said that since raising this staff now came and told them of a delay when they called for assistance

Care records we saw showed that people’s general health and wellbeing was considered when their plan of care was put together. People we spoke with told us that they were involved in their care planning. We saw from documents provided that the home carried out a needs assessment for each person regularly to ensure that the support being provided was adequate and that they were responding to people’s changing needs. Staff we spoke with gave us examples of their knowledge and understanding of people’s different requirements and we saw that staff were responsive to people’s needs throughout the day.

People’s care and support plans, as well as their regular reviews of care, were signed by the person or their representative. Relatives we spoke with confirmed that they had been involved in these reviews and told us that these meetings gave them an opportunity to give feedback and make any suggestions they may have regarding the care and support provided to their family member.

Staff held daily meetings to pass on current information or concerns about people who used the service. People were regularly involved in the reviews of their care documents which were displayed in pictorial format to assist with their understanding.

Our observations showed that staff asked people their individual choices and were responsive to these. Staff told us that when a person was unable to verbally communicate with them they would use visual aids to assist the person in making a decision. We saw staff demonstrate this throughout the day, for example at meals times; people were shown both meal options and staff patiently waited for people to indicate their preference.

When we spoke with staff they told us, “This is the best run home, I would never leave.” They said, “We do the job properly so we can respond to their needs.”

There was a range of activities which people were encouraged to participate in. On the day of our inspection we observed that people were involved in a food remembrance game which had been organised by the activities staff. We saw that staff talked to people about their past and associated the food types with their history. For example staff started to talk to one person about their childhood on a farm and discussed the types of food they would eat while on the farm. We spoke to the activities staff who said that all activities were planned with input from people using the service and their families. For example one person liked cricket so the family requested cricket DVD’s to be played for them, whilst another person liked to draw, so drawing materials were made available. The activities staff told us, “it’s difficult at times due to people being on end of life care, we try to give them as much in the short time they are with us.” Staff said that, “sometimes the activity is about being with them to hold their hand or to help support the families through this time.” One person we spoke with said, “There are activities to join in with, but I don’t like to... I like the papers.” A family member we spoke to said that the home was responsive to the needs of the families as well, “I’m on night shifts and they said I can come any time.” Residents also said that if they needed to talk to someone for comfort or a concern, they felt that staff would make the effort to sit with them.

We saw that a complaints policy was available to people in the home and presented in a format that made it easy for them to understand and follow. We saw from documentation provided that when complaints were

## Is the service responsive?

received the manager responded to the complaints quickly and discussed them with the staff in the reflection meetings. From our discussions with people we were also able to confirm that they were aware of the policy and who they should approach in the event of a complaint. Family members said they felt happy that they could speak with the management if they had any concern or if they wanted

to comment on the care and treatment of their loved one. There was no comment about regular input with regard to meetings, surveys or questionnaires but residents and relatives said they were in conversation regularly with the management as they passed their offices via the front door on every visit.

# Is the service well-led?

## Our findings

There was a registered manager in post. Our observations and discussions with people who lived in the home and relatives showed that they were felt relaxed and comfortable around the manager and staff. The people living in the home and their family members said that they would be happy to go to the manager if they had any worries or concerns, and that they knew they would be listened to. One relative said. "The managers are visible if you need them." While another relative said. "I believe the manager is visible and quite approachable."

The manager and staff were always available to people who lived at the home. People said. "The manager is friendly; I call her by her first name." When we spoke with the manager we found that they had good knowledge of the needs of people, which staff were on duty and their specific skills. We saw that the manager was always looking for ways to improve the service, by encouraging people to express their views and by obtaining feedback from relatives and discussing complaints with staff through 'reflection meetings'. These meetings were held with staff to discuss specific complaints, and to work as a team to discuss what went well, what didn't go well and what lesson had been learnt.

Relatives said that communication was good between the manager and them. They told us that they felt involved in their relatives care and were kept informed of any changes by the manager. One relative told us, "If I have approached staff for things, it's been done". The manager told us that they tried to "accommodate changes" when they were required. They said that they discussed peoples routines with them and their families to ensure a smooth and relaxed atmosphere" in the home. "I like them to put [relative] in the lounge when I'm not here and they do.....If [relative] doesn't want to go they will leave them till they are ready."

The manager told us that they had worked with families, staff and people using the service to introduce more flexibility and choice within the home. They said that people's individual routines were regularly discussed and updated to promote a comfortable and relaxed atmosphere. We observed throughout the day that the home was calm.

We found that the manager's 'open door' approach meant that staff, visitors and people using the service were comfortable in raising issues as and when they arose and that the manager was quick at resolving these. Relatives told us that the manager's open door policy made it easy for them to make any suggestions they may have about the service as soon as any concerns or issues came to light. We saw that the home had one complaint in the past year and many compliments received. The home responded to the complaints quickly and discussed them with the staff in the reflection meetings.

We saw that recent questionnaires had been sent out to people to gain feedback on the service being provided to them and most responses were positive. Where people had made suggestions these had been acted on. For example, one person had suggested the use of Wi-Fi in the home so people were able to use Skype facilities to stay in contact with relatives abroad. We saw that the manager had acted on this, Wi-Fi was due to be installed and people had been informed of this. The manager also sent surveys to families whose relative had passed away at the home to gain feedback on the service and support they had received. We saw that people had responded with positive comments about the home. One person had commented. 'Staff could not have been more supportive, everyone from the kitchen staff to the nursing care are fantastic.'

During our visit we spoke about notifications with the manager, who demonstrated how they reported these events in an open and timely manner. The manager demonstrated there were arrangements in place to regularly assess and monitor the quality of service provided within the home. We saw that the provider carried out monthly audits on the home, which included reviews of care documents, medical records, activities provided by the home and also any complaints received and action taken.

We saw that staff meetings were held regularly, and the minutes of these meetings showed that staff were able to discuss what was going well and whether there were any improvements needed. The manager carried out regular 'sit and see' observations on staff in which they observed the care that was being provided and gave feedback to staff.

The manager and staff demonstrated to us that they understood their roles and responsibilities to people who lived at the home. Staff told us that they felt supported by

## Is the service well-led?

the manager to carry out their roles and provide good care to people. All of the staff we spoke with told us they enjoyed working in the home. One staff member said, "I love working here, I have worked here for many years."