Sentinel Health Care Limited

Waverley Lodge 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

Summary of findings

Overall summary

The inspection took place on 1 June 2016 and was unannounced. We returned on 10 June 2016 to complete the inspection. At the time of our inspection 25 people were living at Waverley Lodge. Our previous inspection took place in December 2014 when we found the service was meeting all of the standards of quality and care we assessed.

Waverley Lodge specialises in providing care treatment and support for physically disabled people.

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.

Good management was one of the strengths of the home. There was an open and inclusive atmosphere and the registered manager led by example. Senior managers also had a high profile and carried out thorough and regular audits to ensure the service was meeting its aims and objectives. There was a low staff turnover which meant staff knew people and people knew staff. Staff communicated effectively to ensure any changes in people's needs were known quickly and responded to.

People felt safely cared for and all staff understood and followed procedures to ensure people were protected from risk of harm. Risk to individuals were assessed and regularly reviewed and staff were provided with clear guidance which they followed, to ensure people were as health and as comfortable as possible. Environmental risks were also regularly reviewed, with up to date plans available for what action to take in the event of an emergency.

Most people said there were sufficient staff on duty to meet needs and we observed staff attending to people who needed support in a timely way. Recruitment practices were robust.

Medicines were safely managed and staff had suitable skills and experience to support people with their health, nutritional and care needs. Health and social care professionals were complimentary about the service, describing a professional and effective team of staff.

Staff were friendly and caring, calling everyone by name and welcoming their visitors. Staff understood the importance of maintaining people's privacy and dignity and they encouraged people to be as independent as possible. They had a good understanding of the Mental Capacity Act 2005 and applied this to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment.

Activities were tailored to reflect peoples interests and people were regularly asked for their views about how the service could improve and develop.

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.

Staff protected people from avoidable harm and understood the importance of keeping people safe.

Risks were managed safely.

There were sufficient staff with the right skills and experience to care for people.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were provided with training and supervision to enable them to carry out their roles effectively.
People were helped to maintain their health and wellbeing and they saw doctors and other health professionals when necessary.
People were supported to maintain a suitable diet.
Staff understood the Mental Capacity Act (2005) and the home met the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.
Staff knew people well and they were kind, friendly and supportive.
Care was delivered that was mindful of people's need for privacy and dignity.
People were involved in making decisions about their care and staff helped promote their independence.

Is the service responsive?

Good

The service was responsive.

People's individual needs and preferences were understood and care was provided in line with this.
Activities were arranged to reflect people's interests.
People knew how to make a complaint if they wished to do so.

Is the service well-led?

Good

The service was well led.

There was a visible, effective registered manager in post who was well supported by senior managers.
Systems were in place to monitor the quality of the service and implement improvements.
People were encouraged to be involved in developing the service.

Waverley Lodge 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. Our previous inspection had taken place in December 2014. At that time the service was meeting all standards of quality and safety reviewed.

This inspection took place on 1 June 2016 and was unannounced. We returned on 10 June 2016 to complete the inspection.

The inspection team consisted of an inspector 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.

We reviewed all the information we held about the service, including previous inspection reports. The provider had completed a Provider Information Return (PIR) before the inspection. 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 used this information to help us decide what areas to focus on during our inspection.

During our inspection we spoke with two senior managers of the service, the registered manager and with seven staff. We spoke with seven people living at the service and observed care being given to others in communal areas. We spoke with four visitors and with two visiting health care professionals We reviewed the care records of five people and the records of two staff. We also reviewed the Medicines Administration Records (MAR). Other records relating the management of the service such as training records, audits and policies and procedures were also viewed.

Good

Is the service safe?

Our findings

People said they felt safely cared for at Waverley Lodge. All agreed they would feel able to voice any concerns or worries they had about this. One person described how much they appreciated the measures staff had put into place when they had moved to Waverley Lodge, which had enabled them to feel safe living at the service. Relatives agreed people were being safely cared for. One person said " What I like is the care staff have been here for a while and they know her and her needs." This person was being cared for in bed. Their relative said "They (staff) are always passing and will look in." Staff also agreed that people were safely cared for. They had been trained in safeguarding adults and knew their role and responsibilities under whistleblowing arrangements. They knew and followed agreed protocols by reporting any incidents to Hampshire County Council and to The Care Quality Commission where any abusive situation was suspected or alleged.

There were good systems in place for managing risk. Risks to people's health and wellbeing were assessed, monitored and reviewed regularly. Staff were provided with guidance about how to keep people safe and comfortable and action was taken to reduce the risk of their condition deteriorating. For example, where people were at risk of their skin becoming sore or breaking down: Pressure relieving equipment had been supplied; staff administered barrier creams to protect people's skin and where people could not reposition themselves in bed, staff followed a regime to ensure they assisted people to turn regularly to relieve pressure on their body.

Staff assessed whether people were able to use their call bell to request assistance when they were in their bedrooms. When it had been assessed people did not have this ability they were monitored more regularly to ensure they were safe and comfortable.

Any accident or incident occurring within the home was recorded. These records mainly related to slips, trips and falls and had resulted in no or slight injury. Where a person had fallen staff monitored them closely for 48 hours to ensure they had not sustained any injury not initially apparent.

Environmental risks were also regularly considered and action had been taken to ensure people were safely cared for within the premises. There were plans in place to respond to any foreseeable emergencies, for example every person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information about the means of escape in case of fire.

Most people told us there were sufficient staff on duty to meet peoples' needs. At the time of our inspection 24 people were living at Waverley Lodge.They were supported by one nurse and four care staff in the morning, one nurse and three care staff in the afternoon and one nurse and two care staff overnight. The registered manager was on duty Monday to Friday. There were two activity coordinators and housekeeping and catering staff who were on duty every day. People said staff responded to them quickly when they needed support. One person said "They always come when I press my buzzer." Staff attended to people's needs quickly and efficiently and we observed staff responding to a possible emergency with calmness but with haste.

The registered manager said there was not a high staff turnover and most staff we spoke with said had been employed at the service for a number of years. Staff were allocated people to attend to at the start of each shift. This helped to ensure people, for example, who were being cared for in bed had appropriate amounts of support during the day and night. The registered manager calculated the staffing hours required by regularly reviewing the number of people being cared for at the service and their needs. This helped to ensure there were sufficient staff deployed at all times.

The service followed safe recruitment practices. Staff records included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to help to ensure prospective staff were suitable for the role they were applying for. Registered nurses Personal Identification Numbers (PIN) were kept under regular review each month to ensure they were kept up to date and to ensure they could continue to practice.

People's medicines were managed so they received them safely. The management of medicines polices and procedures were reviewed and updated every year to ensure they remained current. No one living in the service managed their own medication but there was facility for people to do this if they wished.

Medicines were ordered when necessary to ensure people could be administered them as prescribed. They were stored securely within safe temperatures. Staff used medicine administration records to record when they had administered people's medicines. These contained a photograph and information about any allergies of the person concerned. This helped to ensure the correct medicine had been administered to the correct person.

There were protocols in place to guide staff about when to administer medicines prescribed 'as required'(PRN). These were in place so staff could provide optimal care, particularly for people who were not able to communicate verbally or for those with cognitive impairment. The pain assessments were at times generic, for example advising staff to give people analgesic when their temperature was raised. We discussed with the registered manager that pain relief guidance could be made more specific to the person, particularly when people were not able to say when they were in pain. The registered manager agreed this would be done.

Good

Is the service effective?

Our findings

People who were able to say, told us they were well cared for by a staff team who knew them and who anticipated their needs well. Their visitors agreed.

Staff had the necessary skills and knowledge to meet people's assessed needs and choices. Staff were trained in key health and safety areas such as in moving and handling and infection control, as well as in specific areas which were pertinent to some people who lived at the service such as the management of pressure ulcers. Staff said the training provided was appropriate to meet people's assessed needs. Training took the form of face to face training and watching DVDs. Staff understanding of the training provided was assessed by written question and answer exercises. Staff confirmed they received supervision and appraisals to ensure they were properly supported and any areas of improvement needed were identified. Nursing staff confirmed they received clinical supervision to enable them to reflect on their practice and any developmental needs.

New staff received a detailed induction which included training and shadowing more experienced staff to ensure they understood key policies, procedures and routines of the home.

Staff were practicing in line with The Mental Capacity Act 2005 (MCA) which 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. Staff promoted people's autonomy, for example, where a person had capacity to make a decision about a particular medical treatment staff respected their wishes. The MCA says that when people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where required mental capacity assessments had been carried out in line with the MCA 2005 which were decision specific. For example consideration had been given about whether a person had the capacity to consent to staff helping them to maintain their skin integrity. When it had been assessed they did not, a care plan had been devised to guide staff about how to do this in their best interests. Where people did not have capacity to make specific decisions about their care we saw that people's relatives had been consulted as part of the decision making process.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager demonstrated an understanding of the safeguards and relevant applications had been submitted and some were waiting to be assessed by the local authority.

People living at the home and their relatives were complimentary about the quality of food. One person said the food was "wonderful" and said "any special requests you just speak to the chef". Staff understood people's dietary preferences and people's dietary needs were assessed so people were offered a suitable diet. For example, people's likes and dislikes were requested on admission as well as any allergies or special

dietary needs. Some people had been assessed as requiring food of a particular consistency because they were at risk of choking, a speech and language therapist had been involved in reviewing some people's swallowing actions, and where necessary, people received thickened liquids to reduce the risk of choking.

We observed staff asking people regularly if they wanted a drink and they supported people to drink where necessary. When people were assessed as at risk of malnutrition, particular note was made of their dietary intake. Clear records were kept of how much people ate or drank. People's weight was consistently monitored and staff referred people to dieticians if they had any concerns about people maintaining a healthy weight. Some people required their food to be delivered directly to their stomach via a tube. When this was the case, instructions were in place within people's care plans about how to manage this and records showed these instructions were being followed.

There were two GP practices linked to the service and a GP made visits at least once a week. People confirmed they could see the doctor or other health care professionals such as dentists and opticians when they needed to.

Visiting health and social care professionals said they had good links with the service and they valued the professional approach of staff which for ensured their visits were organised and effective. One said staff were very accommodating and if anything was identified in the way of specialist equipment, the service would quickly ensure this was provided. Visitors confirmed they were kept informed about any changes in their relative's health and said treatment options were discussed with them when the person concerned was not able to be party to these discussions.

Good

Is the service caring?

Our findings

Most people we asked were not able to tell us in any detail what life was like at Waverley Lodge. Those who were able to use facial expressions or were able to write down their views indicated they were happy with the service provided when we asked them about this. Those who were able to tell us verbally, said for example "Staff couldn't do enough for you" Another said "I love it here. The staff are really friendly. That's what I like" Another said "Well I'm not bad" and when we asked if staff looked after them properly they said "I believe so." Relatives agreed, one for example, giving the staff "Full marks."

We observed staff were friendly. All staff, whether nurses, care or domestic staff greeted people who lived at the service by their name and it was clear most staff and people who lived a the service knew each other well. Staff chatted with people in an easy and relaxed manner.

People were supported to make decisions about their care. One person described what they could do for themselves and what they needed staff to support them with. They said "They help me keep my independence." Staff knew what people's interests were and talked about them with them. People's rooms were personalised to reflect their tastes and interests. People's religious beliefs were known and staff supported people to worship in the way they wished to.

Staff discussed people's comfort during handover, and took account of things which enhanced people's quality of life, for example one person liked their cereal and milk separately as they did not like their cereal soggy and staff presented their food in the way they wanted. They expressed their appreciation of this. Another example of staff being caring was that staff had noted one person did not like to be too warm and so they had ensured the person concerned had an electric fan placed close to the place they liked to sit.

Visitors were welcomed and there was a notice board close to the entrance which said "Meet the Waverley Lodge Team." This contained photographs of staff members and said what their roles were. This helped to ensure visitors knew who staff were and their roles and responsibilities.

We noted staff had provided caring support to help people and their relatives come to terms with when people were approaching the end of their lives and they also ensured relatives had practical and sensitive support afterwards.

The quality of staff interactions were regularly observed and feedback was provided to staff . The importance of maintaining people's privacy and dignity was also regularly discussed and so staff were reminded of the need to respect this. We observed staff respected people's privacy and maintained their dignity during our visits.

Good

Is the service responsive?

Our findings

People and their relatives were encouraged where possible to visit the home and to ask questions about the service before they made a decision to move in. This helped to ensure the home would be appropriate and meet their needs and expectations One visitor described how a number of family members had visited- which helped to set their mind at rest they had made the right decision about where their loved one should be cared for.

People's health and care needs had been assessed before they moved to the service and from this initial assessment care plans to meet specific needs such as eating and drinking had been devised. People's plans of care were kept in their rooms. These were updated regularly to ensure they continued to be accurate and to ensure they provided staff with sufficient guidance to care for people consistently in a way which met their individual needs. Care plans were written to emphasise people's abilities as well as describing what help they needed with regards to their care, treatment and support. This helped staff to encourage people to be as independent as possible.

Staff considered people's abilities to communicate and people's preferred method of communication was facilitated, for example, one person liked to write things down and they had pen and paper by them at all times. Some other people who could not communicate verbally had communication books in their rooms to enhance the quality of communication between staff and family members.

The quality of information exchanged every day between staff about people's welfare and health was good. There were detailed written handover sheets which staff referred to when they discussed any changes in people's medical or care needs during the twice daily verbal handover meetings. We observed part of one morning handover meeting and found information about people's needs were clearly explained. Both nursing and care staff were actively engaged in the process. This helped to ensure all care and nursing staff on each shift had a good understanding of people's current needs.

Staff knew and respected people's preferred daily routines. One person described how they liked to eat their breakfast in their room and said they preferred to go to the dining room for dinner and this was what they did. One person who was being cared for in their room liked to listen to a particular radio station and staff ensured that this was on for them.

People were supported to follow their interests and to take part in social activities. The service employed two activity co-ordinators and staff knew and facilitated people's access to activities which took into account their interests and preferences, such as sport and puzzles. People were generally satisfied with the activities provided, which included one to one sessions for people who were being cared for in their bedrooms, although one person said "I'd like to get out more." The service had access to a minibus and a single wheelchair vehicle. This enabled people to access local attractions and facilities such as museums, shops and cafes. People also attended religious services and clubs in the community, such as a stroke club .

The service celebrated occasions such as they celebrated the Queen's birthday with a special tea, they also

had themed days and garden fetes. We observed staff encouraging people to join in with organised activities but respecting their wishes if they chose not to do so. Staff regularly asked people their ideas about what sort of activities they would like to do and altered the service accordingly, for example, one room which was underused as a computer room was being changed to become a pampering and hairdressing room. There was a hydrotherapy pool on site which people could make use of at an extra charge. The charges for this were clearly displayed on a notice board in the foyer and was also in the service user guide.

There had been no complaints made regarding the service since June 2014. People said they knew how to make a complaint and said they would be confident to share any concerns they had with managers. There was a complaints procedure which was on display in the main corridor and people who lived at the service were reminded of the complaints procedure and about how to complain should they wish to, at residents meetings.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had worked in the service for about 10 years. People spoke highly of her, for example one person who lived at the service said, "Jenny (the registered manager) is excellent I would go to her if I had any complaints. Another said "I get on with her very well". A visiting health care professional described her as "very efficient". The Registered manager was regularly supported by the director of care. It was clear during our visits that people knew both of them well and both demonstrated a good understanding of people's needs and preferences Staff were well supported, one described a time when staff on duty needed advice during one weekend and said this was provided straight away.

The service stated objective was to provide a safe, friendly, familiar and stimulating environment that always respects residents individuality and dignity. The service achieved this by thorough quality assurance processes and by including residents, their visitors and staff in the development of the service.

Detailed monthly audits were carried out to ensure the service met its aims and objectives. These included care plan audits, drug administration audits, analysis of any accidents, tissue viability analysis and infection control audits. There were regular random audits of people's daily fluid charts to ensure these were being completed and so to ensure people were being provided with sufficient to maintain optimum health. Clear action plans which had been followed where improvements had been identified.

There were regular monthly social observations carried out in communal areas These considered the quality of staff interaction with people for example how staff talked with people when they were being hoisted. There were night inspections carried out by managers. The most recent one had been carried out in January 2016 where it was found people were safe and comfortable.

Staff and people who lived at the service were actively involved in developing the service. Staff described morale as good. One said for example "I never get up in the morning and don't want to come to work. Its a friendly staff team and we will do anything for our residents". There were regular staff meetings and separate night staff meetings where staff were asked for their views. Minutes of a recent meeting included praise of staff for a job well done as well as a discussion about how to improve social stimulation for people living at the service. There were also regular meetings with other managers within the group and clinical governance meetings so organisational issues could be discussed.

People told us staff listened to them and they were asked for their opinions about their care and about daily life within the home. There was an information pack in everyone's rooms. This contained a statement of purpose, which included aims and objectives and terms and conditions of the service. It also contained information about what life was like at the home and information about staff. There were regular resident meetings which included discussion about activities and menus and asked for people's opinions and ideas. There were occasional relative meetings but staff said they mainly discussed any events with families when they visited.