Wardington House Partnership

Wardington House Nursing Home

Inspection report

Wardington
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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?	**Requires Improvement**

Overall summary

We carried out our inspection on 16 October 2014. This was an unannounced inspection.

The service had a registered manager who was responsible for overall management of the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Wardington House is a care home providing nursing care for up to 60 people. The home specialises in caring for people living with dementia. At the time of our visit there

Summary of findings

were 46 people living at the home. The ethos at Wardington House is to support people to live as independently as possible by actively encouraging choice and promoting positive risk taking.

Medicines were administered safely. Some people were prescribed medicines that were not contained in a monitored dosage system. Records of stock balances for some of these medicines were not always correct.

The management of the home ensured that people were on minimal medication. This approach was seen positively by all health professionals we spoke with.

Nursing and care staff were skilled and knowledgeable in their roles. Health and social care professionals we spoke with prior to the inspection told us that staff always had a good knowledge of both the clinical and social needs of people.

On the day of our visit there was a calm and relaxed atmosphere in the home. Staff were kind and caring when supporting people, treating them with dignity and respect. People were engaged in a variety of activities throughout the day. We saw four people chatting and laughing with the activity coordinator as they played a board game; others in the room were joining in the conversation. Where people became anxious staff used their knowledge of the person to calm and reassure them. People were free to walk about the home and gardens and were supported by staff to do so. During our visit there was always staff available to meet people's needs in a timely manner.

Staff, visitors and professionals told us the management of the home were extremely open and approachable. We saw the registered manager and senior staff interacting in a friendly and supportive manner with people using the service, visitors and staff throughout the day.

The provider recorded and investigated accidents and incidents. We found two incidents which should have been notified to the Care Quality Commission (CQC). However the provider had notified CQC of other reportable incidents. **We recommend that the provider considers the guidance on notifications to CQC.**

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?

Good

The service was safe. There was sufficient staff to keep people safe and meet their needs. Staff were well trained and knowledgeable about the needs of people living at Wardington House.

Staff understood the signs and symptoms of abuse and knew how and where to raise concerns.

The service promoted positive risk taking. This enabled people to live their lives as they chose whilst managing risks to themselves and others.

Medication was administered and recorded safely. Where minor discrepancies in the management of medicines was identified this was responded to immediately.

Is the service effective?

Good

The service was effective. People received care from staff who were trained to understand and meet their individual needs.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to have sufficient food and drink. Where there were concerns people's weight was monitored and a fortified diet provided.

People were referred to health professionals when needed. The service had an excellent working relationship with health professionals.

Is the service caring?

Good

The service was caring. Staff responded to people's anxiety in a compassionate and reassuring manner. Care staff understood the importance of getting to know people and encouraging them to be as independent as possible. All interactions we observed were person-centred and dignified.

Staff sat with people, taking time to talk with them. People were happy and smiling as a result of the interactions. Where people were anxious staff responded with patience, showing empathy and understanding.

People were supported and involved in making choices in relation to their care and support. Staff used their knowledge and understanding of people to offer choices that resulted in positive outcomes for people.

Is the service responsive?

Good

The service was responsive. People received care and support which was personalised to their wishes and responsive to their needs.

Summary of findings

People were engaged in meaningful activities both in groups and one to one. Activities were individualised to reflect people's needs.

Relatives felt involved and listened to.

Is the service well-led?

Requires Improvement 

One aspect of the service was not always well-led. The service was not notifying the Care Quality Commission of all reportable incidents.

The service was led by an open and approachable team who worked with other professionals to make sure people received appropriate care and support.

There was excellent communication between all staff in the home.

There were effective systems in place to monitor the quality of the service and identify and action areas for improvement.

We recommend that the provider considers the guidance on notifications to CQC. This is available from www.cqc.org.uk

Wardington House 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 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 16 October 2014 and was unannounced. At the time of our visit there were 46 people living at Wardington House. 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. The expert by experience on this inspection team had experience of caring for people living with dementia.

Before the inspection, the provider completed 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.

Prior to the inspection we looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. We spoke to stakeholders who had visited the home. We spoke to three health and social care professionals and one regular external visitor to the home. We also received comments via email from three general practitioners.

During our inspection we carried out a Short Observational Framework for Inspection (SOFI) over the lunchtime period. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed care practices throughout the day.

We looked at five people's care records, five staff files and a range of records showing how the home was managed. We spoke with two people who used the service, three relatives, the registered manager, the matron, three nurses, eight care workers, two general assistants, one housekeeper and the chef.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, “We feel safe”.

Staff had received safeguarding training. They understood the different types of abuse and the signs and symptoms that might indicate abuse. Staff said they would raise any concerns with a senior member of staff. One nurse explained their responsibility to escalate and report any allegations of abuse within the management structure of the home and to the local authority social services department.

Assessments were undertaken to identify risks to people who used the service. Where risks were identified risk assessments were completed and management plans put into place. For example one person was at risk of slipping out of their chair. The risk assessment identified the use of a ‘crash mat’ to reduce the risk of injury. The mat was in place and staff were able to tell us why it was in place.

People were supported to take risks in their day to day living. People moved freely around the house and garden. No external doors had locks preventing people from leaving. At night or when the weather was bad there was a central locking system. Nursing staff explained people would not be prevented from leaving the building at these times, but would be encouraged to dress appropriately. The garden had an automatic barrier that protected people from reaching the main road, but did not prevent vehicular access. Individual bedroom door locks had been installed that enabled people to freely leave their rooms whilst preventing unwanted visitors from entering. Staff all carried keys that enabled them to enter people’s rooms when necessary.

There were enough staff to meet people’s needs. Staff spent time talking with people and call bells were answered promptly. Staff told us the matron was “Very flexible with working hours”. People who used the service and relatives said there was always sufficient staff on duty. Qualified nurses worked two days per month as supernumerary; this enabled them to concentrate on their designated responsibilities. For example, one nurse who was supernumerary on the day of our visit was responsible for wound care. The nurse explained this designated time enabled her to review wound care plans and monitor the stock levels of dressings.

The registered manager operated safe recruitment practices. Recruitment records showed that all relevant checks were carried out before staff began work at the home. Checks included a disclosure and barring certificate and references. Where there were gaps in employment these had been discussed and recorded. Staff received induction training and shadowed experienced members of staff before working alone.

Medicines were administered safely and the administration records completed accurately. Medicines were administered by qualified nurses. One nurse told us they had received training from the pharmacy who provided medicines to the home. Medicines were secured in two locked medicine trolleys, which were stored in two locked clinical rooms on separate floors of the home. Controlled drugs (medicines which are controlled under misuse of drugs legislation) were stored in line with the legislation. Medicines in the refrigerator were stored at the correct temperature and temperatures of the refrigerator were recorded appropriately. There was no record of the room temperature being recorded in one of the clinical rooms; however the temperature in the room did not appear warm.

Most medicines were administered from a monitored dosage system. We found the balances of stock for some prescribed medicines stored outside of the monitored dosage system did not match the balance recorded. We raised the concerns about the medicines stock balances and the room temperature with nursing staff on the day of our inspection who took immediate action to address them.

Where people required medicines to be administered covertly this was done with the advice of a pharmacist to ensure the medicine was suitable for the method of administration. For example one person had medication dissolved in a drink.

The registered manager told us that on admission people’s medicines were reviewed in consultation with the general practitioner and other health professionals. Where possible medicines were reduced and people’s anxiety reduced by supportive staff interactions. A health professional told us the home had a philosophy to use minimal medicines, particularly in relation to behaviour that may be seen as challenging.

Good

Is the service effective?

Our findings

People and their relatives were complimentary about the staff and the care they received. Relatives told us that staff were knowledgeable about the needs of people living in the home. Care staff said they had attended training which included moving and handling and safeguarding. They were able to request any training that would help them provide better care for people and were enthusiastic about the training they received. One care worker was waiting to do dementia care training and spoke positively about the need to understand the impact for people living with dementia. Staff were able to access career development opportunities and several had completed National Vocational Qualifications in health and social care. One care worker said "We can ask if we want to do anything to further our career".

Health professional held the staff at Wardington house in high regard, praising their knowledge of the needs of the people living in the home. Nursing staff told us they were supported to access training that enabled them to keep up to date with best practice. For example one nurse had attended end of life training at the local hospice. Nurses attended study days provided by Study Programme for Independent Sector Nurses which enabled them to refresh their skills and knowledge.

Staff felt well supported, they all had a named mentor. Mentors met regularly with staff in an informal manner and staff were positive about this support. Nursing staff felt well supported by the management team. One nurse said "We have a very good and supportive team. I feel very lucky to work here". Staff received an annual appraisal and found the meetings useful. The registered manager and matron did not consider the system in place to be a formal appraisal but staff were invited, by letter, to come and discuss their development needs. This was viewed as a more positive and supportive approach.

Nurses and care workers had an understanding of the Mental Capacity Act 2005 (MCA). The MCA is a legal framework supporting decision making on behalf of people who cannot make some decisions for themselves. Care staff were able to explain how they assessed whether people were able to make decisions and emphasised the importance of protecting people's rights. Staff supported people living with dementia to make choices. One staff member said, "We do try to include them. We can show them and ask them what they would like to wear". Capacity assessments had been completed where there was evidence to suggest people lacked capacity. Where decisions were made on a person's behalf these were done through a best interests process, involving relatives and healthcare professionals. For example one person's care record showed they received their medicines covertly. The record included details of a best interest discussion involving the person's general practitioner, relatives and nursing staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are considered where it is deemed in a person's best interest to deprive a person of their liberty so that they can get the care they need, in the least restrictive way. Whilst no-one living at the home was currently subject to a DoLS, we found that the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty".

People we spoke with and relatives were complimentary about the food. One relative told us that food was varied and fresh. Where people had individual dietary requirements details were identified in people's care plans. The chef had a detailed list of individual dietary requirements on display in the kitchen. The chef explained that in order to ensure people received the correct meal, different coloured plates were used. Where people were identified as at risk of malnutrition their weights were monitored regularly and fortified food provided (food where the amount of calories is increased through using butter and cream). Records showed that people's weight was maintained. One person had been malnourished when they moved into the home. They told us "I was skin and bone when I came here now I have put on five stone".

Staff told us food and drink was available at any time and people regularly offered drinks and snacks throughout the day of our visit. Staff were knowledgeable about people's likes and dislikes and offered them choices. People who were living with dementia were supported by staff to be as independent as possible when eating and drinking. Staff encouraged people to eat and enjoy their meals at a relaxed pace. They were reassuring and supportive explaining to people what they were eating and talking about what was going on in the home.

Good

Is the service effective?

General Practitioners (G.P.) who were contacted prior to our inspection told us they were contacted appropriately by nursing staff at Wardington House. The G.P's also told us that nursing staff were knowledgeable about people's clinical and social needs. Records showed that people were referred to appropriate health care professionals when needed. People's care plans included risk assessments in relation to falls, pressure area care, personal safety, nutrition and behaviours that may challenge. At the time of our inspection there was no-one with a pressure sore and no-one with a risk of choking.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and respect. One person said “Beautiful, everyone: carers, cleaners, everyone. Everyone treats me with respect, in fact some have even called me sir, I told them to pack that up”. Relatives told us the way staff cared for people was exceptional and that everyone received individual attention. Comments included; “They are absolutely fantastic, I have only praise”, and “I cannot question the caring or respectfulness, it’s inbred in the nature of the place”.

Health and social care professionals were positive about the caring attitude of the staff team. One health care professional said, “Care staff interactions are always excellent. I observed them dealing with a very difficult patient; it was done in a respectful and positive manner.” Another told us, “The home provides very high quality care with real compassion and kindness.”

People were treated with respect by staff. Care workers supported people in a caring way, showing warmth and affection. People responded positively to staff, smiling and laughing with them. Staff spent time talking with people and were knowledgeable about their pasts and interests. One person was reaching out their hand, a care worker approached, smiling and held their hand in a reassuring way. Another person said they were cold; a care worker immediately got a blanket and put over the person’s knees, checking whether they needed anything else. One person who was having their hair dried. The care worker supporting them asked the person how they would like their hair styled.

Staff involved people in choices relating to their care and support. People were shown and staff explained what options were available and offered choices that showed a good understanding of people’s likes and dislikes. For example one person’s care plan identified that they liked to spend time outside, we saw a member of staff approach the person and suggest a walk outside when the person was becoming distressed.

When people were receiving personal care they were treated with dignity. On one floor of the home six people shared one area for sleeping. This was a large area that felt homely. When they were receiving personal care, screens were used to protect their dignity. The atmosphere in this area of the home was calm and peaceful. The matron told us that people living in this area of the home were very frail but were still supported to live their lives as they chose. Staff responded to people in a caring way, spending time talking with them and understanding what their needs were.

Care staff demonstrated an understanding of how to treat people with dignity and respect. Care staff explained that when supporting people with personal care they would cover them with a towel to protect their dignity and make sure screens were in place or bedroom doors closed. One care worker told us they would always make sure they were sitting face to face with someone when talking with them. Care staff understood the importance of getting to know people and encouraging them to be as independent as possible. All interactions we observed were person-centred and dignified.

People’s rooms were personalised with photographs, pictures and ornaments that each person wanted in their bedroom. Staff knocked before entering people’s rooms, respecting that it was the person’s own room. Door locks were in place that prevented people going into others rooms without invitation.

The home provided end of life care. The registered manager and the matron told us that they tried to support people to spend their last days being cared for by people that knew them well in surroundings that were familiar to them. During our visit we saw relatives being treated with compassion when they had been given news about a person living in the home. They were provided with a private room to make telephone calls and supported sensitively by the matron and nursing staff.

Good

Is the service responsive?

Our findings

People were assessed before moving to the home to ensure their needs could be met. Assessments included both physical and psychological needs. People had a 'My life' book which detailed things that were important to them in their life. Staff we spoke to were knowledgeable about people and used that knowledge to engage in meaningful interactions. For example one of the nursing staff knew the name of a person's dog and was able to talk to them about it.

People were supported to take part in activities that interested them. We saw the activity coordinator supporting four people with an activity involving shapes and colours. Other people in the lounge were involved in the activity by prompted discussions about favourite colours. The conversation was positive and cheerful. One person walked to the table but was reluctant to join in; the activity coordinator suggested the person sit down and watched. Once the person had sat down they soon became joined in the activity. Other people in the room were engaged in activities. On the day of our visit the home was holding a Harvest Festival Service. Many people living in the home participated and several relatives and visitors attended. There was a relaxed and friendly atmosphere with everyone enjoying afternoon tea after the service.

People were free to walk around the home and garden. Care staff talked with people and walked with them. If people did not want to engage staff were responsive to their wishes. We observed two care staff talking to a person about a newspaper article. The person became agitated and started shouting. One member of care staff withdrew from the situation and the remaining member of care staff talked calmly and quietly with the person who stopped shouting and was soon smiling and laughing.

Relatives told us the home keeps in touch with families and they were encouraged to visit and be involved in their relatives care. Relatives said there were regular reviews of care plans which involved them and they were always kept informed of any changes in their relative's needs. One relative told us there was "A strong empathy with visitors".

The service was responsive to people's changing needs as care plans were regularly reviewed. Relatives told us they were involved and kept informed of any changes. Where changes to people's needs were identified these were addressed. One person's care record identified they had fragile skin on their legs which was at risk due to using the hoist for transfers. Their care plan stated they required protective dressings to be applied. The person had the dressings in place and staff knew why they were being used. Care staff monitored people's needs and where they saw changes reported them to the nursing staff. Health and social care professionals told us the home responded appropriately to people's changing needs and contacted other professionals when needed. Health care professionals told us staff were responsive to instructions and guidance. They viewed the care and treatment provided as a partnership between the person, professionals and staff at the home.

There was guidance displayed in the home, explaining how to make a complaint. People and their relatives told us the management were always available and responded immediately to any areas of concern. Everyone we spoke with had positive comments about the care and support provided. The complaints records showed there had been one complaint since our last inspection. This had been dealt with and records showed the person making the complaint had been satisfied with the outcome.

Requires Improvement

Is the service well-led?

Our findings

We looked at accident and incident records. We found two incidents which should have been notified to the Care Quality Commission (CQC) had not been. However we noted that the registered manager had notified CQC of other notifiable incidents. A notification is information about important events which the provider is required to tell us about by law. We spoke with the registered manager about this and advised them that future incidents of this kind should be notified to CQC

Relatives said the management were all approachable. One relative told us "I have no issues with anything. Can't fault the management, no question". Health and social care professionals were complementary about the management of the home. They told us they were 'approachable and knowledgeable' about the people living in the home. Health and social care professionals praised the teamwork within the home, one said, "They work as a team, under the superb supervision of the matron and the assistant matron".

Wardington House was led by a committed management team. The ethos of the home was to support people living with dementia in a caring and respectful manner. The registered manager was creative in managing risks to people in a way that enabled them freedom to walk freely around the home and gardens. For example the registered manager had installed door locks that enabled people to leave their rooms freely but prevented unwanted visitors entering rooms.

Relatives were given opportunity to give feedback to the home about the service and this feedback was used to improve the service. A quality survey was carried out in October 2014. The outcome of the survey was positive; one area suggested for improvement was the outside area of the home. The registered manager told us that a firm of landscape gardeners had been commissioned to redesign the homes driveways, pathways and gardens.

Care staff and nursing staff told us communication in the home was good. There was a daily handover that was detailed and gave them all the information they needed to meet people's needs. One care worker had recently been on annual leave, when they returned to work the matron gave them a verbal handover about the needs of all people in the home. Time given to handover was exceptional. We observed handover on the day of our visit. The nursing staff had a handover, which was followed by handover for care staff. The information shared was detailed and person-centred. People were spoken about in a respectful manner. Staff shared information about what strategies worked with people who became anxious and any changes to people's physical or emotional well-being. Care staff told us the handover made it clear what their responsibilities were for that day.

The style of leadership in the home encouraged staff to understand the caring culture of the home and their role in achieving this. On the day of our visit the registered manager was actively involved in day to day activities. The nursing team discussed individual people's needs with care staff and valued their opinions. Care staff knew who to go to for support and took responsibility for their work.

Staff were motivated and caring. Every member of staff we spoke to was positive about working in the home and about the support they received from the management and nursing team. One care worker told us, "We can raise anything, anytime. Their door is always open". Another care worker said, "Whatever equipment we need we get, we never have to ask twice".

The home actively promoted the need for understanding when working with people living with dementia. This extended to professions outside of social and health care. The provider welcomed trainee police officers to spend time with people, where the home shared dementia care practice. The provider also shared practice by encouraging trainee nurses to spend placements working in the home.

Nursing staff conducted audits that identified potential concerns and identified areas where improvements could be made. This included audits of medication, falls and regular reviews of care plans.

Accidents and incidents were monitored by the matron, who looked for patterns and trends. We saw this included an incident that identified the need for extra equipment in relation to moving and handling. This equipment had been provided. Incidents that involved behaviour that may be seen as challenging were also reviewed and identified where increased support was needed.

We recommend that the provider considers the guidance on notifications to CQC. This is available from www.cqc.org.uk