

Ward House Limited

Ward House Nursing Home

Inspection report

21-23 Alpine Road
Ventnor
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Tel: 01983854122

Date of inspection visit:
09 June 2019

Date of publication:
08 July 2019

Ratings

Overall rating for this service	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Ward House Nursing Home is a residential nursing home that provides accommodation, nursing and personal care to 23 people. Accommodation is provided over three floors with single and shared bedrooms, ensuite facilities and communal areas on the ground floor. Ward House provides a service for people living with dementia and or a physical disability who require nursing care.

People's experience of using this service

People and their visitors were happy with the service they received. They felt staff were available when they needed them and responded promptly to their requests for support. Systems were in place to investigate and respond to complaints. When required, people received all necessary end of life care to ensure they remained comfortable and any symptoms were managed.

Systems were in place to seek the views of people, visitors and staff about the service. Quality auditing systems were in place to monitor the service people received.

Rating at last inspection

The service was rated as Good at the last full comprehensive inspection, the report for which was published in February 2019.

Why we inspected

This inspection was prompted in part due to a concern we received about the standard of care people received at the weekends. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

Prior to the inspection we reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same, although the rating for the Well-led section has improved to Good. This is based on the findings at this inspection.

Please see the Effective and Well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Ward House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type:

Ward House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single packages under one contractual arrangement. CQC regulates both the premises and the care provided, and both were looked at during the inspection. Ward House Nursing Home accommodates up to 23 people who require support with nursing and personal care. There were 20 people at the service at the time of the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We did not give notice of our inspection.

What we did before the inspection:

Before the inspection, we reviewed information we had received about the service, including previous inspection reports, action plans and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered other information we had received such as feedback from relatives of people using the service and the local authority safeguarding team. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with eight people and seven relatives or friends of people who used the service. We also spoke with staff on duty including one nurse, four members of care staff, two housekeepers and two catering staff. We looked at care records relating to four people and observed how staff interacted and responded to people in communal areas of the home.

Following the inspection

We continued to seek clarification about the evidence we found. We spoke with the registered manager and reviewed additional information received from them including specific individual risk assessments, information about activities, complaints and quality monitoring information. We also spoke with an external health professional who had regular contact with the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences:

- People told us their needs were met in a personalised way and this was confirmed by family members. One person told us how staff supported them to get up in the morning and go to bed in the evening, at times which suited them. A visitor also told us their relative liked to go to bed early and staff were available to help them when they were ready.
- Staff were organised in a way, which meant they were available for people. For example, one staff member told us they were rostered to start work early in the morning, an hour before other day staff commenced. This meant an additional staff member was provided when people required them. Duty rosters confirmed staffing numbers were consistent with what we found on the day of the inspection.
- People told us staff were available when they needed them and responded promptly when they used call bells or requested assistance. We saw staff were not rushed and had time to spend with people. For example, when a person was distressed, staff knelt and held the person's hand, staying with them and speaking quietly and reassuringly until the person was settled.
- Comprehensive care plans had been developed for each person. They provided information as to how care should be provided to meet the person's needs. Care staff used hand-held devices linked to the home's electronic care planning system, to access key information about how each person's needs should be met. Nursing and care staff showed us how they used these devices and how they recorded care that had been provided. Records viewed and discussions with people showed they were receiving the care they required.
- Discussions with care staff showed they were aware of people's individual needs and how they liked these to be met. For example, a staff member explained why a person may behave in a particular way due to a medical diagnosis and how they supported the person at these times.

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about people's individual communication needs and how these should be met, including the need for spectacles or hearing aids. Care plans also included information as to how some people who were unable to speak may express distress or needs.
- We saw staff did not rush people when speaking with them and allowed them time to respond. This supported their communication needs.

- Signs were positioned around the home to help people find facilities such as bathrooms and toilets.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were happy with the activities provided and confirmed there were enough things to do.
- Two activities organisers were employed. Although neither were working on the day of the inspection, the registered manager provided us with information about how activities were delivered. These provided both physical and mental stimulation and were tailored to meet the different needs of people participating.
- Some activities were individual such as poetry reading, letter writing, and organised shopping trips, whilst others were small activity sessions such as dominoes or board games.
- Meaningful activities were also available to promote people's self-esteem. For example, a person liked to be involved in helping around the home and was offered activities such as napkin folding, washing up and peeling vegetables for their own lunch. External music entertainers also visited the home, such as a piano man and a harpist every few months.
- People were supported to use local community services such as hairdressers when able. A summer programme of visits in the community was being organised with a local minibus service. The home had the use of a wheelchair adapted car which could be used to take people out. For example, some people were attending a musical evening which a staff member was performing in.
- Specific events were also celebrated. For example, the home celebrated the Queen's birthday with a party, and planned a cup cake afternoon to raise funds for the Alzheimer's Association.
- Each month, local children were invited to visit the home and participate in an activity, such as crafts or music, with people living at Ward House. This enabled people to engage with children while also enabling the children to spend time with older people. Each week a community singing group was held at Ward House, meaning people could join in and enjoy a social occasion.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and were confident these would be resolved appropriately. One person told us, "I have no complaints but would talk to anyone." Another person said, "I see the manager most days, she comes round and I could talk to her, but everything is all right." Visitors were confident any concerns they raised would be dealt with promptly and were aware of how to raise a complaint.
- The registered manager stated they aimed to make themselves as available as possible to people and visitors, meaning any issues could be addressed promptly before people felt the need to make a complaint. A suggestions box was available in the entrance area if people or visitors wished to make an anonymous complaint.
- Information about how to complain was available for people and relatives. The provider had a complaints policy which helped to ensure formal complaints were investigated and responded to appropriately. One complaint had been received since the previous inspection in January 2019. The registered manager shared with us the written response to the complainant. This showed that the complaint had been investigated and the person raising the complaint had received a written response.

End of life care and support

- People were supported at the end of their lives to have a comfortable, dignified and pain-free death. This was confirmed by letters from family members of people who had recently died at the home. For example, one letter received by the service shortly before the inspection said, 'To everyone at Ward House who looked after [person's name] what can I say - you loved [person's name] and they loved you for everything you did, I will be eternally grateful'.
- Nursing and care staff confirmed they had undertaken training to give them the necessary skills and

knowledge to meet people's end of life care needs. Care staff spoke with compassion about a person who was approaching the end of their life. These discussions showed that people would be treated with kindness and staff would ensure they were as comfortable as possible.

- Most nursing staff had also attended anticipatory care planning training at the local hospice. This would help support staff to identify people's end of life care needs and wishes. Discussions with people had commenced to help ensure staff would know what was important to people at the end of their life and who they wished to be consulted.

- The registered manager had developed good links with external health professionals. This meant they were able to seek help and advice promptly, to ensure people were comfortable and symptoms were appropriately managed.

- An external health professional specialising in end of life care was complementary about the way Ward House supported people to have symptoms managed and to be comfortable at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- At the previous inspection in January 2019, we identified that records of care were not always well completed or up to date. Staff identified this was in part due to the new computerised care planning system which they were still learning how to use. At this inspection, staff told us they felt more confident in using the electronic systems for care planning and recording care. Staff were competent when showing us how these worked.
- In April 2019, the registered manager had undertaken a comprehensive audit of all records within the home including those completed and held electronically. They shared the report from this with us. This showed that whilst there remained areas for improvement in some records, many were well completed. To facilitate further improvement, a meeting was held with the nurses to report on the findings from the audits and promote continued improvement in records. Records viewed during the inspection demonstrated that improvements had been maintained.
- A range of audits and quality monitoring procedures were in place. The registered manager undertook a range of formalised audits and monitoring systems for the service. Where audits were delegated to senior staff, the registered manager had systems in place to check the quality of these audits. Where these had identified improvements were required, subsequent audits and reports showed appropriate action had been taken.
- The registered manager was aware of the need to notify the CQC of significant events, in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the entrance hallway meaning this was available to all people and visitors.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were happy with the service provided at Ward House Nursing Home and felt it was well managed. A person said, "I know who the manager is [manager's name] that's who's in charge, I see her most days and she asks if everything is ok." Visitors also knew who the registered manager was and most were able to name her. People and visitors felt able to approach and speak with the registered manager or other staff and were confident any issues would be sorted out.
- The registered manager explained they had an open-door policy and an inclusive culture to ensure staff could raise concerns or make suggestions.
- The home had a whistle-blowing policy which provided details of external organisations where staff could

raise concerns if they felt unable to raise them internally. For example, care staff told us they could approach the local authority or CQC if they felt it was necessary.

- The service experienced low levels of staff turnover. Staff said they were happy working for the provider and felt able to raise issues or concerns with the management team.
- The registered manager ensured all people and staff were treated fairly and were not discriminated against due to any protected characteristics.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated an open and transparent approach to their role. Where any safeguarding concerns were raised, or accidents occurred, relevant people were informed, in line with the duty of candour requirements. For example, during the week of the inspection, the registered manager had met with relatives following an incident at the home to explain what action they had taken. They were following up the meeting with a letter.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had an annual survey for people and other stakeholders, including relatives. However, the registered manager had identified that the lengthy format of the survey may be preventing these from being returned. Therefore, they explained their plans to review the surveys before sending them out. A separate pictorial survey was also being developed for people who were unable to complete the written format.
- Staff told us they felt listened to, valued and able to contribute to the running of the service. Staff had regular meetings and told us these were informative. Meetings ensured staff were aware of important information to aid the smooth running of the service and any issues or problems could be promptly resolved.
- People's views about aspects of the service were also sought informally by staff members. For example, we saw a member of the kitchen staff asking a person if they had enjoyed their lunch time meal.
- The service had strong relationships with other statutory and voluntary agencies, which promoted positive outcomes for people. This included good networks with local schools, specialist community nurses and social workers.