Sanctuary Care Limited

Wantage Nursing Home

Inspection report

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Date of inspection visit:
04 January 2017

Date of publication:
15 February 2017

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

This inspection took place on 4 January 2017. It was an unannounced inspection.

Wantage Nursing Home is registered to accommodate persons who require nursing or personal care. The home offers care for up to 50 people. At the time of our inspection there were 35 people living at the Home. At the previous inspection on 17 and 18 February 2016 we found that care and treatment of service users was not always person centred. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We also found service users were not always treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Our findings highlighted that the provider had not acted in accordance with the principles of the mental capacity act 2005 and associated code of practice. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Persons employed by the service provider were not appropriately supported. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We also found that records in relation to service users were not always complete or accurate and Governance systems were not always effective. These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the home had made significant improvements to address the areas of concern and bring the service up to the required standards.

The service had a registered manager. 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.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed. Staff were kind and respectful and treated people with dignity and respect.

People were supported by staff who had been trained in the MCA and applied it's principles in their work. Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their manager). Staff spoke positively about the support they received from the registered manager and the provider

Records in relation to people who used the service were complete and accurate. The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

People told us they were safe. People were supported by staff who could explain what constitutes abuse and what to do in the event of suspecting abuse. Staff had completed safeguarding training and understood their responsibilities.

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

The service sought people's views and opinions. Relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

People had sufficient to eat and drink. Where people required special diets, for example, pureed or fortified meals, these were provided by kitchen staff who clearly understood the dietary needs of the people they were catering for.

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.

People told us they felt safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

There were sufficient staff on duty to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff received regular supervision (one to one meetings with their manager).

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

People had sufficient to eat and drink and were supported to maintain good health.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

Is the service responsive?

Good

The service was responsive.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

People's needs were assessed to ensure they received personalised care.

There was a range of activities for people to engage with.

Is the service well-led?

Good

The service was well led.

The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistleblowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

Accidents and incidents were recorded and investigated

Wantage 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 January 2017and was unannounced. The inspection was carried out by one inspector, a pharmacy inspector, a specialist advisor whose specialism was nursing and an expert by experience (ExE). 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 spoke with eight people, six relatives, five care staff, four nurses, the chef, the registered manager, the provider and three healthcare professionals. We reviewed eight people's care files, six staff records and records relating to the management of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection we reviewed previous inspection reports, the action plan that was sent to us following the last inspection and notifications we had received. A notification is information about important events which the provider is required to tell us about in law. Prior to the inspection we spoke with commissioners of the home to get their views on how the service is run.

Good

Is the service safe?

Our findings

People told us they were safe. One person told us "Oh yes I feel safe here. I've never felt unsafe, the staff are always here". Another person told us "It certainly is safe, here there are always staff here". Relatives told us that people were safe. One relative told us "We have no worries about her (person) being safe".

Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff we spoke with told us that if they had any concerns then they would report them to the manager. Staff comments included "I would go straight to [registered manager]", "If I had any concerns then I would report it to the nurse on duty" and "I would report it straight to my manager".

Staff were also aware they could report externally if needed. One staff member told us "I would notify the right people. Like the CQC (Care Quality Commission)". Another staff member said "I would report it to social services".

People's care plans contained risk assessments which included risks associated with; moving and handling, choking, pressure damage, falls, personal care and environment risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was assessed as being at high risk of falls. This person's care record gave guidance for staff to mitigate the risk to the person by ensuring that two staff members were present to support the person during transfers to a walking aid. This person care records also highlighted that the person may demonstrate behaviour that may challenge whilst being supported during transfers. The care record gave guidance for staff on how to mitigate this risk. Staff we spoke with understood and followed this guidance.

People who were at high risk of pressure damage had accurate and up to date prepositioning charts in place and were supported by staff who were aware of these risks and what action to take as a result. The service had also sought advice and guidance from the tissue viability team. This included the use of pressure relieving equipment.

People who were assessed as being at risk of malnutrition had accurate and up to date Malnutrition Universal Screening Tools (MUST) in place and were supported by staff who were aware of these risks and what action to take as a result.

People had their medicines as prescribed. The staff checked each person's identity and explained the process before giving people their medicine. Medicines were stored securely and in line with manufacturer's guidance. Staff were trained to administer medicine and their competency was regularly checked by the registered manager.

We observed staff administering medicine and saw correct procedures were followed ensuring people received their medicine as prescribed. Medicines administered 'as and when required' included protocols providing guidance for staff about when the medication should be used. Staff had an understanding of the

protocols and how to use them.

We observed, and staffing rotas confirmed, there were enough staff to meet people's needs. People told us there were enough staff to meet people's needs. One person told us "Yes I would say that, there are always staff here day and night". A staff member we spoke with told us "We have enough and we are good at managing our time" We saw evidence that staffing levels were reviewed by the management team. During the day we observed staff having time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support. The registered manager told us there were enough staff to meet people's needs. They said, "If I had any concerns (about staffing), I would report them (To The Care Quality Commission). When it comes to nursing we don't play about".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Good

Is the service effective?

Our findings

The care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The MCA 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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At the previous inspection in February 2016 we found the provider had not acted in accordance with the principles of the MCA and associated code of practice. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.
At this inspection three people were being given their medicines covertly (medicine which is put in food or drink without the person knowing). Records confirmed that covert administration assessments had been completed and were reviewed regularly by the home. We noted that the people's families, GP's and community pharmacists had been involved in 'best interest' meetings to ensure that the decision to carryout covert medication was within the people's best interests.

Another person's care record highlighted that they lacked capacity to take particular decisions in areas that related to their personal care and accommodation. This persons care records demonstrated that a mental capacity assessment had been carried out and that the person's family had been involved in a meeting. This demonstrated that the service had involved relatives in identifying the least restrictive options that were in the person's best interests.

Records showed that staff had been trained in the Mental Capacity Act (MCA). All staff we spoke with had a good understanding of the principles of the (MCA). Staff comments included: "It's there to support people to make decisions that are in their best interests", "We need to make sure people are making safe decisions", "Capacity can change" and "We must not assume that people lack capacity".

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provide legal protection for people who lack capacity and are deprived of their liberty in their own best interests. At the time of our inspection the service had made DoLS applications for eight people.

At the previous inspection in February 2016 we found the staff had not been appropriately supported. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Since our last inspection the service had made significant changes to ensure that staff were appropriately supported. Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their manager). Staff we spoke with told they felt supported by the registered manager. Comments included; "I feel supported 100%", "If you have a problem then he will sort it", "I can go to my seniors about anything" and "I feel really supported, we discuss things in supervision".

New staff were supported to complete an induction programme before working on their own. This included

training for their role and shadowing an experienced member of staff. One member of staff told us, "I did two weeks induction, this included shadowing. I wasn't allowed to use the hoist until I was assessed as competent and had completed my manual handling training. [Registered manager] also invited me to his office to make sure things were alright and that I was on track with my induction".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training which included dignity, dementia, nutrition, MCA, equality and diversity, infection control and safeguarding. Staff were complimentary about the training they received. One member of staff told us "The training is excellent".

Staff told us and records confirmed that staff had access to further training and development opportunities. For example, one nurse had recently requested refresher training on use of syringe drivers (a device that enables medicines to be administered slowly). The manager was in the process of arranging further training to be delivered and had invited all the nurses to attend.

Since our last inspection the service had made changes to the adaption and design of the home to ensure that a stimulating environment was created for the people living there. We observed parts of the home where people were living with dementia were decorated in a way that followed good practice guidance for helping people to be stimulated and orientated.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. We observed staff gaining consent to ensure that people had agreed to support being provided. For example, one person was being supported with their breakfast. The staff member asked the person if they would like a protective cover to put over there shirt. The person agreed. When staff came back with the cover they asked the person if they wanted the staff member to help them with putting it on. The person agreed and gave the staff member a big smile.

People told us they enjoyed the food provided by the home. Comments included "At the moment the food is ok. We have a new chef and he's quite good", "The food is good and I think we get a good choice and if you don't like what's on the menu you can always get something" and "You won't go hungry here". A relative said "The foods ok. I'm just picky but the chef will do what you like".

People were offered a choice of meals three times a day from the menu. The kitchen assistant advised us that if people did not like the choices available an alternative would be provided. During our inspection we observed that the food looked wholesome and appetising. During lunch time we observed people having meals in the dining room. Snacks were available for people to have in between meal times.

People who needed assistance with eating and drinking were supported to have meals in a dignified way by attentive staff. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace that matched the needs of the people they were supporting. We observed a staff member supporting a person with their lunch time meal. Throughout the interaction the staff member maintain conversation with the person and encouraged them appropriately when needing to.

Menus were displayed in the homes dining area and staff assisted people with their choices. During our observation of the lunch time meal we noted that people were offered a choice of drinks throughout. People had access to and were offered drinks throughout the day. Where people required special diets, for example, pureed or fortified meals, these were provided by kitchen staff who clearly understood the dietary needs of the people they were catering for.

People had regular access to other healthcare professionals such as, G.P's, district nurses, occupational therapists, dieticians, physiotherapists and other professionals from the care home support team. One person we spoke with told us "Yes there's a doctor that comes around and if I want to see him I can, and I go to the opticians and dentist and the chiropractor comes in".

Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments. For example, where people had been identified as having swallowing difficulties referrals had been made to Speech and Language Therapy (SALT). Care plans contained details of recommendations made by SALT and we saw staff were following the recommendations. We also noted that a copy of the recommendations made by SALT were kept with the chef to ensure that the kitchen staff had access to the appropriate guidance and information when preparing people's meals. We spoke with the chef about this and they told us "This way I can easily identify the person's needs and give further guidance if needed to relatives and (staff). It's about understanding the risks".

Good

Is the service caring?

Our findings

At the previous inspection in February 2016 we found that service users were not always treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection we found significant improvements had been made.

People told us they were treated with dignity and respect. Comments included "They always respect my privacy, they close the door and pull the curtains when they are doing things for you", "They always knock on my door before they come into my room."

We asked staff how they promoted people's dignity and respect. Staff comments included "I use a blanket to cover people up. Even if the door is closed, it's important for people to feel comfortable", "We knock on doors" and "We make sure doors are closed during personal care".

We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. People's friends and relatives could visit whenever they wanted to. People were able to meet their relatives in the communal areas or in the privacy of their rooms. A relative we spoke with told us "No there are no restrictions as to when I come and go day or night".

We saw staff call out to people if their room doors were open before they walked in, or knocked on doors that were closed. For example, we observed a staff member knocking on a person door before entering. When the staff member entered the room they said in a joyful tone "Good morning [person], are you alright today". The staff member then closed the door promptly behind them in order to protect this person dignity. When they provided personal care, people's doors and curtains were closed.

People were complimentary about the staff and told us staff were caring. People's comments included; "The staff cheer you up if you're feeling down", "They are very nice, all of them" and "The staff are great". One relative told us, "The staff here are fantastic they do more than they should", "I can't say enough about how good the staff are here. There like our family now". Another relative said "The staff are very good". People told us they felt involved in their care.

Staff told us they enjoyed working at the service. One staff member told us "I love my job to bits, I feel that I make a real difference". Another staff member told us "You get a real sense of reward doing this job".

Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away. For example, one person had finished a drink following their lunch and informed staff that they still thirsty. Staff responded to this by getting the person another drink. When the staff member returned with the drink they knelt down to the person's eye level and supported them to sit forward in their chair. The person took a drink and gave staff a smile. Before moving on to their next task staff asked the person if they had everything

they needed.

People's wishes relating to 'end of life' care were recorded and respected. Advanced care plans recorded people's preferences and wishes. For example, whether people wished to be buried or cremated, funeral and family arrangements and their choice of music for funerals. Staff we spoke with were aware of these wishes and told us people's preferences were always respected. one visiting healthcare professional we spoke with told us ""The staff do really well with palliative care. The nurses are excellent".

Care records highlighted what people could do for themselves in order to remain independent. This included aspects of personal care, mobility and getting dressed. Were the need to promote independence had been highlighted, there was guidance for staff on how to prompt and support people effectively. We observed staff following this guidance.

Good

Is the service responsive?

Our findings

At the previous inspection in February 2016 we found that service users did not always receive person centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Since our last inspection the service had made significant changes to ensure that people received personalised care. Care records were accurate, up to date and gave guidance on people's care needs and how they wished to be supported. For example, one person could become (behaviour) during (personal care). This person's care record contained information and guidance for staff on how to reduce the person's (behaviour) by playing (type of music) in the background whilst they delivered elements of personal care. Staff we spoke with were aware of this guidance and followed it.

Care plans contained details of people's preferences, likes and dislikes. For example, care plans contained person specific information that captured people's previous employment, people's favourite music, places people had travelled to and important people in their lives. Staff we spoke with were knowledgeable about the person centred information with people's care records. For example, one member of staff we spoke with told us about how a person enjoyed gardening, what they use to do for a living and things that the person disliked. The information shared with us by the staff member matched the information within the person's care records.

We spoke to the registered manager about the importance of person centred care. They told us, "Person centred care is about living and not just existing. It reinforces the values of kindness. Finding out more about people is important to what we do".

People we spoke with told us that the service was responsive to their needs. One person we spoke with told us "If I feel poorly they go and get the nurse and if I feel down I ask for one of their cuddles which brighten's me up".

People's needs were assessed prior to admission to the service to ensure the service could meet their needs. People had contributed to assessments. Staff were responsive to people's changing needs. We noted the service had responded to one person's changing needs surrounding there mobility. Following this change in need the home liaised with The Care Home Support Service. The result of this was that the service fitted specialised equipment within this person's room. The impact of this was that the person's quality of life improved.

During our lunch time observation we observed one person demonstrating behaviour that may challenge towards a staff member. The staff member took appropriate action and followed the guidance in this person's care records. The staff member then responded to this change in the person's need by asking another staff member who was familiar with this person to offer further support. The staff member reassured the person and as a result they became calmer. The staff member was then able to offer the person a choice of food and fluids.

People had access to activities which included skittles, art groups, board games and music and movement which encouraged people to exercise whilst listening to music. We noted that pictures were visible in the main corridor of people enjoying a recent carol service at the home. In another corridor were collages that had been made by the art group. People told us they enjoyed the activities. One person said, "I like singing and I try to get everybody singing which is good."

People knew how to make a complaint and information on how to complain was available in the home. One person we spoke with told us, "Yes I have complained and the new manager does get things done". Records showed there had been four complaints since our last inspection. These had been dealt with in line with the provider's complaint procedure.

The home sought people's views and opinions through quarterly satisfaction surveys. We observed that the responses to the recent survey were positive. The results from satisfaction surveys were visible throughout the home.

Good

Is the service well-led?

Our findings

At the previous inspection in February 2016 we found that the systems in place to monitor the quality of the service were not always effective. We also found records in relation to service users were not always complete or accurate. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection we found significant improvements had been made.

Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager and the provider. Audits covered all aspects of care including, care plans, environmental audits, infection control and medication. Information was analysed and action plans created to allow the registered manager to improve the service. For example, following some minor medicines errors the registered manager had utilised staff meetings to discuss the findings and we saw evidence that discussions of the learnings from these incidents had taken place. The manager also shared learning with staff in relation to medicine safety alerts (alerts that are issued nationally regarding faulty products).

We also noted that following an analysis of falls within the home they identified a period of were there had been increased falls within the home. The registered manager then put in place additional falls prevention training for staff.

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the service. For example, following an incident that involved a person having a fall during personal care. The registered manager investigated this. The registered manager did not highlight any concerns in relation to the moving and handling practices of the staff who were present during the incident. However, they decided to carry out a full review of practices within the home. The impact of this was that the registered manager was continually looking to improve the quality of care within the home. We saw evidence that the learning from this incident had been shared with staff during staff meetings.

Staff spoke positively about the registered manager. Comments included; "He wants it running just right here", "He is here 100% for the clients and if you feel like that then he's 100% behind you as well", "He is straight to the point", "He has made some real changes around here for the better" and "He is an excellent boss". The national operations director told us "He is a great role model. He sets high standards for himself and for the staff".

The registered manager told us their visions and values for the home were, "To maintain what we are currently achieving and look to continually develop excellence" and "To have one of the best homes in Oxfordshire, a home that works within best practice like NICE (National Institute of health and Care Excellence) and CQC. We want people to be comfortable and safe".

The registered manager also told us they continually supported the team. A happy team is a happy home and that's why it's important to have good leadership".

There was a positive and open culture in the home and the registered manager was available and

approachable. People knew who the registered manager was and we saw people and staff approach and talk with them in an open and trusting manner.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One member of staff we spoke with told us, "I would be confident to report any concerns externally". Information on whistleblowing was available in areas of the home.

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, occupational therapists, chiropodists and professionals from the care home support team.