

# Dr Ramnath Narayan & Mr Harbhajan Surdhar Winterbrook Nursing Home

## Inspection report

18 Winterbrook, Cholsey, Wallingford, Oxfordshire,  
OX10 9EF  
Tel: 01491 833922  
Website: [www.excellentcarehomes.co.uk](http://www.excellentcarehomes.co.uk)

Date of inspection visit: 6 & 8 January 2015  
Date of publication: 26/03/2015

### 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?

Requires Improvement 

Is the service well-led?

Good 

### Overall summary

Winterbrook Nursing Home provides nursing care and accommodation for up to 40 older people. At the time of our inspection 27 people were living at Winterbrook.

Winterbrook Nursing Home has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the service. Comments included "I am nice and safe here.... I'm very

happy here", "[Name] is very well looked after, we have no concerns" and "It's not home, but I feel safe here." Staff were knowledgeable about how to respond too suspected abuse and who they would speak too. Appropriate risk assessments were in place for people which demonstrated how to reduce potential risks. However, some risk assessments had not been updated when people's needs had significantly changed to reflect their current needs. Medicine practices were safe within the service, however creams were not always recorded as being applied. Nurses were qualified and responsible for medicines within the home. There were an appropriate number of staff. The provider told us they had difficulty in recruiting nurses and due to this, they had not admitted

# Summary of findings

any more people whilst they recruited another nurse to ensure they could meet people's needs safely. Call bells and people's requests were promptly answered and met. Recruitment checks were in place to ensure the suitability of staff to work with vulnerable people.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Two applications were awaiting a decision from the local authority. The registered manager understood when an application should be made and how to submit one. They were aware of a recent Supreme Court Judgement which had widened and clarified the definition of a deprivation of liberty. Staff understood their roles and responsibilities under the Mental Capacity Act 2005 (MCA). They were able to explain what the MCA and DoLS meant, and how this affected the people they worked with. Where required, mental capacity assessments were completed along with records of best interest meetings.

The service had clear training, supervision and induction processes in place to ensure staff development. Staff commented "The training is very good." We saw people were supported to access further development such as diplomas in health and social care. People's nutritional needs were met by staff who were knowledgeable of their needs, for example, pureed or diabetic diets. One person told us they were aware of the alternatives and had occasionally asked for something different which was met. Another comment included "We get plenty of good food and drinks."

We found care plans did not always reflect people's current needs and contained conflicting information. Staff and management were able to explain how they supported people, but this did not always correspond with people's care plans. Information was hard to find in some care plans and was not always readily accessible, as care plans were not kept in any order or tidy.

We observed positive caring practices over both days of the inspection. People and relatives were positive about the caring aspect of the service. Comments included "I'm very happy here, there is nothing to change. It's very quiet but I've met some friends and we have a lovely chat in the lounge", "[Name] seems quite happy here", "I like it here, there is lots going on and my family can come and join in whenever they are here. They can come in whenever they want and at weekends too" and "[Name] is very well cared for and they are all really well looked after as they do with all of the residents." People were also positive about the activities undertaken in and outside of the home. One person commented "There is lots going on with parties and entertainers. I find it quite good". Relatives told us they felt involved and were able to visit the home when they pleased.

Staff, relatives and people were complimentary about how well led the service was. Comments included "The management of the home is open and friendly, you are able to talk about any problems and know they will act on it", "I think the management are good, if you ever need anything the registered manager is there", and "I feel the home is well run." The registered manager told us "It's all about open communication. Anyone can come and speak to me if they need too."

Quality monitoring was undertaken within the home to ensure standards of safety and continuous improvement. Audits were undertaken internally, whilst external monitoring was undertaken by the operations director. Where care plans had been identified as an issue, we were provided with evidence which showed care plans were currently being audited to ensure they were fully up to date and reflective of people's needs. We noted the registered manager to promote an open culture throughout the service, and was visible throughout the service on both days of the inspection.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Staff were knowledgeable about how to identify suspected abuse and who they would report it to if they saw or suspected it.

Risk assessments identified potential risks and how they could be eliminated or managed. However some risk assessments needed updating where people's needs had significantly changed.

Staffing levels were adequate to meet people's needs.

Safe medicine administration practices were undertaken within the service.

Good



### Is the service effective?

The service was effective.

Staff were knowledgeable about their roles and responsibilities under the Mental Capacity Act 2005 (MCA) including issues about consent.

Training, supervisions and inductions were thorough and were used to support staff development.

People's needs were met effectively by staff.

Good



### Is the service caring?

The service was caring.

We observed care being provided over both days of the inspection.

People and relatives were positive about the standard of care provided by the service.

People told us they were supported by staff who were caring. People's privacy and dignity was maintained.

Good



### Is the service responsive?

The service was not always responsive.

Care plans did not always reflect people's current needs.

Information was difficult to find as care plans were not kept in order.

People were positive about the activities provided within and outside the service.

Requires Improvement



### Is the service well-led?

The service was well-led.

People, relatives and staff were positive about the management of the service.

Good



# Summary of findings

Clear audits and quality monitoring was undertaken. Where improvements were required, appropriate action was taken.

The management understood their responsibility to notify the CQC of significant events.

# Winterbrook 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 the 2 and 8 December 2014 and was unannounced.

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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the

service, what the service does well and improvements they plan to make. We received a PIR form from the provider. We checked to see what notifications had been received from the provider since their last inspection. Providers are required to inform the CQC of important events which happen within the service. We received 17 notifications from Winterbrook Nursing Home since their last inspection in July 2013.

During our inspection we spoke with the registered manager, one nurse, four support workers, six people, three relatives of people and domestic staff including the chef and activities co-ordinator. We undertook observations of staff practice over the two days. We reviewed five care plans, medicine records, daily records including turning charts and food and fluid charts, four recruitment files and copies of quality monitoring undertaken by the registered manager. We also looked at staff supervision records, training records for all staff and induction records for new members of staff.

# Is the service safe?

## Our findings

People told us they felt safe living at Winterbrook. Comments included “I am nice and safe here.... I’m very happy here”, “[Name] is very well looked after, we have no concerns” and “It’s not home, but I feel safe here.”

The provider had a clear safeguarding policy and procedure in place which was available to all staff members. Staff told us where policies were kept and how they accessed them. Posters of who to contact if abuse was suspected were available for staff and people visiting the home. During our inspection, the registered manager raised a safeguarding alert to the local authority appropriately. All staff employed by the service had received safeguarding training. Where safeguarding issues had arisen, the Care Quality Commission had been notified as required.

Staff knew how to identify and manage suspected abuse. Three staff we spoke with explained what safeguarding meant, and how this applied to their roles. One staff member told us “I have safeguarding training every year. It’s about being able to protect people from harm, and raising concerns with the correct people, for example, management and the local authority.” Another staff member told us “I know the different types of abuse that can happen [They named the different types of abuse]. I would speak to my manager straight away and take it further if required.” Staff were able to explain what whistleblowing meant and the procedures to follow and who they would speak to if they had concerns about the service.

We looked at four care plans and found appropriate risk assessments in place for people. Where people were at risk of choking or weight loss, risk assessments had been undertaken and plans of action were in place, for example Malnutrition Universal Screening Tools (MUST) and monthly weight checks. Diabetic and pressure sore risk assessments were in place where people were at risk. Risk assessments were regularly reviewed when changes occurred, however some risk assessments needed updating in full where people’s needs had significantly changed.

Staffing levels were appropriate to the number of people living at Winterbrook. The provider undertook dependency assessments to ensure they had enough staff on each shift

to meet people’s needs. Throughout our observations, we found call bells were answered in a timely manner. Where people requested assistance, this was promptly met. We found there to be a high number of people who were unable to use their call bells for assistance. Frequent checks on these people were recorded in their daily notes. We were told by the registered manager that all people received regular checks.

We were provided with four weeks rotas for staff and cross referenced this with staff timesheets. We found sufficient staff numbers to be on duty. Where people had worked over their hours, this was explained on their timesheets.

We spoke with the operations manager who informed us they had faced difficulty in recruiting nurses, however they had made changes to rotas to ensure people’s needs were met in a timely manner, for example having a one hour crossover between 7 and 8am between the night staff and morning staff to ensure there were enough staff to meet people’s needs at this busy time.

One person told us “There are generally just enough but they sometimes have no spare time” however, we found staff were visible and frequently visiting people who were in their rooms to check if they required assistance. Where people requested assistance to use the facilities, this was done in a timely manner.

We looked at people’s medicine administration records for people on the ground floor. Medicines were administered by staff who were trained and deemed competent by the registered manager to do so. The administration and management of medicines was undertaken by the registered nurses, including tasks such as blood pressure monitoring and pressure care management.

Medicines were clearly recorded and signed for using a Medicine Administration Record (MAR) when they had been administered. Each person’s medicine record contained their photograph, details of any allergies and medical conditions. Temperature checks were completed daily by staff including fridge and room temperatures. We found temperature checks to be in line with medicine storage requirements. We counted random medicines to ensure they corresponded with people’s MAR charts. We were told by the registered manager that “as required” medication guidance was in people’s care plans, however it would be beneficial to keep a copy with people’s MAR charts.

## Is the service safe?

Where people were prescribed creams, these were placed in people's rooms and corresponded with their prescriptions. Dates of when creams had been opened were recorded. We found charts for staff to record when they had applied creams were in place. However we found these had not always been filled in and contained large gaps. This meant we could not be sure people's creams had been applied as required.

We found the provider had robust recruitment checks in place. We looked at four recruitment files for new staff members who had recently commenced employment with the service. All four files contained proof of identity. Photos of staff members including their job titles were displayed in the reception area. Medical histories and previous

employment histories were in place with relevant gaps in employment explained. Copies of staff Disclosure and Barring Service (DBS) checks were kept on file including the date they had been received. All files contained evidence of satisfactory conduct in previous employment.

All people living in the service had their own personal evacuation plan which provided clear instructions about what to do in the event of a fire. Clear fire evacuation procedures were on display within the service for both day staff and night staff. The provider's training plan showed all staff were trained in fire safety. The provider had a current fire risk assessment in place and staff we spoke with were knowledgeable on the services fire procedure and process.

# Is the service effective?

## Our findings

Staff they had received adequate training to undertake their roles. Comments included “The training is really good”, “The training has really helped me to do my role” and “I have requested more specific training which they are planning on doing.” We observed one staff member being assessed for their diploma by an external agency. One person told us “I am looked after extremely well.”

We looked at training records for staff members. We were provided with a copy of training which was deemed mandatory by the provider. This included moving and handling, fire training, food hygiene, infection control and safeguarding adults. The training matrix clearly outlined who provided the training, and the frequency of refresher training. We cross referenced the matrix with staff training records. We found staff to have received adequate training to undertake their roles. Where it was deemed staff were due refresher training, this was documented and future training dates were provided.

We checked the induction process for new staff members. Each new staff member was provided with a personalised handbook by the provider. This contained information on employment, the regulations which Winterbrook are inspected against, training and development, safeguarding adults and standards of performance and behaviour.

Inductions were based around Skills for Care common induction standards. The induction consisted of a twelve week programme including practical training, e-learning and competency checks. Each new staff member was allocated a mentor who was responsible for ensuring new staff members were signed off as competent to work on their own. The registered manager also worked one shift with new staff members to ensure they were happy with the new staff member’s performance. Spot checks were also undertaken to ensure staff performance. We saw evidence of completed induction handbooks which were signed by the staff member and their mentor. One staff member explained the induction they had undertaken when they first started and told us “It was very good and allowed me to really get to know the residents.”

We looked at supervision records for staff members which confirmed this was a two way discussion. Management also included people’s feedback on staff performance which fed into their supervisions and into their annual appraisals. We

saw supervisions were frequent; however there was no set timescale in place for supervisions. The registered manager told us that staff could access supervision whenever they wanted it; however they aimed to undertake it at least every three months. We looked at annual appraisals for staff members and found these to be comprehensive and detailed. Supervisions undertaken throughout the year fed into staff annual appraisals and where required, plans of action were noted for future professional development. Staff we spoke with told us they felt supported by management and their supervisors. All staff were able to identify their named supervisor.

Staff and management demonstrated a good understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest meeting is held to discuss ensure the decision is made involving people who know the person well and other professionals, where relevant.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Two people’s applications were currently awaiting a decision from the local authority. The registered 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. Where people had lasting power of attorneys or court of protection orders in place, these were visible and accessible in their care plans.

Where required, the provider ensured the correct legal process was followed when assessing people’s capacity. During our inspection, it was deemed that one person lacked capacity around their medication which they regularly refused due to very recent ill health. We saw a mental capacity assessment had been completed, and best interest discussions had been recorded with their doctor and family. A clear plan was then put in place as to how the person would be supported with their medication and that their capacity was to be reviewed at each medication round.

We spoke with the chef who had been in post full time for about 9 months. On the days the chef did not work,



## Is the service effective?

alternative arrangements were in place. The service operated a four week rolling rota of menus with a choice of breakfasts, a set main course at lunch and a selection of lighter evening meals. Breakfast consisted of porridge, cereals and toast with traditional bacon and egg breakfast served on Tuesdays and Saturdays, however if people requested hot breakfasts, this was met. Winterbrook had received a food rating of '5' at their last food hygiene inspection.

Lunch was served around 12pm until 1pm and people were able to eat in the communal dining room or in their rooms if they wished. The main meal of the day was clearly written on a chalkboard in the communal areas. The menu clearly highlighted that if people wanted an alternative lunch, this would be provided on request. The chef was able to explain that several people had particular dislikes and an alternative was offered, for example some people disliked

pork. When a new person moved into the service, the chef was provided with a diet sheet which contained details of allergies, likes and dislikes and consistency of food. The chef was aware of people with specific nutritional needs and was able to explain how their needs were met, for example, diabetic and soft diets. Throughout the inspection, we saw people were regularly offered fluids and snacks. One person told us they were aware of the alternatives and had occasionally asked for something different which was met. Another comment included "We get plenty of good food and drinks."

We found people were supported to maintain good health and to access healthcare support. A local GP visited weekly to ensure people were supported with their medical needs. GP's notes were clearly written within people's care plans to include outcomes of visits, and changes to medication or care plans.

# Is the service caring?

## Our findings

People and relatives were positive about the caring aspect of the service. Comments included “I’m very happy here, there is nothing to change. It’s very quiet but I’ve met some friends and we have a lovely chat in the lounge”, “[Name] seems quite happy here”, “I like it here, there is lots going on and my family can come and join in whenever they are here. They can come in whenever they want and at weekends too” and “[Name] is very well cared for and they are all really well looked after as they do with all of the residents.”

We observed positive caring practice on both days of our inspection. Staff engaged people in conversation and joked and laughed with people when supporting them in lunch which was well received. When people were offered drinks, they were provided with choices. If people did not understand what was available, staff explained what type of drinks and food there was. We observed one staff member support a person with swallowing difficulties. The staff member took their time and waited until the person was ready to eat again before assisting.

People’s dignity was promoted by the service. Before entering people’s rooms, staff knocked and waited to ensure people were happy for them to enter. We observed staff used people’s preferred names. Where people needed support to be moved, this was done in a dignified manner, for example, one person wearing a skirt was covered in a blanket to protect their dignity before staff assisted them. We noted each person had a named keyworker who was a key point of contact for people and relatives.

We observed lunch on both days. People were supported to have their lunch in either the communal dining room, or in their rooms. Food was presented nicely and people were asked their preferences. One person commented on the

dining room “This is a nice place to have lunch.” Where people required support with their meals, this was done in a dignified manner and at their own pace. Staff frequently asked people “Are you ok?”, “Do you need assistance”, and asked people if they were happy with their meal.

One member of staff supported people to paint their nails which they were very happy about. The staff member engaged the person in conversation, allowing them to suggest what colour they would like on their nails and asking other people if they would also like their nails painted. Staff knew people well and could explain their needs and likes, for example, one person liked to have their ‘teddy bears’ with them all the time as it reminded them of home. The service had regular visits from a Podiatrist and a hairdresser every two weeks. Activities were displayed for people and relatives to see, including photographs of previous outings. Relatives and residents meeting dates were clearly displayed throughout the service, however we were advised the attendance was sometimes poor so the registered manager arranged to have cream teas during the meeting in hope of more people attending. Actions from meetings were clearly recorded and evidenced as signed off when completed.

Staff told us how they promoted people’s independence and involved people in their care. One staff member told us “You must always involve people in their daily choices and not assuming their wants.” Another staff member told us “I always explain what I’m doing before I do it and take into account the time, the day and the place.” One relative told us staff had picked up [named] personal traits and had adjusted their way of doing things and their routine to take these into account. The relative also told us they always found the staff very welcoming and had never been made to feel uncomfortable when they had asked about [names] care and support.

# Is the service responsive?

## Our findings

Care plans included details of how to support people including areas such as mobility, medical history, records of GP visits and other health professionals, medicines and personal care. Care plans were not well managed. Care plans did not have a set format, for example, some people's life histories were recorded, and others were not. We found conflicting information in some care plans, for example, the number of staff required to move and handle safely and whether people still used specialist medical equipment. In some care plans, documentation was missing, for example a clear care plan on the management of diabetes.

Care plans were reviewed monthly; however original care plans did not always contain a date of when it came into effect, this meant it was unclear as to when the care plan was effective from. Information was not always readily accessible as care plans were not kept tidy and in order. One person's care plan stated they required assistance to use a commode; however we were advised this was not applicable anymore. Where people's needs had significantly changed, care plans were not wholly updated to reflect people's current needs. On speaking with staff, they were able to explain people's current needs and how they supported them but this was not always reflected in people's care plans.

During our inspection, we were advised one person had become quite ill. We saw notes between the doctor and the service which clearly showed how responsive they were to the person's needs to ensure their health and wellbeing was maintained. This included discussions with other health professionals and the person's family.

People were complimentary about the range of activities available. The service employed a part time activities co-ordinator who had worked at the service for a significant period of time. Comments included "She has been very good. We all like her", "There is lots going on with parties and entertainers. I find it quite good". One relative told us they were able to come and visit at any time with no restrictions and they particularly liked to join in with outings and trips out including a Thames boat trip and trips to local nurseries where there are tea rooms. The relative commented "They had had a lovely Halloween party and also Christmas parties and a Panto." They also arranged live music entertainment and families were encouraged to join in on the outings. On the second day of our inspection, a local singer visited the service to provide entertainment. We saw examples of craft work undertaken by people displayed throughout the home.

We looked at compliments and complaints within the service. We looked at four complaints received since the service's last inspection. A front sheet recorded when the complaint was received, what date it needed to be responded too, the outcome of the complaint and further action taken. In addition to this, monthly complaint monitoring was undertaken to assess and trends or patterns which may have occurred.

Each year a survey was sent to people who lived at the service and their relatives asking for feedback on the home. Responses were then analysed via charts and graphs to assess trends and patterns and to identify where improvements could be made. We looked at last year's survey results and found a clear action plan of improvement setting out where and what action had been taken, for example, new carpeting of the communal areas and some rooms.

# Is the service well-led?

## Our findings

Staff, relatives and people were complimentary about how well led the service was. Comments included “The management of the home is open and friendly, you are able to talk about any problems and know they will act on it”, “I think the management are good, if you ever need anything the registered manager is there”, and “I feel the home is well run.” The registered manager told us “It’s all about open communication. Anyone can come and speak to me if they need too.”

We saw the management promoted an open culture within the service. The registered manager undertook a daily walk around to ensure the home was running smoothly and safely. Throughout both days, we saw the registered manager was visible and available for staff, people and residents if needed. For example, one visitor wanted to speak to the manager about their relative. We saw the registered manager took time to speak to people. When introducing us, the registered manager explained to people who we were, what our roles were and why we were within the home.

On our first day, it was noted that some people’s radiators had stopped working. People were provided with extra blankets and moved to warmer rooms if required. The manager worked responsively to obtain a heating engineer to arrive the same day to fix the issue.

Each year a survey was sent to people who lived at the service and their relatives asking for feedback on the home. Responses were then analysed via charts and graphs to assess trends and patterns and to identify where improvements could be made. We looked at last year’s survey results and found a clear action plan of improvement setting out where and what action had been taken, for example, new carpeting of the communal areas and some rooms.

The management had good systems in place to assess and monitor the quality of the service. Clear audits and monitoring of the service were recorded and maintained. We saw equipment checks and certificates to say equipment was safe to use. Health and safety checks were undertaken monthly within the home including mattress

and window restrictor checks. Safeguarding audits were undertaken twice yearly which looked at safeguarding alerts, trends and patterns, and identified any future learning needs. Monthly checks on GP call outs, ambulance call outs and falls were monitored for trends and patterns. The registered manager was able to provide a clear analysis of when incidents had occurred and potential reasons why, for example, the registered manager noted a month where there had been a high amount of falls. During this month, a large amount of people were suffering from chest infections. The registered manager had identified this as a possible cause and implemented strategies to try and reduce the risk.

The home had random monitoring checks undertaken by the operations director who would undertake their own auditing of the service. Where audits highlighted actions, these were clearly recorded as completed, or waiting to be completed and the reason why. The provider’s policies were monitored annually to reflect any changes within the service. During our second visit, the providers arrived at the home to come and meet and speak with people. We found them to present as passionate about the care people received and supportive of the registered manager.

During each shift, staff received a delegation list of who was responsible for supporting people, and completing tasks throughout the day. This meant staff could be allocated and provided clear delegation and responsibility for staff. When asking the registered manager about the running of the home and people’s needs, they presented as knowledgeable about the people living at Winterbrook and had a clear understanding of the running of the home. The providers commented the registered manager was “Very dedicated” to her role. When issues were raised around care planning, the registered manager took comments well and showed evidence that care plans were in the process of being audited and updated.

The commission had received appropriate notifications since Winterbrook’s last inspection in July 2013. The registered manager was aware of the requirement to inform the Care Quality Commission where a notification needed to be submitted. When requested, the management submitted a comprehensive PIR report in a timely manner.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.