

Claridge Nursing Homes (Hampton Grange) Ltd

Gwen Walford House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Gwen Walford provides accommodation and personal care for a maximum of 30 people. The facilities within the home are arranged over three floors. When we carried out our inspection the home accommodated 17 people.

At the time of our inspection there was 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.

This inspection took place on 9 and 23 October 2014 and was unannounced.

People we spoke with told us that they were happy with the care and support they received from the staff. This was supported by relatives we spoke with as well as our observations and the records we saw during the inspection.

People told us that they felt safe living at the home. Staff were able to tell us how they kept people safe and had an understanding around the prevention of abuse. We saw that staff were available to meet people's needs in a timely manner. Risks to people's safety and welfare had

Summary of findings

been assessed to ensure that people received the care and support they required. Care plans were in place and up dated. People received their medicines on time and as prescribed.

Staff had awareness and demonstrated ways that they upheld people's privacy and dignity. During our inspection we saw that people were enabled to maintain their independence and make choices about their care and support. People were engaged in leisure time interests while engaging with members of staff. People who used the service told us that they were happy with the staffing arrangements at the home and with the number of staff on duty.

We saw that care plans were in place and that these were regularly reviewed and updated. Staff were aware of people's individual needs and were able to describe the care needs of people who lived at the home. We found that people had their health care needs met by visiting medical professionals.

The registered manager and staff were aware of the requirements around the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). These are to protect people who may not be able to make an informed choice about their care.

We received positive comments from people about the food provided at the home and about the choice available to them. Staff engaged with people and offered people assistance and encouragement. People had access to drinks throughout the day. Where people had special dietary requirements we saw that these were provided for and specialist input was obtained.

Systems were in place to monitor the quality of the service provided to people. Staff told us that they received training in order that they could do their job and meet the needs of people who lived at the home.

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.

People who lived at the home received care and treatment from staff who had an understanding on how they kept people safe from potential harm and abuse.

Individual risks were assessed and managed to support staff provide care and support.

People felt there were sufficient staff available to meet the needs of people who lived at the home.

People received their medicines as prescribed and in a safe way.

Good



Is the service effective?

The service was effective.

People's needs and preferences were supported by staff who had received training.

Staff sought people's consent before care and support was provided. Where people required any restrictions this was done in line with national guidance.

People told us that they enjoyed the meals provided and had their dietary needs assessed. Staff were able to contact health professionals as needed to meet people's individual needs.

Good



Is the service caring?

The service was caring.

Staff provided care that met people's individual needs and preferences enabling people to be involved in their care. Staff were seen to be caring and compassionate.

Staff were seen to encourage people to make choices and decisions about their care and support.

Care was provided to people while staff were respectful to people's dignity.

Good



Is the service responsive?

The service was responsive.

People were able to make choices. We saw that people were able to participate in pastimes and hobbies.

People were able to raise comments or concerns with staff and management.

Good



Is the service well-led?

The service was well led.

People were complimentary about the registered manager. It was reported that they were approachable.

The registered manager and provider had systems in place to ensure that people received a quality service.

Good



Gwen Walford House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 23 October 2014 and was unannounced.

The membership of the inspection team was made up of one inspector.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a document designed to ask the provider some key questions about the service provided at the home. This includes what the provider

does well and areas where improvement is needed. We also reviewed the information we held on the home including notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. These areas helped us when we planned the inspection.

During the inspection we spoke with six people who used the service as well as three relatives. We spoke with four care staff and members of the management team including the registered manager, nurses and the provider.

We observed the care and support provided by staff and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us. We looked at three records about people's personal care, seven medicine records and audits undertaken by the provider.

Is the service safe?

Our findings

People who lived at the home told us that they felt safe. One person told us, "It's safe here. I feel safe". A relative said that they found the service provided to be, "Calm" and believed their family member to be safe living at the home.

We spoke with staff who were able to tell us about the arrangements in place to keep people safe from the risk of abuse. One member of staff told us, "If I saw anybody mistreating someone I would tell the manager and they would inform the local authority. The same member of staff added, "I haven't seen anything." The registered manager confirmed that no incidents which needed to be reported as safeguarding had happened at the home since it opened in February 2014. They were aware of the actions they would need to take and of the external agencies they would need to inform. We were informed by staff that they had received training in recognising abuse and their responsibilities to report this.

One relative confirmed that they had been involved with the drawing up of their family member's care plan and that that it was an accurate account of their individual needs. Staff members we spoke with had knowledge about how to care for people who lived at the home. We found that care and risk assessments were in place to make sure that staff had information available to keep people safe. Risk assessments had been identified to minimise the risks to people. For example in relation to people at risk of developing sore skin and the action necessary to reduce the risk. We saw that equipment such as pressure relieving cushions were in place. Plans were in place for staff to confirm the support needed by people who lived at the home. This meant that the provider had taken measures to ensure people were safe.

We looked at the staffing levels at the home. People who lived at the home were happy with the staffing arrangements. People we spoke with were happy with the number of staff on duty. We did not see people being rushed. One nurse told us that they believed the staffing levels to be, "Sufficient". We found that care staff were supported by the registered manager as well as others such as a nurse, catering and housekeeping staff. The registered manager told us that they used a dependency scale as a

guide to ensure sufficient staff were on duty to meet people's individual care needs. The registered manager told us that they had last used the dependency scale at a time when a higher number of people were living at the home. This was due to a number of people who had used the service for a short stay and had now returned to their own home. We were told that staffing had not been reduced this ensured that staffing levels were safe.

Throughout the inspection we found that staff responded to people in a timely manner. We heard call bells sound and found that these were answered without delay. One member of staff told us that in order to ensure people were safe, "People have their bells". We saw that people in their bedrooms had a call bell within easy reach. One person who lived at the home told us, "The staff answer the bell quickly when I need to get to the toilet".

One member of staff confirmed that checks had been carried out prior to them commencing at the home. These checks included their background to ensure they were suitable to work with people. Staff recruitment practices were in place to protect people from staff unsuitable to work with people who lived at the home. We looked at recruitment records and found that checks had been completed regarding people's background and working history.

People we spoke with confirmed that staff gave them their medicines. One person told us, "They (staff) are very good with my medication". A relative told us that in their experience medicines were given on time. We observed one nurse administering medicines to people. The nurse explained to people that they had some tablets to take and ensured that these were taken.

People had received their medicines as prescribed and staff had recorded the administration as required. We were unable to carry out audits on all the medicines we looked at as there were occasions when staff had not recorded a carry forward from the previous month. We did not find any negative impact on people who lived at the home and brought our findings to the attention of the registered manager. We saw that assessments were in place regarding self-medication to ensure that any potential risks had been identified while ensuring that people retained their independence.

Is the service effective?

Our findings

People who lived at the home told us that they liked the staff. They felt that staff knew them well and supported them with their care needs. A relative told us, "I like the staff very much." The same relative told us that they had witnessed nurses assist other staff to ensure that people's needs were able to be met. For example making people a drink when they wanted one.

We spoke with staff and they told us that they felt supported in their job. The registered manager was aware that improvement was needed in providing staff supervision but believed that staff could go to them if needed. Staff we spoke with confirmed this.

One member of staff told us that they were, "Encouraged to participate" in the training made available to them. We saw that specialist training such as diabetic care had taken place. One recently appointed member of staff told us that they had shadowed staff initially. They also told us that they were working through their induction training to ensure that they had the skills necessary to care for people.

We asked staff about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do if people cannot make some decisions for themselves. DoLS are part of the Act. They aim to make sure that people in care homes, are looked after in a way that does not inappropriately restrict or deprive them of their freedom. Staff were aware of the need to obtain people's consent to provide care. During our inspection we saw that staff obtained consent from people before they provided care and support to them. For example before staff assisted people to move from a chair they gained people's permission to use equipment. These pieces of equipment included hoists and wheelchairs.

The registered manager had made applications to the local authority under DoLS and was completing others in relation to codes on doors within the home. Staff we spoke with had an awareness of the principals of MCA and DoLS. Staff assured us that nobody who lived at the home was

subject to restraint. We heard staff offer guidance and reassurance while they provided care and support. This meant that staff recognised when people's freedom could be restricted.

People we spoke with told us that they enjoyed the food. One person who lived at the home told us that they found the food to be, "Excellent", "I have no problem with the food. I eat what they (staff) bring. The standard of food here is good". Another person told us, "The food is very nice". One relative told us that they had found the food to be "Very good". They felt that staff were aware of their family member's dietary needs. Staff we spoke with were aware of people who were on special diets and how they were able to meet these needs. For example, we saw that specialist advice was sought as needed in relation to people's needs such as difficulty in swallowing. This ensured that the provider was able to effectively meet individual needs.

We observed meal times on different units within the home. We saw that meal times were a positive experience for people. Staff were seen to engage with people while they were having their meals and informed people what food was available. Staff offered assistance and encouragement where needed. Staff took their time with people and went at the person's pace. People received regular drinks and had a drink available to them. We heard staff ask people whether they wanted a further drink and offered a choice of different drinks available to them to ensure that people had enough to drink.

Staff told us that they would report any concerns regarding people's health to a senior member of staff so that they could take the appropriate action. We saw that people were able to access health support when they needed it. One person who lived at the home told us, "They (staff) get the GP out if needed" and added, "If I have any ailments they attend to me". We were told that links had been established with a local doctor who made regular visits to people who lived at the home. We also saw evidence of visits from other health care professionals such as tissue viability nurse, specialists of age related illnesses and diseases and community nurses.

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home. People looked comfortable and relaxed living at Gwen Walford. One person said, "The staff are very helpful and kind". Other people made similar comments such as, "The staff are all very kind", "The staff are very good", "People (staff) are very nice and are kind. It's very comfortable here". One person told us about the care they received such as, "They (staff) help me wash and dress". Another person said "I think it's very nice here. It's what I like". People who lived at the home told us that they felt listened to and that their wishes were respected and acted upon.

We spoke with three visiting relatives. They commented on the warmth, friendliness and caring approach they had seen at the home. One relative spoke about the, "Friendly" staff working at the home. We were told that there was a calm feeling to the home. We saw that staff were welcoming to people who were visiting and provided them with information if they needed it.

We spent time in different communal areas and observed the interactions between people who lived at the home and the staff. We saw that staff were sensitive, respectful and understanding of people's individual needs. We saw

that staff gave people time to express themselves. One person was in need of a handkerchief. This need was seen by a member of staff who offered the person a paper tissue. The member of staff asked whether the person who lived at the home needed anything else while they offered support and reassurance.

We saw that people were given sufficient time and information for them to make choices and make decisions about the care and support they received. For example the food available to them and where they wanted to sit. We saw staff offer people protective clothing before they had their meals. If people choose not to wear an apron this was respected by staff members.

Staff we spoke with confirmed they had received training in privacy and dignity. We spoke with staff and they described measures they put in place. For example we saw staff knock on bedroom doors before they entered and wait for a response. One person told us that they liked to be on their own and that staff respected this. In addition we saw that bedroom doors were closed while staff provided personal care. A member of staff was vacuuming one of the corridor areas. As one person who lived at the home was poorly we witnessed the registered manager close fire doors while the task was undertaken. This was to afford the person and their family with a peaceful environment.

Is the service responsive?

Our findings

Throughout the inspection we found that staff responded in a timely manner to ensure people received care and support when it was needed. One person told us, "Staff get me up in the morning. I have a choice about when I get up". We heard call bells sound and found that these were answered without delay. One member of staff told us that in order to ensure people were safe, "People have their bells". We saw that people in their bedrooms had a call bell within easy reach. One person who lived at the home told us, "The staff answer the bell quickly when I need to get to the toilet".

One person who lived at the home told us, "The staff are very attentive to me". People who lived at the home told us that they were able to engage in different interest and pastimes. People could remember different events which had taken place and we were shown a number of photographs of events. These included events such as game of bowls, trips out and parties. We saw a member of staff assist two people with a jigsaw puzzle. They told us that they were happy with what they were doing and demonstrate a good relationship with the member of staff assisting and guiding them. We also saw a group of people looking over old photographs of Hereford. These

photographs generated some debate and memories of years gone by. One person told us that they liked to read newspapers and books. This meant that people were supported to follow their individual interests.

We found that people's care plans were reviewed and updated each month. The care plans we saw contained evidence that they had been up dated to reflect people's changing needs. We saw that care plans included the wishes of people who lived at the home as well as their personal history and feedback from relatives. Personal histories helped staff to support staff to provide personalised care to people.

We were told that people's religious needs were met at the home by having visiting clergy or religious representatives visit people who lived at the home.

People we spoke with were confident that their concerns would be taken seriously and that suitable action would be taken as a result. One person told us, "I have no complaints. If I did I would speak to a nurse. They are all very good." We saw that complaints received by the provider had been recorded with the outcome or action taken following investigation. Staff were able to describe the actions they would take in the event of anyone raising a complaint about the service provided with them. We saw that the provider had a complaints procedure in place. Information was displayed in the reception area. This meant that people had been listened to and action taken.

Is the service well-led?

Our findings

We found that people who lived at the home were cared for by a consistent staff team. Staff were found to understand the needs of people who lived at the home. It was evident from our observations that people recognised the registered manager. We saw people responded well and warmly with the registered manager when they were involved in their care and support. People's comments included, "The manager is very good". Relatives we spoke with were complimentary about the manager and the support they received. The registered manager was also responsible for another home on the same site. However, during our inspection we saw that they were available to people.

Staff we spoke with were complimentary about the registered manager and felt that the home was well organised. Staff were confident that they could speak with the registered manager as needed. In addition staff felt supported in the work they carried out. One member of staff described the manager as, "Helpful".

Staff confirmed that staff meetings took place where they had the opportunity to raise concerns or share in the improvement of the service provided to people living at the home. In addition management meetings had taken place to discuss improvements within the home. Prior to our inspection the provider had returned information which demonstrated improvements to the quality of the service. For example the provider had identified the need to improve on staff supervision. We found that this had taken place. This was confirmed by the staff we spoke with.

The registered manager was able to demonstrate an understanding of their responsibilities. This included keeping up to date with current guidance. For example we found that they had a good understanding of recent changes to how CQC inspects care providers. Information was available for staff to refer to. The registered manager had available details about the evidence sought by CQC during inspections and guidance as to what made a good service. In addition the registered manager was aware of forthcoming changes to regulations. This meant that the registered manager had ensured they were aware of changes that could affect the quality assessment of the provider.

The provider had received a range of comments on the service provided to people since opening. These included describing the staff as, "Excellent" and "Everybody (staff) is brilliant. Another person commented on a questionnaire, "Your staff are one of your strengths unfailingly helpful, kind". A compliment received by the provider read, "Wonderful care and great kindness shown with excellent care".

The registered manager had carried out audits on areas such as care plans. This was to ensure that they were accurate and relevant to people's current care needs. In addition they also looked at how many accidents or incidents had occurred since the previous audit had taken place. This was to see whether any patterns or risks could be identified in order to prevent incidents reoccurring.