Weatherstones House Care Limited

Weatherstones House Nursing Home

Inspection report

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Neston,
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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

The inspection was unannounced and took place on 28 September and 10 December 2015. This location was last inspected in March 2014 when it was found to be compliant with all the regulations which apply to a service of this type.

Weatherstones Nursing Home is a large sandstone detached property set in two acres of grounds. It is registered to provide care to frail older people. It is situated on the A540, close to the village of Willaston and the town of Neston. A private drive leads to the house with good parking facilities. The home has 24 bedrooms, 15 of which have en-suite facilities. There were 19 people living in the home at the time of our visits.

There are two floors with a passenger lift and staircase to the first floor. There are a variety of aids and adaptations around the building to allow residents to move about independently.

Summary of findings

There is a dining room and two lounges and a conservatory sitting area which overlooks the private gardens.

There is a registered manager at Weatherstones Nursing Home. 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.

We found that care was provided by a long term staff group in an environment which was friendly and homely. People were well supported by experienced well trained staff. All staff spoken with said they had received good training to help them to understand and care for people who lived at the home.

The relationships we saw were caring, respectful and dignified and the atmosphere was one of calm and comfort. Everyone in the service looked relaxed and comfortable with each other and with all of the staff.

Staff members had developed good relationships with people living at the home and care plans clearly identified people's needs, which ensured people received the care they wanted in the way they preferred.

Activities were provided when people wanted them and reflected the hobbies and interests of the people living at the home. The home employed an activity co-ordinator to ensure activities were also formally arranged.

Staff knew about the need to safeguard people and were provided with the right information they needed to do this. They knew what to do if they had a concern. There was sufficient staff to meet the needs of the people who lived in the home.

The home was generally clean and hygienic and adapted where required. People had their own bedrooms which they could personalise as they wished. However we saw some heavy soiling of communal carpets throughout the premises and the registered manager told us that a refurbishment of the home was due to take place and the communal carpets were to be replaced.

The registered manager had been registered as manager with CQC since 2014 and was fully conversant with the policies and practices of the home. Staff told us that they were very well supported by the management team who were transparent, knowledgeable and reliable and that the home was run in the very best interests of the people who lived there.

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 told us they understood how to recognise abuse or potential abuse and knew what to do if they had any concerns.

There was enough staff to meet people's needs.

There were effective systems in place to provide people with their medicines as prescribed and in a safe manner.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The principles of the Mental Capacity Act 2005 (MCA) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good

Is the service caring?
The service was caring.

There were caring relationships between the people using the service and the staff supporting them.

People were able to express their views and were involved in decisions about their care.

People's privacy, dignity and independence were respected.

Good

Is the service responsive?
The service was responsive.

People received prompt support when it was required.

People's care and treatment was planned and delivered in a way that treated them as individuals and met their needs. People were able to take part in activities which interested them and reflected their preferences.

Good

Is the service well-led?
The service was well led.

There was an open, caring atmosphere with an emphasis on team work and care which treated people as individuals.

The registered manager had identified areas for improvement and was carrying out the necessary actions.

Good

Summary of findings

Systems were in place to monitor and improve the quality of the service provided.

Weatherstones House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

The inspection took place on 28 September and 10 December 2015 and was unannounced on both occasions.

On the first day the inspection was undertaken by an adult social care inspector and an expert by experience. On the second day one adult social care inspector completed the inspection.

Before the inspection we checked with the local authority safeguarding and commissioning teams and the local branch of Healthwatch for any information they held about the service. The registered provider had sent us a Provider Information Return which we reviewed before the inspection together with reports form the local authority which commissioned services for the registered provider. We reviewed all this together with information already held by the Care Quality Commission (CQC) such as notifications of important incidents or changes to registration.

During the inspection we talked with 11 of the people who used the service and three of their relatives. People were not always able to communicate verbally with us but expressed themselves in other ways such as by gesture or expression. We talked with five staff members as well as the registered manager and deputy manager.

We also 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.

We looked at records including four care files as well as three staff files and audit reports.

We looked around the building and facilities and by invitation, looked in some people's bedrooms.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe living at the home. One person who was at risk of falls told us that staff were always aware when they moved about and were 'on hand' to make sure they were safe. We saw that staff took account of people's safety, for instance when helping them to move about the home. Staff used appropriate equipment to help people move, made sure they were positioned safely and explained all the time what they were doing.

A relative of a person who lived in the home told us that they were able to sleep at nights due to the fact they knew their loved one was safe and well cared for.

The registered manager had determined staffing levels based on assessed dependency levels, feedback from people, their relatives and staff. Staff rotas and other records showed staffing levels were consistent with one registered nurse being on duty day and night, three care staff on duty from 8.00am until 2.00pm and two care staff from 2.00pm until 8.00am. Care staff told us they were always busy but there was always the right number of care staff and nurses on duty. One visiting relative told us that staffing was fine and they felt that staff always had enough time to provide safe care in an unhurried way. We saw staff were able to carry out their duties in a calm, professional manner. If two care staff were needed to attend to a person, there were two available. We noted that the registered manager and her deputy were also on hand to assist if the need arose. We noted that the home had a very low staff turnover. Staff told us that this was because they liked working in the home and worked well as a team.

The registered manager told us that they were continually reviewing staffing levels in accordance with people's changing needs and the occupancy levels of the home.

Staff were aware of the risks to people of avoidable harm and abuse. They knew about the different types of abuse and were able to give us examples of signs and indicators they looked out for. They were informed about their responsibility to report any concerns, aware of the procedures to follow and confident that any concerns or allegations would be dealt with by the registered manager or her deputy. They were also aware of contacts in outside organisations where concerns about people's safety could be raised if necessary.

The registered manager arranged regular training for staff in safeguarding via the local authority and had appropriate procedures and policies in place. There had been no concerns or allegations raised since the last inspection but they were aware of their responsibilities to report and investigate them where appropriate.

The home had risk assessments and procedures in place to follow in the event of an emergency such as fire. Staff were aware of these and of how they should respond if the fire alarm sounded. The fire evacuation plan took into account the individual needs of people to include mobility issues.

Other risk assessments identified risks including those associated with first aid, activities and specific areas of the home such as the kitchen and laundry and conservatory. The assessments included a definition of risk, the likelihood of it occurring, the severity of its effect and control measures in place to manage and reduce the risk.

If accidents or incidents did occur staff completed a standard form which was reviewed and followed up. Steps were taken to prevent the same thing happening again and follow up actions were recorded. These included any treatment of wounds sustained in the accident and a period of observation in the days following a fall.

We discussed the recruitment process with the registered manager and found them to be robust. Staff files viewed showed that the necessary checks were made about the candidate's identity, previous employment, qualifications and suitability to work in a care setting.

Medicines were stored and handled safely. We observed part of a lunch time medicine round and noted suitable hygiene practices. The nurse encouraged people to take their medicines and recorded the outcome on the medicine administration record (MAR) sheet. We saw that people were offered prescribed pain relief when required. MAR sheets contained signatures of the staff to show they had read and observed the homes policy for safe handling and administration of medicines. There was a summary handover medication checking sheet which was signed by the nurse in charge at the end of each round. We checked four people's MAR sheets. They contained the person's name, photograph, date of birth and if they preferred to administer their own medicines. Records were accurate and up to date. "As required" medicines were recorded with

Good

Is the service safe?

the time, the nurses signature ad the reason for giving. There were separate charts for prescribed creams and ointments. Information was included about allergies and how to recognise if people were in pain.

Suitable arrangements were in place for storing medicines, including those that needed to be kept below room temperature. Staff checked and recorded the refrigerator temperature and the surrounding temperature where the medicines trolleys were kept. This made sure medicines were kept according to the manufacturer's instructions. Medicines trolleys were locked when not in use.

Effective infection prevention and control measures were in place to minimise the risk of the spread of infections. Systems were in place for managing cleaning materials and laundry. The home was visually clean and free from any unpleasant smells. We saw staff using disposable aprons and gloves as appropriate. There were adequate supplies of gloves and aprons available to ensure they could be disposed of between specific tasks. We asked about cleaning checklists and the registered manager told us that the checklists were in the process of change. She said that a new tick list was too be used to ensure that all cleaning work undertaken was more easily audited. However we saw some heavy soiling of communal carpets throughout the premises and the registered manager told us that a refurbishment of the home was due to take place and the communal carpets were to be replaced.

The home employed a maintenance person who carried out all essential service checks and dealt with any maintenance issues. Records showed that fire detection and alarm equipment, fire drills, water testing, room temperature checks and legionella testing were in place. We saw that there was a policy in place for supply failures such as gas or electricity and emergency contacts identified in the event of essential service failures.

Records showed that accidents and incidents were reported and investigated and feedback given to staff. We saw that the registered manager had introduced on the spot supervisions for any incidents that occurred. This included discussion with the staff member involved and an action plan and timescale identified for review if required. This enabled the registered manager to undertake an immediate audit, establish if there were any trends and take appropriate action in order to minimise risks.

Good

Is the service effective?

Our findings

People we spoke with were satisfied that staff had the skills and knowledge to support them. One person said "The staff are excellent they know what they are about". Other comments included "I came here because I know the staff are good at what they do" and "The girls (staff) understand my needs and I have felt better since I have been here". A relative of a person who lived in the home told us that the staff had exceeded their expectations. Comments included "I now believe in miracles, the staff have been so effective in proving care appropriate to need, they are angels".

People and their relatives raised no concerns about the ability of staff to support people according to their needs.

Relatives of people living in the home told us that GP visits or hospital appointments were arranged quickly and efficiently and they were kept informed of any changes to their family member's health and wellbeing.

Staff told us they were satisfied they received appropriate and timely training. We found that the registered manager had an induction training programme that was designed to ensure any new staff members had the skills and knowledge they needed to do their jobs effectively and competently. Following this initial induction and when the person actually started to work, they shadowed existing staff members and were not allowed to work unsupervised until the registered manager considered them competent to work on their own. Shadowing is where a new staff member works alongside either a senior or experienced staff member until they are competent and confident enough to work on their own. Staff spoken with confirmed that they had completed their induction and had shadowed a senior member of staff when they had started working at the home. The training matrix confirmed that all mandatory staff training was up to date. Staff told us that they were encouraged and supported to undertake extra training of their choice such as dementia and end of life care. The registered manager had identified a number of training courses which were provided by the local authority. She said staff were able to attend these courses and learn new skills or refresh their knowledge in areas such as the Mental Capacity Act 2005 and safeguarding vulnerable people.

We spoke with staff and asked them about staff supervisions and annual appraisals. Staff told us that supervisions were conducted by the registered manager or the deputy manager. Staff said the meetings provided them with the opportunity to discuss any issues or concerns they may have and any further training or development they may wish to undertake. We saw evidence of these meetings in the three staff files we looked at. The content of these meetings included a review of achievements, identified learning, challenges and personal development needs. One staff member said "We have regular supervision however you don't need to wait for your supervision to discuss anything with our manager- she is always around to listen". We noted however that the registered manager did not have a formal personal supervision in place. She advised that she had meetings with the registered provider but these were informal and not recorded. In discussion it was agreed that formalised supervision would be introduced with an agenda to ensure that her development needs, targets and support mechanisms were recorded on file.

Staff sought people's consent for care and treatment. Where people were able to consent, this was documented in care plans. People signed their consent forms if they were able to do so. Family members were involved in discussions when appropriate. Consent forms were in place for both day to day care and support and for other decisions such as whether to use bed rails if the person was at risk of falling from their bed.

Staff were able to tell us about the individual needs of people they were supporting. For example, what time of day people preferred to shower or have a bath, how they liked to be dressed and what they enjoyed doing during the day.

The Mental Capacity Act 2005 (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. People can only be deprived of their liberty to refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

Most of the people who lived in the home required some support to make decisions but all but one had been

Good

Is the service effective?

assessed as having the capacity to consent to their care and support. Records showed that staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff members we spoke with were clear about the rights afforded to people by this legislation but one staff member did not know what procedure would need to be followed if there was a service user who lacked the mental capacity to maintain their own safety. The registered manager said she would access further training for staff.

The registered manager was aware that when people needed support to make specific decisions, a 'best interest' meetings would be held which involved all the relevant people and representatives in the person's life.

People told us they chose what they wanted to eat and could have almost anything they wanted. Staff told us that they encouraged people to eat as healthily as possible but ultimately it was the person's choice. A record was kept of what people had eaten and people's weights were monitored to make sure they were maintaining a healthy body weight. One person's weight had been a concern. The staff member we spoke with explained what action had been taken and what staff had done to assist the person to maintain a healthy weight and this was clearly documented in their care plan. On the first day of the inspection we noted that a person living in the home appeared to be struggling to eat their meal with no apparent help. However on the second visit observations of the lunch time meal showed that staff were on hand to support people to eat their meal if required. Staff told us that they knew the wishes and capabilities of the people who lived in the home and also of their choice to retain their dignity. They said that some people would accept assistance and others would not.

Staff told us the menu offered was based on a four week cycle. It was circulated the day before so people could make their choices. If there was nothing that people liked they could have an alternative such as jacket potato, omelette or sandwich. One person told us they had a craving for onion and had requested a beef and onion sandwich which they said was delicious. The setting of the dining room was pleasant and the attitude and helpfulness of staff helped to make it an enjoyable experience for people. The food was nicely prepared and was served hot and promptly. If people were at risk or had difficulty swallowing, their food was prepared accordingly such as soft diet, pureed or smaller portions. We observed a member of staff describing to a person who lived in the home what was in a Manchester Tart as the person was not sure if she wanted a piece. We noted the staff member wrote the ingredients on a piece of paper, showed it to the person and displayed patience when doing so. The person looked at the information, decided to have some and told us it was "very good".

We saw that the home had been given five star rating for food hygiene by the local authority.

We looked at five care records, which provided evidence that people had access to health care professionals such as GPs, podiatrists, opticians and dieticians. We saw that staff monitored people's nutrition and hydration and if any concerns were identified food and fluid charts would be implemented to monitor food and fluid intake. Records in peoples care files showed hospital appointments and GP visits were arranged in a timely fashion.

Good

Is the service caring?

Our findings

We saw caring relationships between people and the staff who supported them. People described staff as kind and caring. Comments included "I am more than happy living here. The staff are kind and caring and I rave about this place to my friends", "The staff do well, they do everything I ask and are always pleasant", "Staff listen to me" and "Every staff member here is a star". A relative told us that the caring attitude quite staggered them as they did not expect such a high standard of personalised care. Their comments included "The care provided here is of such a high standard.. The staff really want to help people to maximise their life. The manager is kind and caring and this cascades to the staff. Wonderful caring people, I can't thank them enough".

We saw that people were treated with kindness. Staff explained what they were doing, and why, for instance when using a hoist to help a person move. One person had recently moved into the home and presented as being unhappy and unsettled. We saw staff sitting with the person providing information and reassurance and noted that the person responded in a positive way. Staff called people by their preferred names and had time for a chat or a joke with them whilst providing them with support. Staff made eye contact with people by getting down to the persons level if they were sitting. They spoke clearly and at a volume which could be heard but was not too loud. They used encouraging gestures and facial expressions and remained calm in all situations.

We saw that people were able to do things at their own pace. We heard a staff member say "Don't rush there is no hurry at all". Another staff member said "I just love my job, these people are like family, we treat them all with respect and love them to bits".

People told us they saw the registered manager and her deputy almost every day as they walked the floor and had a chat with them or just stopped to say hello. Staff told us that the registered manager and deputy undertook some care duties so they could keep up to date with the people's personal needs and the care and support required.

Staff kept people's families informed about their relatives care. These contacts were also recorded in people's care plans. People told us that all information about their relative was shared with them and they were consulted quickly if staff had any concerns about the physical or mental wellbeing of their family member.

Everybody we spoke with confirmed that they were able to make choices about their daily routines and they were 'in control' of their care. This included whether they stayed in their rooms or joined other people in the shared areas of the home, whether they had meals in the dining room or in the privacy of their own room and what they wanted to wear. One person told us they felt in control of their medicines. They said "I have been prescribed some pain relief which I take when I need it. I just tell the staff when I want it and they bring it to me".

People and their families were involved in advance care decisions, such as their care and support as they approached the end of their life. Advanced decisions ensure that people's views can be respected at a time when they might not be able to communicate them. The registered manager told us that a member of the nursing staff was trained in end of life care in which people were supported to have a comfortable, pain free, dignified and respectful death. The registered manager told us that more staff training would be available to care staff to enable them all to gain a qualification in end of life care.

People and their relatives all agreed that people were treated with dignity and their privacy and independence were respected. People told us staff always knocked on their doors and waited for a reply before they entered and they asked permission before they provided any care or support. We saw that staff treated people as individuals and took care about their appearance and clothing to maintain their dignity.

We saw that the home assisted people to ensure their spiritual needs were met. Records showed that weekly communion and monthly visits to Mothers Union meetings were provided for the people who wished to attend. Staff were aware of people's needs or preferences arising from their religious or cultural background and of some of the adjustments to people's care that could arise from this. The provider had a relevant policy about equality and diversity and care plans held details of any preferences arising from a person's religious or cultural background.

Good

Is the service responsive?

Our findings

People told us that they were satisfied with the care and support they received and said that staff responded quickly if they needed support. Comments included "We have pull alarms in our room and staff come quickly if we call", "I get up at different times and the girls (staff) know this. They come to me when I call" and "The staff are always on hand to help". One person told us that staff had provided them with a big button telephone to enable them to remain in contact with relatives and many of their overseas friends.

One person spoken with during our inspection said they were happy regarding the standard of care provided to their relative. They said that the home did not use agency staff and as a consequence there was continuity of care and effective communication between staff. Another family member said "I am so happy with the care provided, I cannot fault them. I call in most days and I am amazed at the way they provide such god care. This is beyond all my expectations".

We saw that prior to admission the registered manager or her deputy visited any person who wished to live at the home to undertake an assessment of need. This assessment identified what the person's needs were and whether the home could meet those needs.

We also saw that if a person was interested in living in Weatherstones they and/or their family were invited to visit the home for a look around and a chat.

Staff told us that when a person was admitted to the home a care plan was developed. We saw records to show that everyone had a care plan which identified people's choices, needs and abilities. The plans were used to guide staff as to how to involve people in their care and how they could support them to achieve a good quality of life.

The registered manager told us that all plans were person centred. She said that information gathered before admission to the home from the person, their family and any other professionals who were involved with the persons care would be recorded in a care plan prior to admission. She said that this information was added to following admission to include likes and dislikes, hobbies, interests, their wishes for their future care and end of life wishes.

We looked at people's care records which provided evidence that their needs were assessed prior to admission to the home. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate, responsive care. We saw information had been added to plans of care as appropriate, indicating that as people's needs changed the care plans were updated so that staff would have information about the most up to date care needed.

Care plans covered areas such as the person's general health, medicines and medical care, mobility and mental health. These were reviewed every month. There was also a monthly clinical governance audit which reviewed people being treated for pressure injuries, people who had lost significant weight, people admitted to hospital, incidents, accidents and complaints. Medical observations (temperature, blood pressure, pulse and weight) were made and recorded each month. Care plans were reviewed with the person's family as and when required.

We saw that people's care and treatment was changed in line with their changing needs. We noted that after a medication review with their GP, one person's medicines had been changed to "as required" from being prescribed daily. Another person's mobility and nutritional needs had improved. We saw that staff had amended the care plans and other records to ensure care was responsive to need.

People's wellbeing was promoted by appropriate activities and entertainments. The home employed an activities co-ordinator and we observed people taking part in an exercise class helping them maintain and improve body movement. We also saw people taking part in a word game and a quiz. People told us that the activities were good and included entertainment, arts and craft, pamper sessions and watching dog training taking part in the grounds of the home. One person told us that they went out with family and another person said "I like to take a walk in these beautiful grounds". Throughout our visit we saw people chatting, reading or participating in activities in a very pleasant environment.

Staff told us that the home used 'rummage boxes' and other forms of reminiscence to enable people to reflect on their past and gain enjoyment from recalling their memories.

People were aware that they could make comments or complaints about the service formally or informally. They

Good

Is the service responsive?

said they would have no issues about raising concerns with the register manager or any staff member. Visiting relatives were complimentary about communications with the registered manager and how she responded to comments. One relative said “She (manager) is an angel. She takes on board anything you say and constantly strives to improve the lives of the people who live here”.

The provider’s complaints procedure was displayed at the entrance to the home. There was a complaints file that showed that there had been no formal complaints made about the home in the past twelve months.

Good

Is the service well-led?

Our findings

People were most complimentary about the atmosphere and culture in the home. They found it welcoming and friendly. One said "This is a lovely. I chose it myself, I could have still lived at home but I knew this place would be an excellent place for me to live. It's warm, friendly and well run". Other comments included "I could not find anything wrong here if I tried", "The place is good, no criticism at all", "The staff and manager are always available" and "Sharon (manager) is very nice and I am happy here".

Relatives were happy with the communication they received both individually and by means of meetings and records of minutes. They said they were regularly consulted about the quality of the service.

Staff had responded positively to the appointment of the registered manager. Staff said that she "knew her stuff" as she had worked her way from carer to manager and understood everyone's role. They said that morale was good and staff were well supported. They said this could be seen by the very low turnover of staff they said "no one wants to leave".

The registered manager told us that their vison was to make sure people were cared for in a "lovely, warm, safe friendly environment". Staff told us that during meetings and supervisions team work was always on the agenda. They said that the registered manager emphasised team work and delivering care and support that treated people as individuals. A relative of a person who lived in the home told us that their relative's individual needs had been discussed, addressed and implemented by way of "excellent team work".

There was a clear management structure which identified roles, responsibilities and accountability for all the staff who worked at the home. Staff spoken with were fully aware of their line management and their own areas of responsibility to include lead roles in areas such as infection control, activities, cleaning and dementia care.

The registered manager and her deputy made themselves available to people and staff almost every day. This was well received with positive comments made by a number of people and their relatives. We saw that the registered manage had an action plan for improving the service. It identified actions to be taken, who was responsible, and progress so far. They told us they were supported by the provider in making the changes they had identified.

There were systems in place to request feedback on the quality of the service provided from people, their families and representatives and from visiting service providers. We saw the results from a survey undertaken in January 2015 and noted that all responses were positive about the staff and services provided.

There was a system of internal checks and audits in place to monitor the quality of the service. The audit timetable included clinical governance, resident dependency, medicines, care files, infection prevention and control, health and safety, equipment, cleaning and activities. In addition unannounced spot checks were undertaken by the registered manager and her deputy when they 'walked the floor'.

We were told that the registered manager had regular meetings with the provider to discuss quality monitoring issues. We were unable to see records of these meetings as minutes had not been taken. This was discussed with the registered manager and it was noted that she had raised this issue in her action plan and future management meetings would be recorded with minutes kept on file.