

Latham Lodge Limited

St Wilfrid's Hall Nursing Home

Inspection report

Foundry Lane
Halton On Lune
Lancaster
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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

This inspection visit took place on 28 July 2015 and was unannounced.

When we last inspected the service we found some areas where improvements were required. During this inspection visit we found legal requirements had been met.

St Wilfrid's Nursing Home is situated in the small village of Halton-on-Lune, just north of Lancaster. The home has

many historic features and is set in its own extensive grounds. Accommodation is provided on the ground and first floors. There are three lounges, a separate dining room, plus additional seating areas in the hall and on the first floor landing. The bedrooms all have a wash basin, with the majority having en-suite facility of a toilet and hand wash basin.

Summary of findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with told us they felt safe and their rights and dignity were respected.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

We looked at how the service was staffed. We found sufficient nursing and care staff levels were in place to provide the support people required. We saw the deployment of staff throughout the day was organised. We saw staff were available to support people when needed and call bells were answered quickly. One person we spoke with said, "I know I am very demanding but have found the staff are very patient and kind with me."

Care plans we looked at confirmed the registered manager had completed an assessment of people's support needs before they moved into the home. We saw people or a family member had been involved in the assessment and had consented to the support being provided. People we spoke with said they were happy with their care and they liked living at the home.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The cook had

information about people's dietary needs and these were being met. People who had been identified as being at risk from poor nutrition had a care worker allocated to assist them to eat their meals.

The environment was well maintained, clean and hygienic when we visited. No offensive odours were observed by any members of the inspection team. People living at the home said they were happy with the standard of hygiene in place.

People told us they were happy with the activities arranged to keep them entertained. The service employed a full time activities co-ordinator and a structured activities programme was in place. During the inspection visit we observed people and their visitors enjoying participating in activities organised in the morning and afternoon. One person who participated in the morning activity said, "That was great fun. We have all had a good laugh."

We found medication procedures in place were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place. People told us they received their medicines at the times they needed them.

The service had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Relevant staff had been trained to understand when an application should be made and in how to submit one. This meant that people would be safeguarded as required. When we undertook this inspection two applications had needed to be submitted. Appropriate procedures had been followed and (CQC) had been informed about the applications as required by law.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included questionnaires which were issued to people to encourage feedback about the service they had received. The people we spoke with during our inspection visit told us they were satisfied with the service they were receiving.

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.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

Good



Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People participated in a wide range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

St Wilfrid's Hall 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 visit took place on 28 July 2015 and was unannounced.

The inspection team consisted of three adult social care inspectors and an adult social care inspection manager.

Before our inspection visit on 28 July 2015 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of

people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered manager, six members of staff, five people who lived at the home, three visiting family members and a visiting healthcare professional. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called 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 the care records of seven people, recruitment records of three recently employed staff members, the duty rota, training matrix, menu's, records relating to the management of the home and the medication records of ten people.

Is the service safe?

Our findings

People we spoke with us told they felt safe when supported with their care. Our observations made during our inspection visit showed they were comfortable in the company of the staff supporting them. One person we spoke with said, "I am very happy with my care and feel completely safe when the staff are supporting me. I moved here from another home and this place is so much better."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and his staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure which was on display in the hallway. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct.

We looked into the care and treatment of one person who had been subject to an investigation under local safeguarding procedures. There was evidence that the registered manager had been open and transparent, had shared relevant information and participated actively in the process. This showed the service worked with other organisations to protect people who lived at the home from unsafe care or abusive practices.

We looked around the home and found it was clean, tidy and well-maintained. No offensive odours were observed by the inspection team. We observed staff making appropriate use of personal protective equipment such as gloves. Hand sanitising gel and hand washing facilities were available around the building, and were observed being used by staff and people visiting the home. The people we spoke with said they were happy with the standard of hygiene in home. One person we spoke with said, "The home is always clean and smells fresh whenever I visit. The cleaners work very hard in my opinion."

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. The fire alarm and fire doors had been

regularly checked to confirm they were working. During a tour of the building we found window retainers were in place and water temperatures were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

We looked at the recruitment procedures the registered manager had in place. We found relevant checks had been made before three new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The application form completed by the new employee's had a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers and details of any convictions recorded. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at the services duty rota, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people using the service. We saw the deployment of staff throughout the day was organised. People who had been identified as being at risk from poor nutrition had a care worker allocated to assist them to eat their meals. People who required support with their personal care needs received this in a timely and unhurried way. We saw staff undertaking tasks supporting people without feeling rushed. We observed requests for support were dealt with promptly and staff responded quickly to people requesting assistance through the homes call bell system. A visiting relative we spoke with said, "There is always plenty of staff on duty when I visit. I can always find someone to talk with about my [relatives] care which I find reassuring."

We saw staff assisting people with mobility problems. We observed two staff members transferring one person from their chair to a wheelchair using moving and handling equipment. The staff were patient and took care to ensure the person being supported was assisted safely. They spoke to the person constantly explaining what they were doing and provided the person with reassurance that they

Is the service safe?

were safe. Both staff members confirmed they had received mandatory moving and handling training and told us they felt competent when using moving and handling equipment.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. We also saw the registered manager had undertaken assessments of the environment and any equipment staff used when they supported people. Where potential risks had been identified the action taken by the service had been recorded.

We looked at how medicines were prepared and administered. The medicines administration record (MAR)

folders contained staff names and sample signatures. The MAR sheets were legible and did not contain any gaps. Where a medicine had not been administered, the appropriate code had been used. The sheets contained comprehensive details of people's allergies. Body maps were in use for those people who had a dermal method of drug administration, such as a patch. However, we did not see them used for people with topical drugs such as steroid creams. Controlled drugs had been appropriately received, recorded, stored and administered.

We observed medicines being administered at lunch time. The staff member used the 'no touch technique' and appropriate hand hygiene was observed. People were sensitively assisted as required and medicines were signed for after they had been administered.

Is the service effective?

Our findings

People who lived at the home and their visitors told us the care and support provided was good and people were happy. Our observations confirmed that the atmosphere was relaxed and people had freedom of movement around the building. Staff spoken with showed they had a good understanding of the care needs of people they supported. One staff member said, "We are fully informed about the assessed needs of people and the level of support they require. If changes are required to people's care for any reason we are informed."

We spoke with staff members and looked at individual training records. All staff members said they received thorough induction training on their appointment. They told us the training they received was provided at a good level and relevant to the work they undertake. One staff member said, "We receive mandatory training and are also supported by the manager to undertake extra training relevant to our role. I feel this is really important because we support people with varied needs."

Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, first aid, infection control and health and safety. Staff responsible for administering people's medicines had received medication training and had been assessed as being competent. Training to support people living with dementia was also being provided. Discussion with staff members and reviewing training records confirmed staff were provided with opportunities to access training to develop their skills. They told us this helped them to provide a better service for people they supported. Most had achieved or were working towards national care qualifications. People we spoke with told us they found the staff very professional in the way they supported them. They felt they were suitably trained and supervised.

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their training needs. They said they were encouraged to be open

about anything that may be causing them concern. One staff member said, "I've had regular supervision with the manager or one of the nurses. It's nice to get positive feedback about your work."

We found the staff team understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. People in the lounges had jugs of juice within easy reach to have a drink when required. Throughout the inspection we saw staff assisting people if they required a drink.

We saw laminated menu sheets in the dining area for the meals of the day which was accompanied by pictures of the food. We noted the menu provided people with a choice of meal. During the morning we observed a member of staff informing people about the choice of meals for lunch. We saw an alternative meal was offered if people decided they didn't like the choices available.

Lunch was served in two sittings to enable staff to support people who required assistance with their meals. We observed this was well managed and staff supported people in a dignified and timely manner. Staff were patient and offered verbal and physical prompts to people who were not eating to motivate them to eat their meal. The atmosphere during both sittings was relaxed with staff joking with people and encouraging conversation. The staff were attentive but did not rush people allowing them sufficient time to eat and enjoy their meal. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support staff provided people with their meals was organised and well managed.

We spoke with the cook who demonstrated she understood nutritional needs of the people who lived at the home. When we undertook this inspection there were five people having their diabetes controlled through their diet. Five people required a soft diet as they experienced swallowing difficulties. The cook was able to fortify foods as required. Portion sizes were different reflecting people's choice and capacity to eat. The cook told us she was informed about people's dietary needs when they moved into the home and if any changes occurred.

Is the service effective?

People spoken with after lunch told us the meals were very good. One person said, “The meals here are very good. They come around every day and tell you options available. I am having the fish today as it is always well cooked and presented.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Discussion with the registered manager confirmed he understood when an application should be made and in

how to submit one. This meant that people would be safeguarded as required. When we undertook this inspection the registered manager had completed two applications to request the local authority to undertake (DoLS) assessments for two people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

People’s healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs. A visiting healthcare professional told us staff at the home followed instructions given and they had no concerns about the care provided.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and the staff were caring towards them. Comments received included, "I cannot praise the staff enough. I moved here from another home and I am very happy. They are very caring towards me." Another person said, "Always got a pleasant word, they are very friendly."

At lunch time we carried out our Short Observational Framework for Inspection (SOFI) observations in the dining room. We saw staff were caring and treated people with dignity. Throughout lunch we saw positive interactions between staff and the people they were supporting. We noted people appeared relaxed and comfortable in the company of staff. People we spoke with during our observations told us they received the best possible care.

We observed staff members enquiring about people's comfort and welfare throughout the inspection visit and responded promptly if assistance was required. For example we saw staff asking people if they required assistance to the toilet or would like a cold drink. One person we spoke with said, "They cannot do enough for us."

We looked at care records of seven people. We saw evidence they had been involved with and were at the centre of developing their care plans. The people we spoke with told us they were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. Daily records being completed by staff members were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their care and daily routines.

For example, the care plan of one person had identified they were receiving end of life care. The person's daily notes had documented the person had experienced some unpleasant symptoms. After consulting with the person their General Practitioner (GP) was requested and attended the same day. Following the GP's visit the person agreed to have symptom treatment in hospital. This was a change from the earlier stated preferences of the person. This showed that staff understood and supported the person to change their decision according to their needs and preferences.

We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs.

Staff spoken with had an appreciation of people's individual needs around privacy and dignity. They told us that it was a high priority. Staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff demonstrated compassion towards the people in their care and treated them with respect.

Whilst walking around the home we observed staff members undertaking their duties. We noted they knocked on people's doors before entering. We spoke with people about how staff respected their privacy. One person said, "There are absolutely no issues whatsoever with staff respecting my privacy. They are very polite and courteous."

Before our inspection visit we received information from external agencies about the home. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. One person said, "I love it here. I can decide for myself what I want to do." One person visiting the home said, "The staff have always got a pleasant word whenever I visit. They are very friendly and helpful. My [relative] is well looked after."

We looked at care records of seven people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed with them and had identified what support they required and how they would like this to be provided. We saw people had been at the centre of planning and decision making about their care and the support provided had been tailored to meet their unique and individual requirements. One person we spoke with said, "This is a well run home, they have a caring ethic." Another person said, "The nursing staff are very good. They always let us know if my [relative] is unwell. I'm surprised how quickly they get a doctor."

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. The care plans had been signed by staff confirming they had read them and understood the support people required. We found the care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly.

The daily notes of one person showed they had a condition that required treatment. We saw evidence that there had been appropriate involvement of other health professionals, including an admission to hospital. We saw the registered manager had a clear visual recording system to help staff track the progress of the condition and this was regularly updated.

The service employed a full time activities co-ordinator who organised a wide range of activities to keep people entertained. The activities were structured and varied but also had a flexible timetable depending upon the mood of the people who lived at the home. On the day of our inspection visit we observed people and their visitors attending and enjoying activities in both the morning and afternoon. In the afternoon we observed around twelve people being skilfully engaged in a musical game. The co-ordinator took the time to support people individually and stimulated conversation and laughter. People were actively participating and their enjoyment was clear.

The activities co-ordinator told us her timetable also allowed one to one time with people who were being nursed in bed. This ensured people with more complex needs were supported on a daily basis with activities that were stimulating and supported their mental well-being.

Throughout our inspection visit people told us how much they enjoyed the activities they attended. One person we spoke with said, "I attend everything they organise. We have great fun and there is always plenty of laughter." Everyone spoke highly of the activities co-ordinator who we were told was very creative with the activities she organised. One person said, "She is absolutely brilliant, an asset to the place."

The registered manager had a complaints procedure which was made available to people on their admission to the home. We saw the complaints procedure was also on display in the hallway for the attention of people visiting. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and (CQC) had been provided should people wish to refer their concerns to those organisations.

People told us they were comfortable with complaining to staff or management when necessary. They told us their complaints were usually minor and soon acted upon. One person said, "Only complained once and my concerns were dealt with quickly and to my satisfaction."

Is the service well-led?

Our findings

Comments received from staff and people who lived at the home were positive about the registered manager's leadership. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. One member of staff said, "The manager is very good and very supportive with his time. He's an excellent manager who operates an open door policy. There is real camaraderie here and it is a nice place to work."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was well led and they got along well as a staff team and supported each other. People told us the atmosphere was relaxed, fair, and open. One person visiting the home said, "The staff are really good workers and seem to know what they are doing. They work as a team to the benefit of all. I feel it really is a well run service."

The registered manager had procedures in place to monitor the quality of the service being provided. Regular audits had been completed by the registered manager. These included monitoring the environment and

equipment, maintenance of the building, infection control, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

Staff meetings had been held to discuss the service being provided. We looked at the minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

We found the registered manager had sought the views of people about their care and the service provided by a variety of methods. These included resident and relative surveys completed in 2014.

The surveys had been summarised and although feedback was generally positive an action plan had been produced to address areas where people felt improvements could be made. This showed the service listened and responded to the views of the people they supported and their family members.

Records seen during the inspection visit confirmed appropriate supervisory arrangements were in place for staff members. The staff we spoke with told us they could express their views about the service in a private and formal manner. All staff members spoken with were aware of whistle blowing procedures should they wish to raise any concerns about the service. There was a culture of openness in the home to enable staff to question practice and suggest new ideas.