Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Wardington House Nursing Home

Wardington House, Wardington, Banbury, OX17 1SD

Tel: 01295750622

Date of Inspection: 24 October 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Wardington House Partnership
Registered Manager	Mr. George Tuthill
Overview of the service	Wardington House is a nursing home which can accommodate up to 60 people who require dementia nursing care. The provider is Wardington House Partnership.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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

What people told us and what we found

On the day of our visit 46 people living with dementia were using the service. 14 care staff were on duty along with administration, kitchen and support workers.

People had their health and welfare needs met, and people were very happy with the care provided. We spoke with two relatives of a person who had recently used the service. They had asked to speak to us. They told us that the service was excellent. One said "I am a healthcare professional myself so I know what I am looking for. This is a wonderful place and I have been most impressed. They are respectful and have promoted my mother in laws dignity, right to the end. Very professional and very caring". Another relative said "We had a really good relationship that allowed me to help my mother. I felt informed and involved throughout".

We spoke with seven members of care staff who told us the home had its own philosophy. One said "It is all about choices, the timing of events, meals, bedtime, bathing and activities. They get to choose". Another said "We promote a person centre approach that puts them first".

People were safe from abuse. All care staff had been trained in protecting vulnerable adults from abuse and knew what to do if they suspected abuse was occurring. One relative we spoke with who had recently lost their mother said "Oh yes, my mother was safe here".

We saw that the provider had appropriate recruitment and selection procedures in place and that they measured the quality of service they provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People who used the service had their privacy, dignity and independence respected.

Reasons for our judgement

People were respected and involved. We conducted a Short Observational framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed five people in the lounge for one hour during the morning. We observed that staff interacted with people in a positive way. Two people were asleep for much of the time. However, we saw that when a care worker walked past one person they stopped to check they were asleep. We saw one person was having breakfast. They were able to eat unaided but care workers frequently approached them and asked if they needed help and reminded them to drink. When they spoke to the person they crouched down to their eye level and made eye contact. They used the person's first name and spoke gently using warmth and showing genuine interest. The person responded with a smile and was able to tell them that they were fine. Another care worker asked if they were enjoying their meal and offered more food and drink. Before the care worker moved on they praised the person for eating their meal without assistance. We spoke with the care worker who told us the person could not always eat unaided. This showed us that people's independence was promoted.

We spoke with two relatives of a person who had recently passed away whilst living at the home. The relative's had asked to speak to us. One said "I am a healthcare professional myself so I know what I am looking for. This is a wonderful place and I have been most impressed. They are respectful and have promoted my mother in laws dignity, right to the end. Very professional and very caring". Another relative said "I felt involved in my mother's care. We had a really good relationship here that allowed me to help her myself".

We spoke with seven care staff. One nurse told how they encouraged care workers to involve people in their care. They said "I constantly remind my staff to promote a person centred approach. I tell them to take the care plan with them and use it. It reminds staff of people's needs and their individual quirks and ways. This makes them a person not a task to complete". One care worker said "it is choices all the time; meals, clothes, getting up or outings and activities. We always offer a choice and go with it". We saw a care worker asking people in the lounge if they wanted a newspaper. One said yes. The care worker picked up several papers and showed the person the front page of each paper. The

person chose the paper they wanted and this was placed on a small table in front of them. The care worker then asked if they wanted any help and the person declined and said they wanted to read alone. This showed us people were involved in their care and their privacy respected.

We looked at six care plans for people who used the service and saw they contained people's preferred name, their likes and dislikes and some personal history. We saw that one person was ex- military and care workers often used his rank with his name. He would smile at this and nod showing he recognised the reference. Another person was sat in the lounge. The activities facilitator asked them if they wanted some music played. They said yes. The activities facilitator picked out several CDs and offered the person a choice. Once they had chosen, the CD was then played quietly. The activities facilitator told us that this person liked music. We looked in the person's care plan and saw that this was noted. All the plans we saw were signed by the person's relatives. This showed us people's dignity was promoted and they were respected.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People who used the service experience, safe and appropriate care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's care reflected their needs, preferences and diversity. We conducted a Short Observational Framework for inspection (SOFI) and observed five people for one hour in the lounge area. During our observations two people were asleep. At one point one person started coughing and woke up. A care worker approached them and crouched down to speak to them. They asked if the person was alright and offered them a drink. The person accepted the drink and the care worker waited until they were finished. The care worker then went and got some tissues for the person and helped them wipe their mouth. All the time the care worker was speaking gently to them in a warm and genuine fashion. The care worker the re-filled the persons' glass and asked if they wanted anything else. The person shook their head and settled back to sleep. Another care worker entered the lounge and said hello. One person acknowledged this greeting and the care worker went to them and said "that's a nice smile, how are you today". The care worker then saw the person had a newspaper in front of them and began asking questions about the storms reported in the paper. This engaged the person and enabled them to collaborate with the care worker.

We spoke with seven care staff who told us how they care for people. The activities facilitator told us how they worked with people. They said "we know them so well, all their little ways, so it is easy to find the trigger that sparks their interest. They are all individuals so I treat them that way. This, along with lots of patience and respect, really gets results". One care worker said "I give them lots of attention and praise. I hold hands and give them gentle hugs and I am always talking to them. It lets them know I am here and gets their attention. It makes me feel as if I am doing something really worthwhile".

We observed one person being hoisted from their wheelchair into an arm chair. Two care workers attended the person and explained the process to them before commencing the transfer. During the transfer the care workers reassured the person and praised them. The transfer was conducted in a caring and calm fashion. At no time did the person become agitated or distressed. We checked the training records and noted that all care workers had been trained in moving and handling. We saw one person had a selection of finger foods available to them. We asked a care worker about this and they told us the person was at risk of losing weight. The finger foods were a favourite of the person and this was being used to supplement their main meals. We checked the person's care plan and saw

that their weight was being regularly monitored and that it was currently stable. The plan also noted the person should be offered finger food and regular meals. There were also instructions that they were to be given full fat milk. We spoke to the catering staff, who were aware of this person's needs and we saw that the diet sheet in the kitchen reflected the care plan. This showed us that the safety and the needs of people were being met.

We looked at six care plans and saw they were person centred. All the plans were maintained, up to date and signed. Guidance notes for care workers gave a clear picture of the person's needs, abilities and the degree of assistance people required. One noted 'needs assistance with tying laces'. Another noted 'only help with getting dressed if asked'. This showed us that people's plans were individual and person centred.

Risks were managed appropriately. We saw that all risks were graded and risk reduction actions were listed. We looked at one risk for falls. The person was mobile and independent but at risk of falling. The risk reduction measure stated 'to wear tote socks only' These socks have a non-slip sole. We checked this with care workers who were all aware of the risk and the need for the person to wear these socks. When we saw this person they were wearing tote socks. All risks were reviewed when circumstances changed or at three monthly intervals.
People's person hood was maintained through activities. We saw a range of activities was available to people. This included, card games, indoor ball games and music and singing. The home provided secure garden areas that the people had free access to throughout the day. We saw that there were links with the local community. Garden parties were held and religious services conducted in the home by the local vicar and priest. There was also a mini bus that was used for outings. The activities facilitator told us they had 'theme days'. They said "We recently had a rainbow day. Everybody wore bright colours and we painted pictures and made things to put on the wall. It was very popular and great fun for both residents and staff".

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from abuse, or the risk of abuse, and their human rights were respected and upheld.

Reasons for our judgement

People were safe from the risk of abuse. We spoke with two relatives and asked them about safeguarding vulnerable adults. One said "my mother in law was perfectly safe here. I definitely had no concerns on that score". Another said "completely safe here".

We spoke with seven care staff about safeguarding vulnerable adults. All the care staff we spoke with demonstrated a good knowledge of abuse and the risks of abuse. They also told us what they would do if they suspected abuse was occurring. One care worker said "I would go straight to my nurse and report it". Another said "I would tell the matron or go to the council". One nurse told us how they promote people's safety. They said "I always remind my staff it is their responsibility to report what they see. It keeps people safe and fosters a professional and open way of working in the team. I have every confidence in my staff".

We looked at the training records and saw that all care staff had been trained in safeguarding vulnerable adults during induction training and at subsequent refresher training. The provider also had a safeguarding policy that gave clear guidance for all staff on what to do if they suspected abuse was occurring. This included contact details for advice lines and government bodies. We saw evidence that the provider contacted and worked with Oxfordshire County Council (OCC) safeguarding team where appropriate. This meant the provider had taken steps to keep people were safe.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

The provider had effective recruitment and selection procedures in place.

Reasons for our judgement

People who used the service were safe and their health and welfare needs were met by care staff who were fit, appropriately qualified and were physically and mentally able to do their job.

We spoke with seven care staff and asked them about recruitment and selection. One nurse said "I have worked here a while now but I remember I had the usual checks, references and police clearance before I started". One care worker said "They checked my background and I had an interview. I then did induction training before I started work".

We looked at three care workers files and saw that each contained the original application form and interview notes. We saw that there were no gaps in care workers work history. The interview scored and graded care workers answers to questions and one section we saw focussed on communication skills. This was also scored and graded. We saw evidence of proof of identity and proof of address. Nurses registration numbers were also recorded and checked. The file also contained a fitness declaration signed by the care worker. This showed us the provider had a robust selection process in place.

Each file contained two references, one of which was from the previous employer, or in one case a school. We also saw Criminal Bureau Records (CRB) and Disclosure Barring Service (DBS) checks had been carried out. This showed us the provider had checked that the care workers were of good character.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

People who used the service benefitted from safe, quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

Reasons for our judgement

The provider took account of comments and complaints. We looked at complaints for the service and noticed there were very few. We saw there had been no complaints since 2012 and all complaints had been resolved. The provider's policy on complaints stated they would respond to complaints within seven days and investigate within 28 days. All complaints had been resolved in line with this policy. We saw evidence that several relatives had commented on the state of the homes driveway area and as a result the provider had taken steps to have the driveway re-laid with tarmac.

Accidents and incidents were appropriately managed. All accidents and incidents were recorded and we saw evidence that they were investigated to reduce risk. One incident related to a person who became angry and challenging when tired. The recommendation stated 'person appears more cross when tired so better to encourage them to their room a little earlier'.

We looked at audits for the service and noted they were conducted regularly with follow up actions being carried forward and dealt with. We looked at the 'care plan review' audit. This covered the general condition of the notes, care plan assessments, risk assessments and prescription charts and allergies. One action noted that the person's next of kin details were not recorded in the plan. We saw evidence that this had been completed. We also looked at the 'pre-employment checks' audit. This ensured that all the relevant checks prior to care staff commencing work had been carried out. We saw the results of the audit and noted that all checks had been consistently completed. This showed us the provider monitored its systems.

The provider monitored the service it provided. Annual quality assurance surveys were conducted. Relatives were asked about issues including philosophy of the service, staff, nursing care, housekeeping, food, activities, home and gardens and administration. We saw the results for 2012 and noted that the responses were very positive and rated the service highly. One comment we saw stated 'communication, very good. The staff are excellent at keeping in touch'.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk