

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

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2013

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
Supporting 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, Wardington House partnership is registered with the commission to provide the following regulated activities at this location: Accommodation for persons who require nursing or personal care; Diagnostic screening procedures;and, treatment of disease, disorder or injury.
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

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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 22 February 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff and reviewed information we asked the provider to send to us.

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

. We conducted a Short Observational Framework for Inspection exercise and observed positive interactions between care staff and people who use the service. Staff were polite, respectful and friendly towards the people in the home and they took time to talk to them in a caring and patient way.

People using the service were able to get up when they wanted and breakfast and drinks were available throughout the morning. They were able to have meals in their rooms or in the dinning room. They were also able to choose what time they went to bed.

We spoke to six staff members, all of whom showed a good level of knowledge concerning the people they care for. All the staff we spoke to were aware of the needs of the people and they said that there was always enough staff on duty to allow them to spend time with the people they care for. All staff members we spoke to said they had been trained in Dementia care.

We looked at six care plans. The plans addressed the needs of the people using the service and supported them, demonstrating input from family and relatives.

We looked at records and found that staff were recruited correctly and had recieved the appropriate training and support to enable them to deliver an appropriate level of care at the home.

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 were treated with consideration and respect and their experiences were taken into account in the way the service was provided and delivered in relation to their care. The provider was meeting this essential standard.

Reasons for our judgement

We conducted a Short Observational Framework for Inspection exercise and observed positive interactions between care staff and people who use the service. Staff were polite, respectful and friendly towards the people in the home and they took time to talk to them in a caring and patient way.

We observed medications being administered in a caring and involving way where the nurse treated the person with respect and dignity. They explained what they were doing and took time to ensure the person was aware of what was happening and was happy to continue with the process.

We looked at six care plans. Each demonstrated that the persons relatives had been involved in writing the plan. One plan recorded discussions with a relative regarding the need for the person using the service to be moved to different room to help with their care and provide a safer environment in a more spacious room, sharing with other service users. The plans showed the service users preferences and how they changed. All involvement of the relatives had been recorded in the plan. This meant that the service user was supported in the most appropriate way for their individual needs.

The home provided a wide range of activities throughout the week. The Activities team leader was trained in dementia care and the activities were designed to engage and stimulate the people, either in a group or in a one to one environment. The activities programme included dancing, singing and listening to music, arts crafts and games, story and poetry reading and visits from outside activity providers. People using the service were regularly taken out of the home into the local community and the home provided unlimited access to the grounds and gardens. Music played in the home was age appropriate and was set at an appropriate volume.

People using the service were able to get up when they wanted and breakfast and drinks were available throughout the morning. They were able to have meals in their rooms or in the dinning room. They were also able to choose what time they went to bed.

The rooms were modern, light and airy and had been personalised by the people using the service. We observed staff being respectful by knocking and waiting for an answer before entering a persons room.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this essential standard.

Reasons for our judgement

We spoke to six staff members, all of whom showed a good level of knowledge concerning the people they care for. All the staff we spoke to were aware of the needs of the people and they said that there was always enough staff on duty to allow them to spend time with the people they care for. All staff members we spoke to said they had been trained in Dementia care.

At lunchtime we observed staff taking time with people, talking to them whilst helping them with their meals, all at the service users own pace. The food we saw was of a high quality with a choice of menu and individual needs and choices were being met and recorded.

We conducted a Short Observational for Inspection exercise and found that peoples individual needs were being met. One person using the service did not want to eat the breakfast they had chosen so a carer replaced it with an acceptable alternative. We saw that there was sufficient staff on duty to ensure that those people using the service were safe and that there was always someone close at hand to attend to their needs.

We looked at six care plans. All the care plans we looked at contained clear information on the needs of the person using the service. Included, were the persons personal preferences regarding food, activities and day to day living. There were also risk assessments that were reviewed monthly and were up to date, including, risk of falls, mobility, medication needs and nutrition.

We saw documents within the care plans that gave a good insight into the person. This covered covered up to 16 areas. These documents were reviewed monthly. The provider may wish to note that we felt the document should be re-designed due to the number of review dates and signatures on the sheet.

Separate day and night care plans were in the folder and all were reviewed monthly and up to date.

Visits by GPs and other professionals were recorded separately in the care plans and any changes to care were recorded in the plan.

We saw a range of activities taking place that were designed to engage and stimulate people. We saw the activities team leader with a person using the service. The team leader was using items such as soap, a sponge and a feather to stimulate the person using touch, smell and colour, which prompted conversation and involvement.

The service has a policy under the heading "Restraint" which highlights the Mental Capacity Act and Deprivation of Liberties Safeguards. We saw evidence that regular review meetings took place which included management and members of staff. The opinions of other concerned parties were gathered and taken to the meetings.

The matron stated that none of the people currently in the home have any DOLS applications and the registered manager said they had never had to make such an application. The matron also told us that they do not use any restraints at the home. During our visit we saw no evidence of restraints being used. We asked the registered manager about their policy on "Do Not Attempt Resuscitation" and we were told that whilst it was not yet in place discussions were at the advanced stage and that it would be completed shortly.



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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The Provider was meeting this essential standard.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

On our visit we saw the safeguarding policy. Staff members told us that they had received safeguarding training on their induction. We spoke with staff members and they were able to demonstrate a good understanding of abuse issues and knew what to do if they witnessed or suspected abuse.

Staff we spoke too also had a good knowledge and understanding of "Whistleblowing".

We also saw a "Whistleblowing" statement contained within the Safeguarding policy.

We looked at the training records and out of 97 staff listed, 93 had recieved safeguarding training.

We looked at the providers incident records and found them to be complete and correct.

There had only been one minor incident since the last inspection visit.

We spoke to the matron who told us that they do not use restraints at the home and during our visit we found no evidence of restraints having been used.

One care plan highlighted that the person using the service sometimes became agitated and challenging. A plan was put in place that provided the person with the space and quiet they needed which would safeguard them and other service users.

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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.

We found that the provider has adequate systems in place to ensure that effective recruitment processes are followed.

The provider is meeting this essential standard.

Reasons for our judgement

We looked at three members of staff personal files and spoke to six members of staff. All the personal files we looked at contained two references, CRB checks, identification checks including passports and/or driving licences, proof of address and health declarations. They also contained the original application forms and the interview notes. Qualifications were listed in the files. All were found to be correct.

We spoke to six members of staff. All confirmed they had completed application forms and had provided references.

They also said that they had CRB checks and that they had complete an induction programme.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The Provider was meeting this essential standard.

Reasons for our judgement

Staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications. We saw that the majority of staff had completed the mandatory training and refresher courses in line with the policy of the home. We found that the training records were comprehensive and up to date.

One member of staff told us that they had just started QCF training and that they have a mentor to report who is helping them with the qualification. Another member of staff said they were due to start training as a mentor in the near future.

Staff members told us that communication within the team was good. They said that they felt there was always plenty of support from the team they worked with as well as the manager and matron.

We spoke to two nurses who told us they supervise the carers in their team and whilst they could not state that formal supervision meetings took place they said that they monitor and appraise carers on their team regularly. The carers we spoke to confirmed this.

The nurses said they were supervised by the matron but that no regular, formal supervision meetings took place. Supervision meetings were frequent but informal.

The registered manager showed us a system for supervision that invited the member of staff to attend a Professional Development and Appraisal meeting. The letter sent to the member of staff enclosed their training record and invited them to consider further training or development. This letter is sent to all staff annually.

We suggested a system of formal, documented supervision and personal development meetings for all staff should be implemented and the registered manager noted this and agreed to review their current policy.

The staff we spoke too told us that they felt there was nearly always enough staff on duty to them to carry out their duties properly and they said that they felt staff sickness and absence was very low.

The registered manager and the matron told us that neither of them could remember an occasion where they had needed to use agency staff.

The staff we spoke too said they had meetings but were unsure as to whether the meetings were minuted. They did say that they felt communication was good and that both the registered manager and the matron were visible and very approachable.

We spoke to two nurses who told us that they hold briefings at every handover and that information is then passed on to the carers in the team.

All the staff we spoke too were happy to be working at the home and we observed a

happy, cheerful atmosphere that extended to the people using the service.

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.

The provider has effective systems in place to assess and monitor quality. The provider is meeting this essential standard.

Reasons for our judgement

The provider had an effective system in place to identify, assess and manage the risks to health, safety and welfare of the people using the service and others.

We looked at six care plans. The plans contained risk assessments that were reviewed monthly and they were up to date and correct. The risk assessments related to the health safety and welfare of the service users.

One plan documented how a person was moved from a single room to a shared room for their benefit. Relatives of the person were involved in the decision process along with input from nurses and care staff and all the risk assessments were reviewed and updated.

Regular surveys were sent to relatives of people using the service and we found that approximately 40% of relatives responded. The results we saw were very positive of the service provided.

We noted that there was not a system in place for the provider to feedback to the relatives the results of the survey, or responses to suggestions made by relatives. the provider has noted this and is looking to address this in the near future.

We observed the registered manager and the matron spending a lot of time around the staff and service users. Staff told us that they were both very approachable and would listen to suggestions and comments from staff, relatives and service users.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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