

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

Wren Hall Nursing Home

234 Nottingham Road, Selston, Nottingham,
NG16 6AB

Tel: 01773581203

Date of Inspections: 23 April 2013
06 February 2013

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

Details about this location

Registered Provider	Wren Hall Nursing Home Limited
Registered Manager	Ms. Anita Astle
Overview of the service	Wren Hall Nursing Home is located in Selston, a village in the district of Ashfield 14 miles north of Nottingham. It offers accommodation for up to 53 persons. It is registered to care of people who need nursing or personal care.
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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Supporting workers	11
Assessing and monitoring the quality of service provision	13
Records	15
<hr/>	
About CQC Inspections	16
<hr/>	
How we define our judgements	17
<hr/>	
Glossary of terms we use in this report	19
<hr/>	
Contact us	21

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 6 February 2013 and 23 April 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 people who use the service, 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

Due to the complex needs of some people living at Wren Hall Nursing Home they were unable to talk with us. We therefore 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. We carried out this observation for a period of one hour over the lunch time period.

We saw staff respected people's privacy and dignity at all times. We found people who use the service were given information and support regarding their care to enable them to make an informed choice.

We looked at a number of care files. The plans of care were personalised and reflected people's choices and preferences. Relevant risk assessments were in place and family members had been involved with the care planning.

We spoke with six relatives they were complimentary towards the staff. One relative said, "My husband has been at his best since he has been here." Another relative said, "The staff are lovely."

Staff had a good understanding regarding safeguarding concerns and who they should report to and staff told us they felt supported by the management team at all times.

Records were accurate and fit for purpose.

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's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We saw staff respected people's privacy and dignity at all times, for example, they were seen to knock on people's doors before they entered their rooms. We also saw they offered people choices in respect of the care and support they received.

We found people who use the service were given information and support regarding their care to enable them to make an informed choice about whether they chose to use the service. We saw within plans of care that pre-admission assessments had taken place to ensure people could be assured that staff could meet their needs before they made a decision to move into the home.

We also saw the home's statement of purpose contained some useful information that may assist people in making any decision about the service and their care. The brochure was in a smaller print; however the manager told us that this was available in larger print and alternative formats if needed. They told us that time was spent with people and their relatives prior to them making a decision to move into the home, so they could ask any questions and receive all the information they required.

There was evidence that people or their relatives were involved in the assessment and care planning process as personalised information had been obtained and people or their relatives had signed their plans of care after these had been implemented. There was some information within people's care files to show reviews of people's care were taking place. This meant that people could express their views and be involved in decisions about their care and treatment.

We found there was evidence of people's diverse needs such as their religion and sexuality being considered and met within plans of care. This meant that people's diverse needs were acknowledged and they were supported to meet these.

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.

Reasons for our judgement

Peoples' needs were assessed and care and support was planned and delivered in line with their individual requirements or in a way that protected their diverse needs. We looked at seven people's care files and found assessment of people's needs had taken place. The plan of care was personalised and reflected people's choices and preferences. There was a life history available to demonstrate what was important to people and this was reflected within their plan of care. We saw that staff were maintaining this in their care practices and activities that people undertook.

We found there was an assessment of people's needs to ensure relevant plans of care were in place. The plans contained good information to ensure staff were able to meet people's needs. We saw evidence that care plans were being reviewed and updated. We found that relevant risk assessments were in place to ensure people and others were protected as needed.

There was evidence of the use of the Mental Capacity Act to ensure staff were ensuring people's rights and choices were maintained as needed and decisions were made in their best interest. There was evidence of liaison with people's relatives in regard to the care and approaches that staff may need to undertake to manage their behaviour.

The manager had identified that further development within people's care files could take place; she had therefore put a system in place. There was evidence of time being given on the staff duty rota to enable this process.

There was evidence that specialist practitioners such as the doctor and dementia outreach team were involved in people's care and treatment when necessary.

We saw the environment was brightly decorated and there was a lot of stimulating things to look at and do. We found there were a variety of activities available to people to join in should they wish. Staff participated in one to one activities with people and they told us they were setting up an activity box for each person, which would contain their own personal activities preferences. This empowered people and enabled their uniqueness and individuality to be valued. These people spent time in a positive mood as they showed

obvious enjoyment and pleasure from these activities.

During our SOFI observation we saw that staff interacted well with people and they were kind and caring. We observed good interactions and staff spent time talking with people about things that mattered to them. Staff showed empathy and provided people with reassurance as needed. When one person was anxious staff spent time trying to reassure them, when this did not work, the staff member changed the response and used diversional therapy well, which settled the person.

A relative we spoke with told us how their family member's wellbeing had improved since coming to live at Wren Hall. Another relative said, "The care is brilliant." Another relative told us, "The care here is brilliant, I can't fault it. My relative needs support to eat and staff give this support. I have seen them offer a variety of food and try different things when food has been refused. Staff are always entertaining people and having a sing-a-long. I wouldn't want my relative anywhere else but here."

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 all reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We found that people who use the service were protected from the risk of abuse, because the provider had taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening. We found there was guidance in place in regard to safeguarding vulnerable adults to ensure staff and the provider were aware of the appropriate responses they would need to take should any allegations of abuse be reported.

We saw that the training chart was currently being analysed to identify any staff who needed training or updated training in safeguarding vulnerable adults. We found most staff had received training to ensure they had the relevant knowledge and skills to keep people safe.

Staff spoken with confirmed they had received recent training in how to safeguard vulnerable adults from abuse. They were all able to tell us how they would respond to allegations or incidents of abuse and they knew the lines of reporting in the organisation.

The staff we spoke with also knew about their role in relation to 'whistle blowing', a procedure for staff to follow should they suspect or witness poor practice. Staff knew how to blow the whistle and said they would do so if they needed to. None of the staff we spoke with had witnessed any poor practice in the home.

We found the manager had reported issues of concern to the Local Authority when they had suspected abuse, to ensure these were investigated appropriately. The provider may find it useful to note that one person had been admitted to the home and staff had noted bruising and recorded this appropriately but had not reported this bruising to the Local Authority. A referral for people admitted with bruising would ensure people using other services would be protected from the risk of abuse.

We found there was a policy in place in regard to the use of restraint. The manager told us that staff would always use the least restrictive approach to support someone with challenging behaviour to ensure their safety and the safety of staff. There was evidence of staff undertaking training in 'None Violent Crisis Intervention' on 8 September 2012 and 8

October 2012 to ensure they had the necessary knowledge and skills to support people appropriately should they need to use restraint. We saw that some staff had received training prior to this in the year 2009. The manager told us that training in restraint would also be included in the manual handling training as part of safe practices. We saw where discussions had taken place with a family prior to the use of restraints being used and this was recorded on the person's care plan.

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.

Reasons for our judgement

We found that staff received appropriate professional development. The induction that was in place for new staff was in depth to ensure they had a good introduction to meeting the needs of people using the service and to ensure they were fully aware of their roles and responsibilities.

We looked at six staff files and we saw evidence that staff had undertaken an induction. Staff we spoke with confirmed they had completed an induction when they first started working at the home.

Arrangements were in place for staff to receive supervision. One staff member told us they had clinical supervision on a monthly basis. We saw evidence that supervision was taking place on a monthly basis. We were told by the manager and senior staff that appraisals were completed yearly and reviewed every six months. Staff we spoke with confirmed they did participate in a yearly appraisal and discussions were recorded.

The manager also told us they use a 360 appraisal system for senior members of staff. 360 appraisals are employee development feedback which comes from all the staff working with the employee. This helps individuals gain a realistic view of how others perceive them and improves communications within their team.

We saw staff meetings were taking place and staff confirmed they had attended these meetings. The manager demonstrated that they informed staff when changes were taking place regarding working practices and the expectations for the home. They said each member of staff was contacted individually on 16 January 2013. We saw a copy of the correspondence that had been sent out.

We found that staff training was currently being audited to ensure a clear picture of what training staff had completed to date and any additional training needed was identified. We saw that work was in progress to devise a training plan for the year to ensure all staff had covered the necessary training. The staff training chart and the training plan for the previous year showed that good levels of training were maintained in a wide variety of subject areas such as manual handling, palliative care, dementia care and tissue viability

to ensure staff had the necessary skills and qualifications to carry out their job role. We saw copies of certificates staff had obtained on their individual staff files.

One member of staff told us they felt supported and that they were provided with all the training they needed to carry out their job role. Another member of staff said, "We are well supported by colleagues and senior staff, there is an open relationship between staff; all underpinned by access to the managing director." This ensures staff were properly supported to provide care and treatment to people who use 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 had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

Reasons for our judgement

We saw that quality audits took place to monitor the service to ensure the health safety and welfare of people. These covered areas such as the environment, medication, care planning and staff personnel files. There was evidence to show that any areas for improvement had been identified and actions needed to be taken recorded and acted upon.

We saw training offered to staff covered a wide variety of subjects including compulsory training such as health and safety, manual handling and first aid. We saw the staff training chart kept a record of all the staff training attended and the additional training that staff needed to attend to ensure they had the necessary skills to support people using the service effectively.

During our visit we noted that one person's call bell rang for 20 minutes and another person's rang for 35 minutes without these being turned off. We checked on one of these people and they had not required assistance and they were unaware that they had pressed the call bell. We alerted staff to the second call bell so this could be answered. Although there was no negative impact on these two occasions we discussed this with the manager. The manager informed us they had requested an analysis of call bell answering times from the service provider. However these had not been received. Therefore the manager contacted the service provider to request these again so that this area could be monitored and any relevant action taken in future.

We found there was evidence to show that people, their representatives and staff were asked for their views about their care and treatment. Staff told us they felt they could voice their views and had the opportunity to contribute on how the service was run.

We saw questionnaires had been sent to people and their relatives last year. The results of these had been collated and summarised so as to see what the service was doing well and where it needed to improve. We found an action plan had been put into place to address areas of improvements and to acknowledge suggestions made by people. This

meant that the service was listening to the views and opinions expressed by people using the service and their relatives. The manager told us that they undertook dementia care mapping to evidence the wellbeing of those people who were unable to express their own views.

We saw meetings took place for people and their relatives so they could provide feedback about how the service was run. We saw copies of the minutes of the meetings and saw people were supported to voice their opinions of the service.

The provider took account of complaints and comments to improve the service. We saw that a complaints procedure was in place which outlined the action that people could take should they have a concern or complaint. The complaints log demonstrated the provider investigated concerns and complaints in accordance with their complaints policies and procedures. Each complaint was recorded in the complaints log and we saw appropriate documentation which cross referenced and matched these records.

People we spoke with did not raise any concerns with us during our visit. They were very positive about the quality of care provided. One relative said, "It is a home from home environment." Another relative said, "I can chat to any member of staff, they always listen."

We saw a suggestion box in the foyer and comment card 'How did we do' were made available for visitors and people who used the service. Staff also frequently used this method of making suggestions and commenting on the service.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We looked at four care files and we saw information was recorded on people's care plans, which were appropriate to meet their needs. Records were kept mainly electronically and the person in charge told us the files were backed up as and when required to ensure they were kept safely.

We saw staff were keeping records of incidents and recording people's daily activities appropriately. The provider may find it useful to note that we saw one person had sustained an injury and the nurse had failed to record the follow up action taken to address this injury. A safeguarding alert had been made to the local authority but the referral had not been recorded on the incident records. Recording of this information would give evidence that the appropriate healthcare was sought and the relevant referrals made.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We looked at five staff files which contained the appropriate records for recruitment. Accurate records were kept in relation to audits of the environment, medication, care planning and staff personnel files.

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.

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