Inspection Report

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

Wantage Nursing Home

Garston Lane, Wantage, OX12 7AR

Tel: 01235774320

Date of Inspection: 24 October 2012

Date of Publication: December 2012

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✖ Action needed
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✖ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Sanctuary Care Limited
Overview of the service	Wantage Nursing Home is a care home with nursing that offers care for up to fifty people. Thirty of the beds are for people with dementia nursing care needs.
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

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 2012, 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 and talked with staff.

What people told us and what we found

Comments made by relative's included "very good home","mum has put on weight and has made friends","very supportive staff","care staff are very good","communication could be better, messages are not always passed on","some staff are better than others" and "hopefully things will improve when the new manager is here".

We saw that a compliance audit had been completed monthiy, this included checking records relating to personalised treatment and support. In October 2012 five care plans were examined and all were incomplete.

People told us that they were satisfied with the care provided by the two local GP surgeries, one of which visits the home on a weekly basis, other healthcare professionals visit as appropriate. We were told that regular resident and relatives meetings took place, this could not be evidenced.

We observed staff assisting people with their meal in a discreet and dignified manner.

We spoke with several members of staff, who had a good understanding about safeguarding adults and how to report them appropriately.

We saw evidence of regular audits undertaken and management of medication was fully compliant.

Staff that we spoke with said that there were not sufficient staff on each shift, a high percentage of people require two staff to provide hoisting, at least eight people on the general nursing unit, which meant that other people did not receive care when needed.

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

What we have told the provider to do

We have asked the provider to send us a report by 26 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Wantage Nursing Home was falling to protect people who live in the home against risks associated with care that is inappropriate or unsafe. Care plans and risk assessments were poorly maintained not sufficiently detailed or personalised.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People that we spoke with said they were satisfied with the level of care. Comments made by relative's were mainly positive and included "very good home","mum has put on weight and has made friends","very supportive staff","care staff are very good". Other comments received " communication could be better, messages are not always passed on","some staff are better than others" and "hopefully things will improve when the new manager is here".

The provider had notified the commission, that they were non-compliant in some areas including records relating to care and welfare of people who use the service. We looked at four care files, including risk assessments and care plans. Two of the files seen had been recently updated, following a care plan correction action list. These included a detailed life history, provided by relatives and a person centred care plan, idenifying strengths, needs and outcomes and signed and dated where possible. Detailed risk assessments were seen for falls, moving and handling, physical dependency, continence and pressure area care. Risk assessments had been signed and dated by the individual or family. Daily records reflected the person centred care plan.Two other care files, care plans and risk assessments were seen to be poorly maintained, with information needing to be updated. It is not clear from the updating of the care files, how long the process takes to complete

as the process that has begun, is progressing slowly.This had been confirmed by examining internal audits and manager's monthly compliance audits.

We were advised by a senior member of staff, that a compliance audit return was completed each month, this included checking records relating to personalised treatment and support. In October 2012 five care plans were examined and all were incomplete.

We spent time with one of the two part-time activities organisers that had been appointed and we were told that a range of activities took place daily. People told us that they enjoyed the weekly visits by the hairdresser and it was a good opportunity for a chat and meeting other people.

People told us that they were satisfied with the care provided by the two local GP surgeries, one of which visits the home on a weekly basis, other healthcare professionals visit as appropriate. We were told that regular resident and relatives meetings took place, this could not be evidenced.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink.

We spent time with people during their midday meal. Most people expressed their appreciation of the choice of food provided. People told us "the food was very good","I can always have something else if I ask" and "the cook is very good".

We saw evidence that people were offered a varied, well balanced and nutritious diet. We saw people being given "finger food" when appropriate. There were small kitchen areas on each unit. The home had protected mealtimes, so all staff were available to assist with serving food. We observed staff assisting people with their meal in a discreet and dignified manner.

We saw evidence that nutritional screening had been routinely carried out on admission to the home. Where poor nutritional or dehydration had been identified, food and drink intake had been recorded and monitored. People at risk had been weighted on a regular basis and gain or loss recorded. Specialist advice had been sought from health care professionals. Daily menus were displayed in the two dining rooms. In one unit the typed menu sheet was displayed high up on the dining room notice board and was difficult to see.

The provider may find it useful to note that the menu in the dementia nursing unit, would be easier for indiviuals to read if the letters were larger within easier reach to read.

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 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.

Reasons for our judgement

The provider responded appropriately to any allegation of abuse.

The people we spoke with told us that they felt safe and well looked after by staff in the home. Several safeguarding issues had arisen in the home over the last six months.The home's records of safeguarding referrals, had all been referred to the commission. The senior member of staff was able to provide evidence of a safeguarding concern, where the appropriate action had been taken following an investigation. Not all staff had received training in safeguarding procedures, this had been identified and we saw evidence of training dates in place. We spoke with several members of staff, who had a good understanding about safeguarding adults and how to report them appropriately.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were prescribed and given to people appropriately.

We spent time talking with an agency registered nurse (RN) and the deputy manager. All medications were administered by RNs. They had received medication training and their competencies had been assessed. They had also been guided by the Nursing and Midwifery Council Code of Conduct.

We were shown the medication room, medication storage, medication fridge, controlled drugs cabinet and medication administration records (MAR sheets).

We saw evidence that the temperature of the medication room and fridge temperatures were running at the recommended temperatures. This had been recorded daily.

The medication cupboards were well organised.

We examined the controlled drug register and controlled drug cabinet. The recording of controlled medication administered had been signed by two staff and the remaining amount left correctly recorded. We saw evidence of regular audits undertaken and management of medication was fully compliant.

Staffing ✖ Action needed

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

There were not enough qualified, skilled and experienced staff to meet people's needs.

We spoke with people using the service and staff about the staffing levels. People told us that staff were always busy and "did their best".

There was a large staff team employed. There were vacancies for a domestic supervisor for 30 hours per week and a domestic/ laundry assistant for 25 hours per week. In addition there were three full time vacancies for registered nurses, these posts had been vacant for a considerable time. Agency nurses had provided cover for these post. Staff spoken with told us that many of the registered nurses would not assist staff, when requested to help.

We were told that the acting manager, did not provide direct care to the people using the service. The deputy manager provides direct care for 12.5 hours per week.

We looked at duty rosters, they reflected that the twenty bedded general nursing unit, had four staff and a RN in the morning, three staff and a RN during the afternoon and evening and one staff member and RN at night. On the thirty bedded dementia nursing unit, there had been five staff and a RN throughout the day and two staff and a RN at night.

Staff that we spoke with said that there were not sufficient staff on each shift. A high percentage of people require two staff to provide hoisting, at least eight people on the general nursing unit, which meant that other people did not receive care when needed. We were told that "sometimes people were got out of bed and went straignt into the dining room for their lunch, because staff hadn't had time to provide them with personal care any earlier". We were told that sickness leave was a problem and that staff only contacted the home shortly before their shift was due to start.

Staff spoken to said that their mandatory training needed updating. We were shown evidence that mandatory training updates had been booked and that the organisation had internal trainers involved with some aspects of training.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

We saw evidence that regular audits were carried out each month, including a manager's monthly compliance review. Regular visits were made by the quality assurance and hotel and catering teams. We had been advised that the home is none compliant with several of the outcomes. However, we saw evidence that these are being addressed slowly.

We were told that a new manager had been recruited and was due to be in post by mid November. Until the new manager is in post, a senior member of the organisation is managing the home for four days a week and assisted by the deputy manager.

We examined minutes of meetings for senior care staff and trained staff, both held on the 11th October 2012. Issues raised by senior care staff included no supervision for years, no dementia training and both meetings raised the concern that there had been no mandatory training. We were told that these issues were being addressed. We saw evidence of some mandatory training dates booked, these consisted of mainly DVD training material. It was understood that the organisation has a training department.

The provider may find it useful to note that consideration to providing a more robust training programme for all staff, which is backed up with DVD material.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

We saw evidence that a copy of the home's complaint procedure had been included in the Service User Guide and a copy displayed in the main lobby area. We looked at the complaints records and noted that the two complaints had been well documented with the findings clearly recorded. Relatives and people that we spoke with said that they would speak to a senior member of staff, if they had concerns and were confident that these would be listened to and addressed.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: Wantage Nursing Home was failing to protect people who live in the home against the risks associated with care that is inappropriate or unsafe. Care plans were not sufficiently detailed or personalised. This is slowly being addressed by the provider.
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: The personal and nursing care needs of people are not being met in an acceptable time. There are a number of people, eight of twenty on the general nursing unit, who require two staff to hoist them. Staff that we spoke with felt that staffing numbers are inadequate to meet the personal care and nursing needs of people.

This section is primarily information for the provider

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 26 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

Contact us

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