Inspection Report

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 Inspection: 16 December 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ 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 on Nottingham Road in Selston, Nottingham. The home is registered to provide nursing or personal care for up to fifty three people.
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 16 December 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

What people told us and what we found

At the time of our inspection there were fifty one people living at the home. The manager explained that the home had four lounges. Each of these lounges was designed to meet the specific needs of people with varying degrees of dementia.

We found that people had received care that was specific and appropriate to their individual needs and that care had been evaluated and reviewed regularly.

We saw that staff treated people with dignity and respect and that people who lived at the home appeared comfortable in their surroundings.

We spoke with members of staff. One staff member told us "It's brilliant here. I have had induction training and other training to help me understand the needs of people. There are enough staff on duty."

The relative of a person who was living at the home told us "The care is amazing here I am involved with all decisions about care and there is always plenty of staff on duty."

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they or their relatives were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

As part of our inspection we reviewed the provider's consent policy. We found that the policy contained information relating to the mental capacity and people's ability to make decisions. The policy also provided information about the use of restraint and provided staff with a clear flow chart to help them assist people in decision making.

We reviewed five sets of care records and found that the records contained consent forms relating to various aspects of people's care, including the use of bed rails, the management of people's medication and the taking and use of people's photographs. These forms had been signed by the relatives of people using the service.

We spoke with the relatives of three people. One relative told us "I am involved in all care decisions". Another relative told us "I am involved with all changes to care."

We observed staff speaking with people and taking time to explain to people about the care they were about to deliver or what was happening around them.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

As part of our inspection we looked around the home. We found that the provider had developed four lounges, each providing a different environment in which to care for people. These environments had been developed to so that people with various stages of dementia could be cared for in an environment which was suited their stage of dementia.

We saw that people and their families had been encouraged to personalise the person's bedroom and that each person had a memory box outside their room which contained items and dates which were important to the person. This meant that staff could identify a conversation topic to help people to remember their lives and family.

We reviewed the care records of five people who used the service.

We found that the records contained detailed assessments of people's care needs and that individual care plans had been developed. We saw that people's care plans had been reviewed every month. The manager explained that the provider performed a monthly audit of care plan reviews to ensure that all care records had been appropriately reviewed and updated is necessary.

Each person's record contained individualised risk assessments including, but not limited to, waterlow score, diet and nutritional assessment, moving and handling assessment, falls risk assessment and infection control risk assessment.

The records contained a photograph of each person and detailed information about their life and social history. Each person or their relatives had been asked about the person's personal preferences relating to hobbies, favourite foods and music, what time they liked to get up and go to bed and where they liked to spend their day.

Where necessary the records included detailed body maps showing any areas of the body where staff were concerned about skin integrity. We found that these areas had been regularly monitored and reported upon.

As part of our inspection we spoke with the relatives of five people who used the service. One person told us that "The care is amazing here. I am involved in all care decisions and I haven't had any cause to complain." Another person told us "I am very happy with the care here. ** is well looked after and staff keep me involved with all aspects of care and changes to care."

We observed staff interacting with people. People who used the service were treated with dignity and staff spoke with then in a respectful manner. There were no people who used the service who were able to speak with us, however we saw that people appeared content in their surroundings.

We reviewed the provider's policies and procedures and found that policies were in place relating to the assessment, delivery, evaluation and review of care. This meant that staff had been provided with guidance on how to plan the care for people using the service.

We asked the manager about the procedures to be followed in case of emergency. We found that a policy was in place which provided detailed information about how to handle emergencies and manage business continuity.

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

As part of our inspection we reviewed the provider's policies and procedures relating to the management of medicines. We found a policy in place which detailed the process to be followed in relation to the prescription, ordering, receipt, storage, administration and disposal of medication. This policy also provided clear protocols for the covert administration of medication and the use of household remedies. The policy also provided guidance for staff when people managing the administration of their own medication. However, the manager told us that there were no people currently living at the home who were able to administer their own medication.

We reviewed the provider's arrangements for the storage of medication. We found that people's daily tablets were stored in a lockable cupboard in each of the four lounge areas of the home. We discussed this with the manager and she told us that she had sought advice from the regional pharmacist before she had developed this storage arrangement.

We reviewed the area where the home stored controlled drugs and other medication. These medicines were stored in a room which was kept locked. We found that people's medication was stored in an ordered way in cupboards which were lockable. The drugs fridge was locked and we reviewed the records of daily temperature checks that had been undertaken.

The controlled drugs were stored in a cabinet designed for the safe and secure storage of controlled drugs. We performed a spot check on the stock levels of some of the medication within the controlled drugs cabinet. We found that where staff were only using part of an ampoule of a drug, the rest of the drug that had not been administered was not being noted as an amount wasted. We found an open ampoule of morphine sulphate 10 milligrammes in one millilitre. The record book showed that 0.25 milligrammes had been given on the 27th November 2013. There was no record of the amount wasted and the stock level did not tally with the number of sealed ampoules. We then found an open ampoule of morphine sulphate loose within the inner cabinet. A staff member told us that this was the part used ampoule. The rest of the stock levels were correct. We reviewed the records of controlled drugs checking and found that drugs had been checked twice each day.

The provider might like to note that part used drugs should be noted as amount wasted within the register and the open ampoule discarded.

We reviewed the administration records for other medication and found that all records had been completed accurately.

We discussed medication audits with the manager. The manager told us that the provider undertook regular audits relating to the management of medication. We reviewed the records and found that detailed audits had taken place and that areas for improvement had been noted and acted upon.

Our review of the provider's training records found that all staff who administered medication were up to date with training in medicines administration.

Supporting workers ✓ Met this standard

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 reviewed the personal files for five members of staff. We found that all the records contained evidence of each staff member undertaking a comprehensive skills for health style induction.

The manager told us that each staff member under went an appraisal twice per year and that staff had monthly supervision sessions. Our review of records showed that all staff had undergone regular appraisal and supervision and that supervision contracts were in place between supervisors and supervisees.

We spoke with three members of care staff. One staff member told us "I have been here since May and I have undertaken an induction programme." I love it here, I feel supported and I am up to date with all my training." Another member of staff told us "I have regular supervision sessions which I find very useful."

We reviewed the provider's training matrix and found that all staff were up to date with mandatory training.

We reviewed the provider's staffing rotas and found that there had been enough experienced staff on duty to meet the care needs of people who lived at the home.

One relative we spoke with told us that "There is always plenty of staff on duty."

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

As part of our inspection we reviewed the provider's arrangements relating to complaints. We found a policy in place which clearly set out how people could complain and gave the timescales in which they could expect to receive a response to their complaint. The policy also provided information on what people could do if they were unhappy with the response to their complaint. The manager told us a copy of this policy had been given to every person and their relatives when they came to live at the home. We were also told that when people lacked capacity a copy of the complaints procedure had been given to the holder of the power of attorney.

We spoke with the relatives of people who were living at the home. One relative told us "I haven't had to raise any complaints or concerns, but I know how to if I needed to."

We reviewed the complaints file and found that there had been one complaint in 2013 and that this complaint had been handled appropriately and within the timescales set out within the complaints policy.

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

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