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: 19 November 2013

Date of Publication: December 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Sanctuary Care Limited
Registered Manager	Mrs. Samantha Bell
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 to check whether Wantage Nursing Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Meeting nutritional needs
- Assessing and monitoring the quality of service provision
- Records

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 19 November 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 and talked with staff.

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 spoke with nine people and two people's relatives. We also spoke with six care workers and one nurse. At the time of our inspection there were 46 people at the home.

We looked at six people's care files and saw that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. For example, where people were at risk of falls, risk assessments were alongside care plans to ensure peoples safety. During our SOFI we observed that people with dementia benefited from meaningful engagement and were being supported in line with their care plans.

We found that a number of choices were offered at mealtimes, which included a vegetarian option. People's dietary requirements were also well known to staff and recorded clearly in peoples files. People and their relatives were complimentary about the food and drink people were provided. One person told us, "I am eating good food and I weigh what I should, you can't ask much more than that can you".

People and people's relatives we spoke with told us they felt able to raise concerns. One relative told us, "they are very approachable and interested in what we have to say". We observed the manager and senior management were regularly auditing the safety and quality of their service and acting upon their findings. For example, where people had requested more day trips this had been arranged and where relatives requested a list of staff supporting their relatives in the home this was done.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained and kept securely. Records we asked to see could also be located promptly.

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

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

We spoke with six people who used the service. All of them told us they were happy at the home and they were very pleased with their care. One person told us, "This is a very nice place, the carers are very good". Another person told us, "the staff here are excellent; they understand my needs and are so patient". One person's relative said, "The staff are fantastic, they are all angels and understand what people need".

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. For example, we saw one person was at high risk of pressure sores due to a skin condition as well as malnutrition and subsequent weight loss. We saw the service acting upon the recommendations made in their assessments and involving outside help from Tissue Viability Nurses and Speech and Language Therapists. This person's care plan identified that they 'needed support to eat and drink' [to avoid malnutrition], 'needed thickened fluids' [to help maintain their weight] and 'needed to be turned regularly' [to avoid pressure sores].

During our SOFI observations and through the day generally we observed this person being given thickened fluids and was also supported to eat and drink respectfully and at their own pace. We also saw their fluid chart and repositioning chart that both showed the care plan was being followed. One member of care staff told us, "we turn them because they have a skin problem so get sores very easily". In relation to this person fluid intake they told us, "we thicken them up because he was having trouble his weight is a problem". The provider may find it useful to note that whilst fluid intake was being recorded, some staff we spoke with were not able to tell us what the ideal amount was, that each person should drink each day. This meant that not all staff would know if people were having the correct amount to drink.

Care and treatment was also planned and delivered in a way that was intended to ensure people's safety and welfare. In addition, staff we spoke with were able to tell us about how they meet the needs of the people they supported in detail. We saw that one person was

at high risk of falls, there was a clear moving and handling risk assessment in place which identified the need to use a walking aid. It was also recorded that this person would be 'very disorientated if she is not wearing her glasses'. We observed this person throughout the day being reminded to use their walking aid and wearing their glasses. On one occasion where they had taken them off, a member of staff reminded them they may need them as they got up to go for a walk. This member of staff told us, 'they will often forget, but they have problem walking without them so we have to keep an eye on them".

People were engaged in activity. We observed staff singing to people individually in order to engage them. One care worker told us, "they really like that, some get missed when it's the whole group and don't like to get involved". We also witnessed the activities coordinator giving each person a hand massage and spending meaningful time with each person. A person relative told us, 'this is just what my husband needs, without it he would just sit there'. The activity coordinator told us, "it's about finding that one thing they like, some love old songs, others just like the touch, when I find something they like I write it up so others know about it". The was a clear list of activities such as bingo and crafts as well as hymn and worship for people who wish to maintain their religious practices. One person told us, "that's all I need is the church, it [church] is very important to me and the staff know that, they are very good".

We saw in all files we reviewed that people were accessing regular chiropody, dentist and GP appointments. Visits to the home by healthcare professionals were recorded in people's files.

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

We inspected this outcome because there were areas for improvement identified at our last inspection. Last time we found that people were not being offered a choice of alternate meals, unless they specifically asked. This meant people were unaware of other choices available to them, or were unable to ask and therefore not being offered an alternate dish.

During this inspection we saw people were provided with a choice of suitable and nutritious food and drink. We saw menus in the dining room that gave a number of choices as well as a vegetarian option. Where practical, the kitchen staff also said they are able to cook on request. One person told us, "I am eating good food and I weigh what I should, you can't ask much more than that can you". One person's relative told us, "the food is lovely, my mum really enjoys it, and you can tell the chef cares about the food".

People were supported to eat and drink sufficient amounts to meet their needs. One person had specific dietary needs due to diabetes and this was clearly indicated to the kitchen staff and care workers. We observed this person receiving meals and drinks that were suitable for them. One care worker told us, "we know who is able to eat what and how it's served through a list in the kitchen that comes out with each meal".

One person was at risk of choking. Their care file showed that staff had asked for an assessment to be carried out by the speech and language therapist. This assessment resulted in the person needing a pureed diet. We observed during our SOFI this person receiving a pureed lunch in line with their care plan. This person was also at high risk of dehydration and we observed care staff providing regular drinks and recording the intake as required in the persons care plan.

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 and others.

Reasons for our judgement

We inspected this outcome because there were areas for improvement identified at our last inspection. At that inspection we found that there was no evidence that the manager or provider representative is effectively monitoring complaints, safeguarding referrals or allegations of abuse to people.

During this inspection we found that the manager had developed systems regularly audited there service. We observed monthly audits and checklists that identified areas of improvement. These included, care plans that needed updating and risk assessment's hat required a signature. In addition senior managers used internal auditing systems to audit the service each, month, quarter and year. Findings from this audit, as well as resident and family satisfaction surveys, were all fed into the service improvement plan . (SIP) For example a recent quarterly audit identified that some risk assessments had not been updated and dated correctly. This was clearly highlighted in the SIP and the issue had been rectified. For example, relatives of people felt they would like a list of people working with their relative's at the front desk, this was done.

People we spoke with felt able to make comments. There was a clear procedure for giving feedback on notice boards and at the main desk. One person told me, "I haven't got anything to complain about, but know what to do if I did".

People who used the service, their representatives and staff were asked for their views about their care and treatment, and they were acted upon. One person's relative told us, "they send out questionnaires for us to fill in but also invite us to meetings. Another person's relative told us, "they take on board what we have to say, it's very open and has improved dramatically in the last year". The provider may wish to note it was difficult to see how the manager was acting on the feedback given that was specific to this home. This was because feedback was sent to a central point within the organisation and the manager did not receive feedback about their own service?

We saw records of a monthly residents meeting and a quarterly relative's meeting. The manager acted on the comments made at these meetings. For example in one relatives

meeting there had been a request for more day trips. We saw photos around the home of a recent trip to a wildlife park and one person told us, "I was one that asked to go out more and it has got much better". Records showed that some relatives felt it would be useful to have a list of who was working with their relatives at the front desk and photos of staff on the wall. We observed that, in response to this, a list had been put at the front desk as requested and the manager informed us they planned to get photos up soon.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We reviewed the homes accidents and incidents book and saw that incidents were logged and outcomes documented. For example, one report stated that a person had fallen and got stuck in the garden whilst weeding. A strategy to manage the risk that they would not be found in a timely manner, whilst not limited the person's activities was put in place. This person agreed they would inform staff they were going outside and would take their alarm with them. Since this strategy was put in place there have been no incidents.

Records ✓ Met this standard

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

We inspected this outcome because there were areas for improvement identified at our last inspection. We found that people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not properly maintained.

During this inspection we found that people's personal records including medical records were accurate and fit for purpose. All records we saw were updated regularly and were accurate. Internal audit and monitoring systems were in place. The manager explained that when we last inspected, systems to improve record keeping had been introduced but had not been fully implemented

Records were kept securely and could be located promptly when needed. Records were kept locked in the office and were collected promptly at our request.

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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