Wellington House Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Wellington House Nursing Home is a care home which provides personal and nursing care for 30 older people. There are two floors to the home; there are bedrooms and communal rooms on both floors.

At our last inspection we rated the service good. However the safe domain was rated requires improvement because medicines were not always managed in a safe way. At this inspection we found improvements had been made to the way medicines were managed which means the safe domain is now rated good. We found the evidence for all other domains continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

The provider had acted upon the feedback in our last inspection report and improved the way medicines were managed at the home. This meant medicines were now managed safely.

Staff had a positive and proactive approach to risk management and staff regularly reviewed and adapted their practices to ensure people were kept safe.

Staff had appropriate skills and training and there were enough available to meet people's needs.

People received enough to eat and drink and had their weight regularly checked. Staff were proactive in identifying changes, risks and concerns with people's health and worked in partnership with other professionals to ensure people maintained good health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff were kind, caring and had a good knowledge of people which they used to deliver personalised care. People told us they were treated with respect and staff had a high regard for protecting their privacy and dignity

The home was clean, homely and well maintained. There was a relaxed and friendly atmosphere throughout the home and visitors were made to feel welcome.

The services' core values promoted a person centred approach with an emphasis on dignity, respect and supporting people to make decisions about their care, treatment and daily lives. Staff encouraged people to

express their views and listened to what people had to say.

The provider had effective systems in place to monitor the quality of care provided and where issues were identified they took action to make improvements. They continuously looked for ways to improve the service and had an improvement action plan in place to support this.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service has improved to good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Wellington House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 1 May 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority commissioning and safeguarding teams to gain their feedback about the service.

During the inspection we spoke with six people who lived at the home and five relatives. We also spoke with the registered manager, both the provider directors, the administrator, the cook, the senior carer for quality and training, a registered nurse and three care workers. We looked at two care plans, four staff recruitment files, medication records, audits, meeting notes, surveys, maintenance records and carried out tour of building. We also spoke with two health professionals about their experience of working with the service.

Good

Is the service safe?

Our findings

The provider had made improvements to ensure medicines were safely managed. Medicines were stored securely and checks ensured medicines were stored at the right temperature. Additional storage space had been made available to help ensure people received their own prescribed medicines. We looked at a selection of medication administration records (MARs) and found they were fully completed. We found items such as eye drops were dated when they were opened. This was important because they had to be discarded within four weeks of opening. Some medicines were prescribed with specific instructions about when they should be taken in relation to food. The provider had put suitable arrangements in place to make sure this was happening. When medicines were prescribed to be taken on an 'as required' basis we found there was clear guidance for staff to follow. This helped make sure these medicines were used consistently.

Medicines that are liable to misuse, called controlled drugs, were recorded and stored appropriately. There were arrangements in place to make sure topical medicines such as creams and lotions were managed safely. None of the people who used the service received their medicines in a hidden (covert) format. With the exception of one person who managed their own eye drops people's medicines were administered by nursing staff. Staff had received training and competency checks were carried out at least once a year to make sure they were following the correct procedures. One person who used the service told us they always checked their medicines before taking them, they added the nurses had never made a mistake with their medicines.

Safe systems were in place to reduce the likelihood of abuse occurring or going unnoticed. People told us they felt safe and did not raise any concerns about staff. Staff received safeguarding training and understood the different ways people could be subjected to abuse. Staff knew how to report any concerns and told us they had confidence that any concerns they raised with the registered manager would be dealt with appropriately. The registered manager was aware of their responsibility to liaise with the local authority and Commission if safeguarding concerns were raised. Previous safeguarding incidents had been appropriately reported and managed.

Systems were in place to identify and reduce risks to people's health and welfare. Care plans included detailed and informative risk assessments. These included the risks associated with poor skin integrity, nutrition and moving and handling. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage them. Staff had a thorough understanding of the specific support people needed to promote their independence and freedom, whilst also ensuring risks were reduced. We saw examples of staff reducing potential risks when providing support, such as, reminding people to wear appropriate footwear and removing potential trip hazards when assisting people to move.

Incidents and accidents were recorded and action taken to reduce the likelihood of them reoccurring. We saw following some incidents equipment such as air flow mattresses and bed rails were put in place to help keep people safe and reduce risk of reoccurrence. The registered manager reviewed each one to check appropriate action had been taken. They also looked for any themes, trends and ensured any lessons

learned were cascaded to staff. We observed handover and saw this was a key opportunity for staff to share information to ensure improvements could be made to reduce risk and improve the quality of care.

There were enough staff to meet people's needs. The two provider directors, one of whom was the registered manager, were both registered nurses and worked in the home. They told us this helped them to monitor people's needs and adjust staffing levels accordingly to ensure people were kept safe and their needs were being met. Staff confirmed staffing levels were appropriate and consistently maintained. We observed a calm and relaxed atmosphere in the home with staff going about their duties in an unhurried way. The people we spoke with also confirmed there always seemed to be enough staff to provide them with the care they needed.

The provider's recruitment processes remained safe. The required checks were carried out before new staff started work. These included interviews and checks on applicants' employment history, references, eligibility to work, criminal record checks and in the case of registered nurses checks with the Nursing and Midwifery Council (NMC). This helped the provider to make safer recruitment decisions by reducing the risk of unsuitable staff working with vulnerable people.

The home remained clean and well maintained. The provider had an improvement action plan in place and there was an ongoing programme of refurbishment and redecoration. For example, we saw a new nurse call system had been installed throughout the home. The maintenance records were up to date and showed the provider had suitable systems in place to make sure equipment and installations were serviced, maintained and safe to use.

Good

Is the service effective?

Our findings

People received a balanced diet. Staff routinely offered people choice and there were always several options of food and drink available for them to choose from. Staff explained and showed choices so people could make informed decisions. Where people were at risk of losing weight staff took opportunities to encourage additional calories throughout the day. This included morning and afternoon snacks, supper and three times a day the kitchen made fresh high calorie milkshakes. Mealtimes were relaxed and people decided where they wanted to eat. Where required, staff provided appropriate equipment such as specialist cutlery and plate guards so people could eat independently. Where people needed support to eat this was provided with respect for people's dignity. The cook knew people's dietary preferences and had a good understanding of how to meet dietary needs. Menus were changed every season with input from people.

Staff worked with other health professionals to ensure people maintained good health. One person had been referred to a nurse specialist due to the progression of their health condition. We saw the specialist's advice was clearly recorded and followed.

The provider continued to use link nurses for key areas such as tissue viability, falls prevention and infection control. These were staff who had shown a specific interest in particular area and were essential to bringing best practice into the home, sharing their learning and supporting staff to ensure people received good care. For example, the avoiding hospital admissions link nurse had implemented the telemedicines system which meant staff had access to health professionals for advice through video link which could help to reduce the need for people go to hospital.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of these pieces of legislation, when they should be applied and how they impacted upon their day to day work.

People had their capacity assessed. Where appropriate staff had applied for DoLS authorisations to lawfully deprive people of their liberty for their own safety. All of these applications were still awaiting assessment but staff proactively monitored the progress of these applications. There was an easy read guide to the MCA on display so people who lived at the home had access to this information. Staff had explained what MCA meant for people during residents meetings.

Staff received effective training and support. A senior carer had dedicated time to deliver training and support to care staff. Staff had individual training and development plans and received individual and group supervisions. One staff member told us, "I feel supported, they really help you to develop, we are always talking about best practice and it means for people." New staff received induction training based on national standards and worked with experienced staff until they were assessed as competent to work alone. The provider's mandatory training covered safe working practices such as safeguarding, infection control, health and safety and moving and handling. Training was also provided on topics related to the needs of

people who used the service such as dementia and epilepsy. Staff spoke confidently about all of the subjects we asked them about which showed us this training was effective. The provider had started to develop an electronic training matrix but acknowledged this needed further development to ensure it was up to date.

The environment was 'homely' and the décor reflected peoples' tastes and interests. There was 'Wi-Fi' throughout the home which meant people were able to use tablets or similar devices to keep in touch with family and friends. The home was suitably adapted to take account of people's needs. For example, there was a passenger lift and a wheelchair stair lift so people could access all of the home. There was a ramp which provided direct access to a secure garden area with tables, chairs and umbrellas to protect people from direct sunlight.

Good

Is the service caring?

Our findings

The service continued to provide personalised good quality care. People told us staff were kind, caring and always treated them with respect. One person told us they would give the service "5 out of 5." They particularly liked that staff had chosen them a Christmas present which reflected their individual interests as they felt this showed they were recognised as an individual. A visitor said, "Staff are so kind and caring, I want to live here, it's fantastic." The healthcare professionals we spoke with also spoke highly of the quality of care provided. One told us, "All the residents at Wellington House are well cared for and choice, dignity and respect are always paramount."

Staff actively involved people in making decisions about their day to day care. Staff listened to people and respected their preferences. One person told us staff respected their wishes by supporting them to stay in their own room rather than going to the communal rooms. Staff regularly checked people were happy with the programmes on the televisions in communal lounges. We also saw one person saying they would like to go outside. Staff explained it was very cold but the person said they still wanted to go out. Staff brought the person's coat, a scarf and a blanket and supported them outside to the garden. Another staff member brought the person a drink and sat outside chatting with them. After a few minutes staff supported the person back inside to the lounge because the person said they wanted to go back inside as they were cold.

The provider produced a monthly newsletter which provided people with key information about changes to the service, important issues and up and coming events. This included a short biography of new residents and staff. People told us they liked to read this to get to know the new people they were living with and the new staff who were going to be caring for them.

Staff knew people well. This enabled them to be attentive to people's needs and changing mood. At breakfast we saw staff supporting a person to the dining room. The person became distressed and upset. Staff encouraged the person to sit down in a comfy chair in the hallway. The staff member kneeled down next to the person, held their hand and provided them with lots of reassurance. When the person began to cry staff gave the person a hug and told them they were safe and everything was going to be ok. They engaged the person in a positive conversation and the person soon began smiling. Staff were able to encourage them to continue towards the dining room for breakfast. Through their patience, positive approach and caring attitude staff were able to use their skills and knowledge about the person to make a positive difference to their mood.

Staff's practices showed they had a high regard for protecting people's privacy and dignity. We saw staff supporting one person in the lounge to be hoisted from a wheelchair into a lounge chair. Staff put up a screen so others in the area could not see this happening. Staff provided positive reassurance and encouragement. They also explained what they were about to do and sought the person's permission before proceeding. They also encouraged the person to do some of the tasks themselves to help maintain their independence as much as possible.

Staff treated people as individuals and respected personal preferences and needs. People's religious needs

were supported and respected. Staff arranged monthly communions for different faiths. Signs were displayed in communal areas which explained staff were committed to supporting equality and diversity. It outlined the protected characteristics of the Equality Act 2010 and prompted people to report any discriminatory behaviour to the provider. We saw no evidence to suggest anyone was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

People told us the provider always put the needs of people living at the home first. One visitor said, "People really do come first, whatever people ask for or want they get it." Staff confirmed that they were coached to adopt a personalised approach to care delivery. One staff member told us, "Everything is always all about the service users. They always come first."

Care plans were personalised, detailed and used by staff as a key way of getting to know people. The information contained within care records demonstrated people and their relatives had been consulted and involved in developing them. Care plans provided clear information about people's individual communication needs. At the front of each file symbols were used to highlight if the person had specific needs such as dementia, stroke, vision and hearing impairments. Where appropriate there was information about what this meant for the person. Accessible information care plans were also in place which detailed people's specific communication and sensory needs.

People received personalised care which met their needs. One person had chosen porridge and toast for their breakfast. Staff asked the person which they would prefer to eat first. They chose porridge and this was quickly brought for them. Staff explained they would bring their toast when they had finished the porridge. We saw staff regularly returned to ask if the person if they were ready for their toast. When we asked staff about this they told us the person preferred their toast hot. They said they were a slow eater and if they brought the toast with their porridge it would be cold by the time they came to eating it.

People had access to a wide range of personalised activities. The provider ran regular specialist groups such as a book club, gardening club and a choir called the 'Welly Warblers.' At Christmas people told us the choir moved around the home singing carols for people in communal areas and people's bedrooms. People told us they particularly enjoyed the gardening club. They showed us some seedlings which they were growing on the windowsills in the lounges. We also saw several people asking after 'the tomatoes' which they had planted in the garden. A range of daily activities were provided such as group games, quizzes and a shop. We saw care staff spent time with people on a one to one basis chatting or doing quieter activities such as puzzles. One person told us they didn't like group activities but said staff would often spend time chatting with them and looking at pictures. We saw staff doing this on the day of our inspection.

Staff approached end of life care in a respectful, sensitive and personalised way. Staff received specialised training to ensure they had the skills to support people to have a comfortable and pain free death. Care planning demonstrated staff spoke to people and their relatives to help establish their end of life needs and wishes. Staff used this information to produce personalised care and to ensure people's cultural and spiritual wishes were respected. Information was included in the provider's newsletter so people could remember people who had passed away.

People told us they knew how to raise concerns and said any issues they had raised had been dealt with. Information about the complaints procedure was displayed in the home. The poster had photographs of the provider directors so people could see who it was they should speak with. We found complaints were

recorded and fully investigated in line with the provider's policy. We saw examples of actions taken in response to concerns showed the provider used feedback from people to improve the service. The provider kept a record of compliments so they knew where they were meeting and exceeding people's expectations.

Good

Is the service well-led?

Our findings

The directors of the care provider continued to take an active part in the day to day running of the home. They were both registered nurses and in addition to their management roles they continued to take an active part in the delivery of care. One of the directors was also the registered manager.
A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The services' core values promoted a person centred approach with an emphasis on dignity, respect and supporting people to make decisions about their care, treatment and daily lives. We found staff and management were open and transparent and were knowledgeable about people's individual needs and preferences.

Staff told us they felt supported by the management team. There were regular staff meetings and information was shared at shift handovers. The provider had an employee of the month scheme and there was a staff awards ceremony every December where individual staff members were recognised and rewarded for their contribution to the service. Staff told us they would recommend the service to others as a place to work and to receive care. One staff member told us, "I never want to work anywhere else because the work ethic here is amazing. The [provider] is wonderful to work for, the service is managed really well, communication is great, you feel really well supported and people always come first, which is how it should be."

The systems and processes to check the quality and safety of the service continued to be effective. In addition to the regular checks on quality and safety carried out by the directors and designated members of staff and external company carried out a six monthly health and safety check of the premises. The records of audits and checks demonstrated the provider identified shortfalls and areas for improvement. The provider was continuously looking at ways to improve the service and had an improvement action plan in place to support this.

The service continued to support people to have a say in the running of the home. There were regular meetings and surveys to ensure people's views were captured and changes could be made to the care provided. For example, we saw people were consulted four times a year about seasonal changes to the menus and people's comments and suggestions were used to develop the new menu. The provider asked people to complete short care quality surveys so they could identify and address any areas for improvement. The results were displayed in the home for people to see. In a survey completed in October 2017 people were asked how likely they were to recommend the home. Of the 18 people who responded 13 answered 'extremely likely' and four answered 'likely'. This showed a high level of satisfaction with the service.

The service continued to work in partnership with other agencies to help improve the quality of care

provided. For example, they were taking part in the pilot of the 'Red Bag' pathway. This initiative was designed to improve peoples' experience on admission to and discharge from hospital. It also helped the service to understand and apply relevant best practice in this area.