

Wotton Rise 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 well-led?

Good ●

Summary of findings

Overall summary

Wotton Rise Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate 27 people in one adapted building; 26 people were living there when we visited.

People's experience of using this service and what we found

People and their relatives told us they felt Wotton Rise was safe and that staff responded to their needs. Staff had received training in recognising safeguarding concerns and knew the actions to take to protect people from harm. Nursing staff engaged with external healthcare professionals to ensure people received timely care and support that was appropriate to their needs.

People's needs were known by staff. Staff spoke positively about people and the support they required. People's care plans were reflective of their needs and the support they received. The management were implementing an electronic care planning system.

People and their relatives spoke positively about the registered manager and clinical lead and the caring culture of the staff. Staff spoke positively about the support they received from the management team.

Safe recruitment practices were in place. The registered manager and provider ensured appropriate checks were being carried out to ensure staff were of good character.

There were enough staff deployed to meet people's needs. Staff spoke positively about the staffing at Wotton Rise.

The provider had infection control procedures in place to protect people and prevent the spread of infection. Staff used personal protective equipment (PPE) and acted in accordance with government guidance.

We observed positive interactions between people and staff throughout our inspection. People living in the home clearly enjoyed the time they spent with staff and others. People enjoyed the engagement and activities provided by staff and others.

Incidents and accidents were reviewed to reduce the risk of a reoccurrence. Complaints were responded to appropriately and opportunity was made to identify and make improvements.

The manager and deputy manager ensured appropriate action was taken when people lacked capacity in accordance with the Mental Capacity Act. Staff supported people in the least restrictive way possible and in their best interests.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 13 November 2018). At this inspection the rating remained the same.

Why we inspected

This inspection was prompted by a review of the information we held about this service and the length of time since the last inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wotton Rise Nursing Home on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wotton Rise Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

There was a registered manager in post at the time of our inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We considered the feedback from the local authority and professionals who work with the service. We used the information the provider sent us in November 2022 in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 12 people who lived or were staying at Wotton Rise Nursing Home. We spoke with 4 people's relatives about their experience of the care and support provided by the service.

We spoke with 9 staff which included the registered manager, clinical lead, a nurse, activities coordinator, 4 care staff and the head housekeeper.

We reviewed a range of records. This included 5 people's care records. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We reviewed 2 staff recruitment and personnel files.

We continued to seek clarification from the management team to validate the evidence found. We sought feedback from 2 healthcare professionals involved with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's risks were assessed and known to the nursing and care staff. Each person had detailed care plans in relation to their needs and risks. Where people's needs had changed there was a clear record of the support they required and where staff had sought additional support and guidance.
- Staff took appropriate action to protect people from the risk of skin damage. Where people were assessed as being at risk, there was clear guidance in place for care staff to follow. Records showed care and nursing staff followed this guidance and ensured people were supported to reposition to alleviate pressure from their skin. Care staff also informed nurses or management if they identified any concerns in relation to people's skin.
- Where people required textured diets or thickened fluids, clear guidance was in place for staff to follow. We observed staff supporting people in line with their assessed dietary needs. Staff were able to discuss with us the individual support people required.
- Staff were confident in explaining how they supported people's wellbeing and they knew how to support and reassure people when they became anxious. There were clear support plans in place which provided staff with guidance on the triggers which may lead to people's anxiety and on the actions to take to reduce these and support people.
- People were protected from environmental risks. There were clear risk assessment and development plans in place to manage risks in the environment. At the time of the inspection, refurbishment work was being carried out at Wotton Rise. The registered manager had clear plans for the refurbishment of the home, which included new flooring and redecoration of areas of the care home. While work was being carried out, the service ensured appropriate checks were in place to reduce risks related to fire and legionella disease.

Learning lessons when things go wrong

- The management team reflected on incidents and accidents to make improvements to people's care. One person had sustained an injury in the home. The management and nurses identified how this accident occurred and ensured the family, safeguarding and CQC were aware. Action was taken to remove the risk to the person. One relative told us, "They told us what happened, and took action. I am happy with the care [relative] has at Wotton Rise."
- Staff were supported to reflect on incidents, accidents and near misses. Staff took appropriate action when they found 1 person was struggling to swallow safely. They sought advice from external healthcare professionals, to protect the person from the risk of inhaling their food or drink. One healthcare professional spoke positively about staff, their skills and their attention to detail when people's needs changed.

Using medicines safely

- People's medicines were stored safely, and they received their medicines as prescribed. Staff supported

people to take their prescribed medicines in a safe and patient way. The service operated an electronic recording system in relation to the administration of people's medicines.

- Some people were prescribed medicines that were to be administered 'as required' when they were anxious or distressed or in pain. There was clear guidance for staff to follow, including when to administer these medicines and how to review the effectiveness of these prescribed medicines.
- Where necessary people were administered their medicines covertly (when staff can administer medicines without the person's consent). Where this occurred, the service worked with people's healthcare professionals and their family to ensure this was done legally and safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was responding effectively to risks and signs of infection.

Visiting in care homes

There were no visiting restrictions in operation.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the home was safe. Comments included: "Lovely, no complaints whatsoever" and, "I've never been in an environment where I've felt so relaxed. (Clinical lead) has been so helpful. Everyone has been so friendly. Nobody makes you feel out of place. It feels like a home. I've had so much support."
- The registered manager, clinical lead and provider responded to and acted on safeguarding concerns appropriately. This included raising safeguarding concerns to the relevant local authority
- Staff knew how to raise concerns in relation to people's safety. Comments included "It is safe here. If I had any concerns I would tell [registered manager] immediately" and "I believe the home is safe. Staff will raise concerns to us and we have all received training around safeguarding."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The registered manager ensured that where people may lack capacity, appropriate assessments were made. Where people were being deprived of their liberty, but were unable to consent to this, necessary applications had been made.

- For some people, conditions had been made as part of their DoLS authorisations. The registered manager kept a record of these conditions as well as documenting the action staff had carried out. One member of staff told us, "There is a condition around stimulation. We support [person] to engage in activities or 1 to 1. They do enjoy coming out into the garden."

Staffing and recruitment

- Suitable staffing levels were in place to meet the needs of people using the service. Staffing levels were based on the occupancy and needs of people using the service. The service used its own permanent or bank staff and did not use agency staff. We observed staff spending time with people throughout the inspection and supporting them with activities and conversations.
- People and their relatives told us there were enough staff to meet people's needs. Comments included, "I've been [care settings] in the city and this is the best I've been in. More attention. Very good attention" and "Grandad is settled in now and really looked after. Staff are quick to reassure him and settle him down. He is clean and well presented."
- Staff spoke positively about the staffing levels within Wotton Rise. Staff said there were enough staff and they had the time they needed to provide people's care. One member of staff told us, "There is always enough staff. We are busy, however we have the time to get all of the work done."
- Staff were recruited safely. All required checks were made before new staff began working at the home. Disclosure and Barring Service (DBS) checks were completed alongside seeking references from staff's previous employers. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. This meant people's needs were met through good organisation and delivery.

At our last inspection we recommended that the provider seek advice, from a suitable source, about a formalised quality monitoring system, which can assist in providing the evidence needed to demonstrate that appropriate actions are being completed and that these are leading to on-going improvement in the service. The provider had made improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider had a range of quality assurance audits to ensure a good standard of service was maintained. We saw audit activity relating to food hygiene, infection control and health and safety. Any shortfalls were documented in an action plan at the end of each audit. These were then signed off by the registered manager or provider to ensure effective action was taken.
- The registered manager and clinical lead carried out clinical governance audits which focused on people's health and wellbeing. These included audits on incident and accidents, wound care and weight analysis. These audits enabled the clinical lead and registered manager to identify if people's care was effective or if any further changes were required. One relative told us, "I had reassurance and a new dressing for mum's leg. The Rapid Response team have been brilliant. I am so grateful that mum is here. At the moment, they are applying for extra funding for mum. They are amazing."
- The registered manager and provider operated effective systems to ensure care and nursing staff received appropriate training and support. The registered manager discussed with us, their arrangements for additional professionals to provide tailored support for staff, including moving and handling training based on people's individual needs.
- The registered manager and provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any serious injury. This meant we could check appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives views were sought. People's views were sought through care plan reviews where possible and in discussion with care and nursing staff. The registered manager carried out surveys seeking the views of people's relatives. We reviewed recent questionnaires which the registered manager received, which contained positive feedback.
- People and relatives spoke positively of their involvement within Wotton Rise and the communication they received. Relatives' comments included: "There is good communication" and "They keep me involved. I can't fault them, they've made us very comfortable."

- Staff felt supported to express their views and felt the provider and registered manager listened. Staff comments included: "I feel supported here. I am happy here" and, "I've been made to feel really welcome here. I am enjoying it."

Working in partnership with others

- Staff liaised with specialist health and social care professionals for guidance and took on-board any advice given. Where professionals had been involved in people's care there was a clear record of the guidance and support they had provided.
- The registered manager sought feedback from healthcare professionals regarding the care they provided at Wotton Rise. One professional gave positive feedback on the service, citing good person-centred care which was responsive to people's changing needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the caring nature of the service, the staff and registered manager. Comments included: "The care staff are wonderful, nothing is too much trouble" and, "Grandad is settled in now and really looked after. Staff are quick to reassure him and settle him down. He is clean and well presented. He likes to be well presented and have a shave every morning."
- The registered manager and staff were open and transparent throughout our inspection and were clearly committed to providing good quality care. Staff spoke positively about the culture and the support they provided people. One member of staff told us, "We have the time to provide person centred care, we know people well."
- People and their relatives were welcomed to the home by the activity co-ordinator and care staff. They explained the importance of having a key point of contact, particularly on admission. The activity co-ordinator told us, "My role is about wellbeing so that residents feel safe with us. My skill is about how to pitch conversations based on people's histories and timelines." One relative told us, "If I hadn't met (clinical lead and activity coordinator), I don't know if I would be able to be so positive with you today."
- The management and staff were focused on promoting a positive culture which was focused on people's needs and wellbeing. This included a focus on activities and engagement within Wotton Rise. At this inspection we observed people enjoying engagement with staff and the activity co-ordinator. People were supported to live their day as they choose.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood the requirements in relation to duty of candour and had an open and honest approach. The service had policies in place to ensure the staff team understood their responsibilities under the duty of candour.
- Concerns and complaints were actively listened to and acted upon efficiently. People and their relatives told us they were confident their concerns would be acted upon. The registered manager kept a clear record of compliments and complaints they received, and these were shared with staff.