

Dibcan Limited

# Witnesham Nursing Home

## 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

This comprehensive inspection took place on 13 June 2018 and was unannounced.

Witnesham nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection of 13 March 2017, we rated the service as 'Requires improvement' because the environment did not always meet people's needs and people were not always offered choices in all aspects of how they lived their daily lives. People's care plans recorded their preferences but did not always detail how these would be met. The service did provide a variety of activities but these were not always directed towards people's preferences. Audits to check the quality of the service provided were carried out but had not been in place long enough for to determine if they were effective.

At this inspection of 13 June 2018, we found the service had taken action on the above and we have rated the service as 'Good'.

At the time of our inspection there were 18 people living at the service. There was a lounge, dining room, conservatory and secluded gardens for people to use and enjoy. The service had changed the service layout since our last inspection so that people could easily view televisions and the garden as they wished. People were supported to make choices of when they got up and when they retired for the day. Activities were focussed upon the interests of the people using the service we saw people making fudge and the day before our inspection people had visited a garden centre and bird sanctuary. The service had audits in place which were acted upon for the smooth running and development of the service.

At the time of this inspection, the service had not had a registered manager in post since April 2018. The service was now being managed by a previous registered manager of the service and they had re-applied to become 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.

There were arrangements in place to protect people from risks to their safety. Staff had received training regarding the safeguarding of people. Staffing levels of nursing and care staff were appropriate to support people to meet their assessed needs. There was a robust recruitment process in place for employing staff to support the people living at the service. Processes and procedures were in place to receive, record, store and administer medicines safely. Infection control training had been provided for the staff and procedures in operation were designed to keep people safe.

People were cared for by staff who received supervision and on-going training to develop their skills to

support people with their assessed needs. Staff encouraged people to eat sufficiently and have drinks of their choice. People were supported promptly as required to see a range of healthcare professionals in order to maintain 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.

Care was delivered in an understanding and empathic way to meet people's needs. People were supported by staff to make day to day decisions about their care. This included what they chose to eat and the times they got up and went to bed. The staff respected people's dignity and privacy.

Each person had a care plan which was based on an individual needs assessment and took into account people's preferences. The care plans were reviewed monthly and more regularly if so required to remain up to date. People were aware of how to make a complaint and spoke positively about the staff and managers.

People and relatives told us the service was run by knowledgeable and responsive staff with an open culture to listen to their views. There were systems in place to ensure the service was managed effectively and to monitor the quality of the service provided.

## 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.

The service identified and reduced risks through carrying out and implementing the actions of risk assessments.

Staff had completed training in safeguarding and knew the different types of abuse and how to report concerns.

There was an effective recruitment and selection procedure in place for the recruitment of staff.

There were sufficient numbers of staff on duty to meet the needs of people using the service.

The service had procedures in place for managing people's medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were supported to provide care to people who used the service through supervision and annual appraisals.

People were provided with food and drink throughout the day and staff supported people when required.

People's health was monitored by the staff and there was access to healthcare professionals.

The staff understood and had implemented appropriate actions regarding the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

Staff showed kindness and care to the people living at the service.

People were supported to express their views and were actively involved in making decisions about their care.

### **Is the service responsive?**

The service was responsive.

Staff were aware of people's needs from assessments and individualised care plans.

There was a range of activities organised for the people using the service.

The service had a complaints procedure in place.

Staff had received in training in end of life care.

**Good** ●

### **Is the service well-led?**

The service was well-led.

The service had a quality assurance system in place and findings were acted upon for the development of the service.

Staff considered they could approach the manager for support and advice.

There were management and staff meetings held so the staff were aware of any changes in people's health.

**Good** ●

# Witnesham 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 checked 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 unannounced comprehensive inspection visit took place on 13 June 2018.

The inspection team consisted of an inspector manager and one inspector. Before our inspection we looked at information that had been sent to us by the registered manager. We also reviewed our previous inspection report, and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We spoke with six people who used the service and five relatives. We also spoke with the director, manager, one qualified nurse, chef, house keeper, three members of care staff, one member of the activities staff and two visiting professionals. We observed staff interactions with the people in their care.

We looked at the care records of five people who lived at the service. We also reviewed three staff recruitment files, the service training records. We also viewed staffing rotas with regard to people's assessed needs, the recorded complaints and compliments, medicine records, audits of care and arrangements for meal provision.

# Is the service safe?

## Our findings

At the last inspection of 13 March 2017 this key question was rated as 'Good'. At this inspection we have judged that the rating remains 'Good'.

People told us they felt safe. One person said, "The staff are always there if you want them, you've only got to ring the bell and they are here." A relative told us, "[My relative] is safe here because there are always enough staff on duty." The staff had received safeguarding training and they had knowledge and understanding of how to keep people safe. They were aware of how to report any allegations of abuse and protect people from the risk of abuse. The manager and staff were aware of how to implement the correct procedure for informing the local authority, contacting relevant healthcare professionals and notifying CQC of safeguarding information.

The service had sufficient equipment in place to meet people's individual needs including hoists, pressure mattresses, wheelchairs and walking frames. The service carried out weekly fire tests and there were emergency plans in place which would be implemented in the case of any emergency. This meant the service had planned how to try to keep people safe in an emergency. In order to prepare for emergencies, it is important that the service has personal emergency evacuation plans (PEEP)'s in place for each person. The plans were detailed, person centred and included relevant information such as any medication prescribed that may cause drowsiness.

The manager and lead nurse analysed accidents and incidents including any falls that people experienced to learn any lessons from the situations. We saw that the service had involved appropriately other professionals for advice as needed. Regarding the care of one person the nursing staff had identified particular risks to the person's wellbeing relating to the nature of their complex care diagnosis. We saw records that the nursing staff had involved and worked with other professionals including nurse specialists to support them to meet the person's needs.

People's care plans contained information about the use of pressure relieving equipment and we saw that this was in place for those people requiring this support. This meant the staff had accurately assessed and recorded the care required by the person about trying to reduce the likelihood of pressure ulcers developing.

There were audits of falls and other important information about people's care delivery which had been regularly updated in the manager's office. The reason being to advise the manager and senior staff of any daily routines and care to be delivered to the respective people at the service. This meant the care of people was being regularly reviewed and organised.

Moving and handling risk assessments were in place for people who required support to mobilise. They provided all relevant information to enable staff to move people safely such as the type of hoist and the size and type of sling they required..

The service had a robust recruitment process in place and carried out safe recruitment practices. We saw that potential new staff were required to complete an application form and any gaps in employment history were covered at interview. These included obtaining written references and a criminal records check with the disclosure and barring service (DBS). Each member of staff was given a job contract and job description so that they were clear regarding their responsibilities.

To ensure there were sufficient staff on duty to meet the needs of the people using the service each person's needs were assessed and updated monthly or more sooner if required. This meant the service ensured additional staff were on duty when people's assessed needs dictated additional staffing was required. The manager organised a staffing rota of qualified nurses and care staff to meet the needs of the people using the service.

People using the service told us, as did the relatives that we spoke with, that there were always sufficient staff on duty. A relative told us, "I feel very confident [my relative] is in good hands here. The nursing staff know them so well and their health has improved since they have been here."

People's medicines were managed safely. Processes and procedures were in place to receive, record, store and administer medicines safely. Medicines matched with the medicine administration records (MAR). Staff administered medicines to people in a patient way; they took their time, spoke with people about their medicines and asked if they required any pain relief. Each person had a written protocol to inform staff about how to offer and administer, if needed, medicines prescribed on an as and when required basis.

The MAR charts were completed correctly to show people had received their prescribed medicines. Any known allergies and any medical attentions of which to be aware of such as diabetes were recorded on them. Regular medicine audits were carried out by the dispensing pharmacist and the lead nurse to ensure medicine practices were carried out safely and people received their prescribed medicines. Medicines training had been provided for the staff to keep their knowledge updated.

Staff had received infection control training and we observed that appropriate hand hygiene was followed during the inspection to ensure the risk of spreading infections was minimised. The service was clean and free from any offensive odours. A member of the cleaning staff explained to us how the cleaning regime in operation at the service.

The senior staff learnt lessons to improve and develop the service. All incidents, accidents and near misses were recorded and then analysed to implement any necessary changes and improvements. Systems were in place to report concerns to appropriate organisations for information and advice. The manager sought to speak with relatives on a regular basis to determine if they had any concerns about people's well-being. The senior staff had considered the findings of the last inspection report and taken action to develop the service.

# Is the service effective?

## Our findings

At the last inspection of 13 March 2017 this key question was rated as 'Requires Improvement'. At this inspection we have judged that the rating has improved to 'Good'.

At the last inspection we found the environment did not always meet people's needs and people were not always offered choices in all aspects of their daily life.

At this inspection we found the service had been re-designed and there was now a lounge, dining room and conservatory for people to use as they chose. People could easily see the television or look out at and use the garden if they so wished. The service was free of clutter and wheelchairs and hoists were available as required but were not prominent in people's living space. The atmosphere throughout the day was calm and relaxed with staff spending time with people to help them with their needs.

People told us that they got up when they wished and went to bed when they wanted to do so. One person told us, "I usually get up at the same time every day and staff are around then to help me." A member of staff told us that many people wished to go to bed around six or seven in the evening and the staff supported them with that choice. A relative told us, [My relative] gets up and goes to bed exactly when they please. We have spoken about that as sometimes they stay up later to watch a television programme which we talk about."

The director and manager arranged and oversaw staff training. We saw a programme which detailed the training provided and future training arranged. The director had arranged for a training room and this was near completion on the site of the service. Future training would be delivered in the training room and this would mean that the people that used the service would no longer be required to share their lounge while training was delivered.

Staff were supported through regular staff meetings, supervision and an annual appraisal. An annual appraisal is a one to one meeting between the manager and member of staff to discuss the achievements over the past year and set objectives for the staff development in the next year.

People's nutritional needs were being met. There was a menu displayed at the service which was up to date and accurate for people to make their choices of meals. Throughout the day we saw that people had access to drinks and staff asked people if they would like a drink on occasions throughout the day. This was important to reduce the likelihood of people dehydrating during the day.

Some people liked to use the dining room at meal times which was presented with place mats and various condiments. While other people liked to stay in their bedrooms sometimes for meals while others preferred to remain in the lounge or conservatory and their choice was respected by the staff. At lunchtime we observed staff supporting people with care and empathy. We observed staff talking and joking with people who used the service. The atmosphere was relaxed and unrushed.

The cook was aware of people's special dietary needs and preferences. One person told us, "The meals are lovely." Another person told us, "You never go hungry and can always eat the food." We spoke with the lead nurse and they explained the importance of how they were supporting a person with a complex condition with regard to their medicines and food. We saw from the person's care plan that their health from this support had improved.

Each person had a one-page care plan which was referred to as a hospital passport. This information was reviewed, kept up to date and would travel with the person should they need to be admitted to hospital. The plan would advise staff not familiar with the person of their needs and other important information about them.

People's healthcare needs were considered, monitored and met. People and their relatives spoken with felt that their needs were well met and catered for. A relative told us, "I am very pleased with the care here the staff and other people looking after [my relative] all know each other and work together." The relative also informed us that they were kept up to date by the staff with any health concerns or issues regarding their relative's care. We saw that when other professionals visited the service they had written in the people's care notes the support they provided and guidance for the staff to be carried out to support people. We saw evidence of visits by healthcare professionals including General Practitioner, speech and language therapy team (SALT), dentists and chiropodist.

Staff told us they had a good working relationship with the local GP practice which promoted joined up care. The GP visited the service each week to discuss and plan on-going care for people. The GP service would also attend sooner should the staff be concerned and considered an appointment could not wait for the weekly visit.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the documents were all in order and correct. During our inspection we met with two visiting professionals. They informed us the service had helped them at short notice and in an urgent situation to provide care to a person. The service had worked closely with them to support the person and help them with difficult and complex decisions made in their best interests.

# Is the service caring?

## Our findings

At the last inspection of 13 March 2017 this key question was rated as 'Good'. At this inspection we have judged that the rating remains 'Good'.

The staff had developed positive caring relationships with the people using the service and their relatives. One person told us, "The staff care for me they are very pleasant and always helpful." A relative told us, "The staff here do care for [my relative], I would say they have become an extended part of the family."

We saw the staff communicating with one person with the use of clear hand signals and non-verbal communication to support the meaning of what they were saying to the person. Another person used a flipchart to aid communication with the staff. One relative told us, "It is marvellous the way they have cared for [my relative], they have kept us informed of all events and we are made very welcome when we come to visit."

People were treated with dignity and respect. We saw staff communicating with people in various ways including hand gestures as well as talking to people in a polite and respectful manner. Prior to any care being provided we saw that staff approached the person from the front so that they could easily recognise them and gained their consent before providing any care. One person told us, "It's nice here, because there are some very nice staff." A relative informed us that when their relative came to service the staff were kind and reassuring. They told us, "[My relative] was very anxious and upset, the staff took this in their stride and were so kind and helpful." They thought without this caring approach the person would not have wanted to have stayed at the service and now they considered they were very happy there. Another relative told us, "Whenever I used to go and visit [my relative] they always offered you a cup of tea. The staff do this here and I enjoy that but it is important to [my relative] makes them feel it is their home."

We observed staff interacting with people in a caring manner and supporting people to maintain their independence with mobility and making decisions about what they wanted to do. The staff had listened to people's views and discussed them with them. Records showed, and people and their relatives confirmed, they were involved in developing and reviewing their care plans and assessments. A care plan provides direction and is a means of communicating how to support a person to meet their assessed needs.

We saw one person's care plan included information they had discussed with the staff about their long-term condition and how they had managed it. The staff had provided support in line with the person's wishes to support them to manage the condition. This showed the person had been involved with their care planning and their views had been respected. Each person was also involved in a review of their care plan at regular set times and as required with the manager and their relatives.

Members of staff discreetly assisted people who needed support to use the bathroom. We saw one person ask to go to the lavatory and the staff member spoke to them giving reassurance and supported them to the bathroom. One person told us, "They treat me with dignity, always check how you are and ask questions about what you want to wear that day."

## Is the service responsive?

### Our findings

At the last inspection of 13 March 2017 this key question was rated as 'Requires Improvement'. At this inspection we have judged that the rating has improved to 'Good'.

At the last inspection we found that people's care plans recorded their preferences but did not always detail how these would be met. We also found the service provided activities but were not always directed towards the people's preferences.

At this inspection we found that people received personalised care that was responsive to their need and preferences. We saw in one person's care plan information that they liked cats. They told us, "We have a cat that lives here and I think we have both found somewhere good to live." Another person told us, "We have a plan of what we are going to do but we do not always stick to it, depends what we want to do on the day."

The service staff had spent time with people to identify and respond to their needs. A person informed us that they had enjoyed the outing the day before to the garden centre and bird sanctuary. In the afternoon of our inspection visit we saw staff and people living at the service making fudge. While doing this people spoke to us and each other about past experiences of baking and cooking. One person informed us they liked to sit out in the garden and staff had helped them to prepare pots and baskets of flowers. People living at the service informed us that representatives of the clergy regularly attended the service and they found this comforting.

Prior to providing any support the service undertook a detailed assessment to determine if it could meet the person's needs. Usually the lead nurse or in their absence another senior nurse would complete an assessment of the needs of new perspective people considering to use the service.

We saw that the assessments were recorded in the person's care plan. The assessment had been used to write a support plan which was updated appropriately through reviews at set times and also on an as and when required basis. The service had taken account of people's religious and cultural needs. The service worked with people and their families to fulfil those choices, so that the focus of a person-centred service was paramount at all times.

People received support which was personalised and responsive to their individual needs. The care plans were written in a positive and person-centred way. For example, focusing upon what the person could do for themselves and what they required assistance with.

The support plans we viewed were detailed to show how people would like to receive their support and allow the person to have as much choice as possible. The care plans contained personal information including life history about the person and their preferences which would show how they liked to receive their care and support. People who used the service considered that their support was focused on their individual needs and met effectively.

The daily records showed people's needs were being appropriately met. All the people we spoke with said that the staff completed the daily notes each day. We saw in the support plans that as well as regular planned reviews, further reviews had been taken in response to events and changes made.

The service had a policy and procedure for the recording of complaints. We saw that information had been carefully recorded and the service had responded to the complaint as per policy. Staff had tried to resolve complaints and the lessons learned had been shared across the service for the benefit of all concerned. The director explained to us that people could make complaints and they would be dealt with fairly and appropriately as per the procedure. They considered that the staff and themselves were pro-active at resolving any issues as they arose. This was confirmed by the staff we spoke with. One person told us, "I have never had to make a complaint I am quite happy here and the nurse would sort anything out for me." A relative told us, "A weight off your mind as I have never made a complaint and the manager you can speak with and I feel sure would do all they could to sort out any problem."

Members of staff informed us that they had time to spend with people at the end of their life. Staff had received training with regard to end of life care and planning. People living at the service and relatives we spoke with informed us that staff had discussed and recorded information about end of life care with them. A relative informed us that they considered this difficult subject had been raised with tact and understanding for both them and their relative.

People were supported with their end of life, palliative care planning. The director informed us that the staff would work with other professionals including hospice nurses to support the person as long as they could in their home.

## Is the service well-led?

### Our findings

At the last inspection of 13 March 2017 this key question was rated as 'Requires Improvement'. At this inspection we have judged that the rating has improved to 'Good'.

At our last inspection we found that although audits to check the quality of the service were being carried out they had not been in place long enough to determine if they were effective.

At this inspection we found that a number of audits regarding the direct care of the people living at the service and the environment were being carried out. Information from the audits was used to inform management and staff meetings to maintain and develop the service. We saw that as well as carrying out audits themselves the service staff had invited the dispensing pharmacist to audit the medicines used at the service. This further audit supported staff to manage medicines safely and effectively for the people living at the service.

There were clear lines of accountability and responsibility within the management structure. There were policies and procedures in place which included information about how the service would check upon the quality provided and action to be taken. This included information displayed on a board for all people to see which explained actions taken by the staff in response to the suggestions of the people living at the service.

We saw at this inspection the care plans were reviewed for accuracy every month by the lead nurse. They checked that important information regarding people's on-going care such as dressings and weight charts had been recorded. The lead nurse organised the staff team to act upon any changes in the person care. This included contacting GP's and other specialist professional staff when required. We also saw that risks to people's safety were well managed. Incident/accident forms were collated and reviewed so incidents could be learned from. By collating and analysing this information it was possible to identify themes and trends. This enabled the service to judge the effectiveness of their risk assessments and ensure actions taken were appropriate to people's needs.

At 11am each day senior staff held a meeting together to discuss people's well-being. This was also an opportunity to communicate information to each other and determine any actions needed to be taken for the smooth-running of the service. These meetings were used to drive the continuous improvement of the service. Staff checked with each other the progress of actions that had been agreed at the previous meeting.

The service had a manager in post. They had relevant care experience and were supported by a head of care, who is a qualified nurse and other qualified nurses. They demonstrated a good knowledge of care, relevant legislation and an understanding of the needs of people using the service. A member of staff told us, "I feel very well supported as you can speak with any of the managers and they will help you." A relative told us, "I feel the place is well managed by experienced people."

Staff felt well supported by the manager and said they were visible at the service and always approachable. They said the director visited the service regularly and was also available to help and was supportive. One

person informed us that they thought the staff were amazing and appreciated the director attending the service frequently and spending time talking with them and other people at the service. A member of staff informed us that the manager and director were both approachable and supportive to them.

Staff support was scheduled for the year and included direct observations of their practice. There were also formal supervision which provided staff with the opportunity to have protected time to discuss day to day practice matters. In addition, the manager said they led by example and would help out with people's care needs as required. They said they would not ask staff to do anything they would not do themselves.

The manager informed us about team work and the support they received from the staff and the owners of the service. They said there were effective systems in place to ensure the service was providing care to meet people's needs. They told us they welcomed people's feedback and used it to improve the service where required and ensure the service was driven by people's needs and wishes. All of the relatives we spoke with informed us that they were invited to people's care reviews and this was also an opportunity to talk with the manager about the service in general. They also informed us that the manager frequently asked when visiting their relative for feedback on the service. The director analysed written feedback of the service from the people using the service and their relatives. Comments were positive and favourable.

The lead nurse informed us that they enjoyed working at the service as the staff worked as team around the clear visions and values of the service which were displayed around the service. This was to promote it was the persons home where staff provided nursing care. They considered that staff had worked at the service for a long time and this was because they felt well supported. An example of this is that the manager and director tried to arrange annual leave and days off as requested by the staff. A further example of support was the training provided for all of the nursing staff by the director to revalidate their nursing qualification. Qualified nursing staff have a responsibility to keep their professional qualifications updated and must revalidate their qualification to practice every three years with Nursing and Midwifery Council.

The manager supported by the directors of the organisation provided an on-call system so that advice and support could be sought by the staff at the service at anytime.