

Healthcare Homes Group Limited

Walcot Hall Nursing Home

Inspection report

Walcot Hall
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Date of inspection visit:

09 December 2021

17 December 2021

Date of publication:

30 December 2021

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

About the service

Walcot Hall Nursing Home is a residential care home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 42 people.

Walcot Hall Nursing Home is a large adapted period house on the outskirts of a village and has extensive and pleasant grounds for people to enjoy. There are communal dining and recreation areas. Accommodation is arranged on two floors.

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

People were safe, risks were assessed, monitored and well managed. Staffing levels met people's personalised care needs. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely. The service was clean and tidy. People were supported to access health and social care professionals.

People received enough food to eat and a selection of drinks were available. People's dietary needs were assessed, and guidance was available for staff within care plans. A relative told us, "[Family member] has not got a good appetite, but staff provide lots of alternatives to encourage them to eat."

There were various activities available for people to engage in as they wished. People were supported with their interests, and links with the community were maintained where possible following government guidance for COVID -19. Families were welcomed to the service. There was a complaints procedure in place and the provider responded to complaints appropriately.

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

People and relatives told us staff were kind and caring. Care plans contained personalised detailed information to guide staff. The management team reviewed the care and support provided to people. The registered manager carried out regular checks on the quality and safety of the service and understood their regulatory responsibilities. People gave positive feedback about the management. One person said, "The registered manager's door is always open, we are all always greeted with a smile." Staff were positive about the registered manager, who they said was open and supportive.

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

Rating at last inspection

The last rating for the service under the previous provider was good published on 5 February 2020.

Why we inspected

This was a planned inspection due to a change in provider.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Walcot Hall Nursing Home

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 Care Act 2014.

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

This inspection was undertaken by two inspectors.

Service and service type

Walcot Hall 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced. Inspection activity started on 9 December 2021 and ended on 17 December 2021. We visited Walcot Hall Nursing Home on 9 December 2021

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with a visiting professional during the inspection. We spoke with eleven members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef. We undertook some observations as a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. One person told us, "I feel very safe, [staff] look after me very well."
- Safeguarding information was available for people and relatives, which contained details of who to contact.
- Staff received safeguarding training and recognised signs of abuse. Staff said they were confident to report concerns to the local authority, police and CQC.
 - Staff were aware of the whistleblowing process. One member of staff told us, "I would always raise anything that I was concerned about. I feel confident the [registered] manager would deal with it."

Assessing risk, safety monitoring and management

- Regular safety checks had been completed. For example, checks were completed for moving and handling equipment, alarm systems, fire drills and building maintenance.
- People's individual risks had been assessed. Risk assessments were in place and had been reviewed regularly. These included areas such as weight management, falls risk, choking, oral health, and moving and handling.
- Personal Emergency Evacuation Plans (PEEPs) were up to date and regularly reviewed. They detailed the support each person required to enable them to safely leave the premises in an emergency.

Staffing and recruitment

- The registered manager regularly reviewed staffing levels. Staffing was reflective of people's changing needs.
- Staff responded to call bells in a timely way. One person told us, "When I use my call bell, staff come quickly."
- The provider's recruitment policy and procedures ensured as far as possible that new staff were suitable to work in the service. This included a criminal record checks and references from previous employers.

Using medicines safely

- People received their medicines safely and as prescribed.
- Staff had received training on how to manage and administer people's medicines safely.
- People's care plans included protocols which provided staff with information on how to administer as and when required medicines.
- Systems were also in place for the storage and safe disposal of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. The provider had checks in place to ensure staff and professionals entering the service had appropriate vaccination status.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. Staff were seen to be wearing and changing their PPE throughout the inspection.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 the provider was facilitating visits for people living in the service in accordance with the current guidance.

Learning lessons when things go wrong

- The provider to demonstrate they assessed and learnt from mistakes.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. Staff were informed of any actions through handovers and team meetings.
- The registered manager told us all accidents, incidents or 'near misses' were reviewed to reduce future risk of reoccurrence

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff involved people in how they received their personalised care and support. A person told us, "I am happy with the care I get. I am very happy with living here. Staff are always talking with me about what I like and don't like."
- Assessments of people's needs were supported by advice from other professionals. For example, support of a dietician for meeting a person's nutritional needs.
- Staff were able to explain people's needs and how they supported them.

Staff support: induction, training, skills and experience

- Staff received appropriate training and had the skills they required to meet people's needs. Training plans were in place and these were reviewed and updated on a regular basis. Staff told us they had the required skills to meet people's needs. One member of staff told us, "We get plenty of training and can ask for additional support and training if we are not sure of anything."
- Staff had regular supervision meetings with a member of the management team which supported their development. Staff told us the registered manager operated an open-door policy for informal discussions and guidance when needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were highlighted in their care plans and any risks of malnutrition were managed. Food and fluid charts were in place for those people at most risk to monitor intake and prompt reviews where required.
- People had choices and access to food and drink throughout the day. Where people wanted to have a specific meal, they were able to request this. One person told us, "I enjoy my food and staff give me a choice every day."
- The dining environment was pleasant, and people were not rushed whilst eating. A member of staff sat and chatted with people during their mealtime.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were involved in decisions about their care and felt listened to if they needed access to health services.
- People received care from health professionals in a timely manner and referrals for relevant professionals were completed. A visiting professional was complimentary about the support they received from staff on arrival and were given all the relevant information before seeing the person.

Adapting service, design, decoration to meet people's needs

- The service was clean and tidy.
- The environment was adapted to meet people's needs. There was an easily accessible garden space. There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.
- The registered manager told us improvements were being implemented to make the service more accessible for those living with dementia.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where people lacked capacity to make certain decisions for themselves, this was recorded in their care records. Capacity assessments and specific best interest decisions had been undertaken which considered people's preferences and wishes.
- People told us staff asked for their consent when supporting them. We also observed this practice during the inspection visit.
- Staff were provided with MCA training and understood the principles.
- The registered manager ensured applications to deprive people of their liberty had been made by the service in a timely way.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt the staff treated them with respect. One person said, "Staff treat me wonderfully and I couldn't be better looked after."
- We observed staff interacting with people in a caring way. They gave people time to respond and repeated the question in a different way if they could not understand what was being asked. One person said, "Staff listen to me. They are so kind and caring."
- Staff had a great understanding of people's support needs, and their likes and dislikes.
- People experienced positive interactions with staff. These interactions showed they clearly enjoyed each other's company, and furthermore, they treated each other as equals.
- People's cultural and religious needs were detailed within their care plans.

Supporting people to express their views and be involved in making decisions about their care

- People could express their views about the service they received, and we observed staff offering choices throughout the day.
- People told us they were involved in developing their care plans and making decisions about their care. Where people could not make decisions about their care, family members were involved. One relative said, "We have been involved in discussion around [relatives] care."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with kindness, dignity, respect and their independence was promoted. One relative told us, "Staff encourage [relative] to do what they can for themselves."
- Staff informed us that it is very important that we treat people with dignity and respect. One person said, "Staff always knock on my door and wait for a response before entering."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff. A relative told us, "I was asked about [family members] likes and dislikes and their history when they came in."
- People were encouraged to maintain hobbies and interests. The activities co-ordinator supported people with activities of their choice, for example arts and crafts, reading and games.
- Visitors were welcomed, relationships encouraged, and families involved in activities. People living at the service had formed friendships with each other. One relative commented, "[Family member] joins in the activities, enjoys music sessions and sees the staff as his friends."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information for people was available in different formats such as large print and pictorial prompts. This meant information was given to people in different ways to enable their understanding.
- People's communication needs were identified, assessed and recorded in their care plans. Staff told us how they used body language or signs as a means to know if people with non-verbal needs may require support.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which was shared with people. Relatives knew who to speak to if they were unhappy with any aspect of the care provided.
- There had been a number of compliments received. One relative said, "The nursing staff were very professional, and the care staff couldn't have been more helpful."
- People and relatives told us they were comfortable in raising concerns if they needed to and were confident it would be dealt with.

End of life care and support

- The staff team ensured that people's wishes were recorded and fulfilled at the end of their lives. They supported people and their relatives to discuss what they wanted to happen.
- The provider's ethos was for people to choose where they wanted to receive end of life care. If people

wished to remain at the care home, staff worked closely with the GP and community nurses to make this happen where possible.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in making decisions about the care they received.
- People had knowledge of who the registered manager was and felt they could speak up if they needed to. One person said, "[Registered manager], they talk to you. I don't have any worry. Their door is always open."
- Links with the local community were on hold due to the pandemic.
- Staff told us, "Everyone is friendly, I enjoy coming to work, I feel comfortable talking in meetings and I am proud of the staff and residents. The home has a family atmosphere."

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 was aware of their responsibilities under the duty of candour. The provider had an open, transparent approach to communication with people and their families.
- Relatives said they felt they were kept informed when things went wrong. A relative said, "[Family member] had an accident, the staff rang me straight away and updated me on their progress."
- Lessons were learnt and communicated widely through staff meetings to support improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well-run. Staff at all levels understood their roles and responsibilities and the registered manager was accountable for their staff and understood the importance of their roles.
- Audits were completed on a wide range of areas of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service.
- Staff told us they were well supported. There were staff meetings which provided a forum for discussion. Staff were encouraged to continue their professional development, undertaking further vocational qualifications. One member of staff told us, "The registered manager is very very approachable and always willing to help and support."
- Staff told us, and we also saw, the registered manager was visible in the service and was available if anyone needed to speak with them. One staff member said, "[Registered manager] is approachable and their door is always open."
- The management team ensured there was always a team leader available. Their presence offered support

to the staff team as well as ensuring they were able to monitor staff practices throughout the week.

- Legally required notifications were submitted to the CQC as required, and when things went wrong there was evidence people and their relative's feelings were acknowledged, responded to, and they were kept informed.

Continuous learning and improving care; Working in partnership with others

- Staff development was supported by the management. Staff had been supported to undertake National Vocational Qualifications (NVQ). These are work based qualifications that recognise the skills and knowledge required for the job role.
- The provider had assessed the impact of COVID 19 on the service and devised a contingency plan to keep people safe.
- Information available to us before this inspection showed staff worked in partnership with other organisations, such as the local authority safeguarding team. The registered manager contacted other organisations appropriately.