



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Wardington House Nursing Home
Address:	Wardington House Nursing Home Wardington, Banbury Oxfordshire OX17 1SD

The quality rating for this care home is:

three star excellent service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Kate Harrison	2 9 0 1 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Information about the care home

Name of care home:	Wardington House Nursing Home
Address:	Wardington House Nursing Home Wardington, Banbury Oxfordshire OX17 1SD
Telephone number:	01295750622
Fax number:	01295750036
Email address:	george.tuthill@wardington.com
Provider web address:	

Name of registered provider(s):	Wardington House Partnership
Type of registration:	care home
Number of places registered:	60

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	60	0
mental disorder, excluding learning disability or dementia	60	0
old age, not falling within any other category	0	60
physical disability	60	0

Additional conditions:

The maximum number of service users to be accommodated is 60

The registered person may provide the following category of service; Care home with nursing (N) to service users of the following gender: Either whose primary care needs on admission to the home are within the following category: Old age, not falling within any other category(OP) Dementia (DE) Mental disorder, excluding learning disability or dementia (MD) Physical disability (PD)

Date of last inspection									
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Brief description of the care home

Wardington House lies on the edge of Wardington village close to the town of Banbury. The home has been providing care for individuals with dementia and other mental disorders since 1965. The home aims to provide a relaxed, stress-free environment so that individuals can retain their freedom of choice and individuality. The home's

Brief description of the care home

minibus provides safe transport for trips out of the home.

The accommodation is provided on three floors and is accessed by a passenger lift. There is a mix of single and larger rooms, and a top floor special unit with up to 7 sharing. Within the complex there is also a unit for people who want more independence. The 3 large communal lounge/dining rooms offer choice and space for individuals to walk around in safety. Large picture windows provide an open aspect to the extensive attractive grounds, and the grounds are accessible to the people living there.

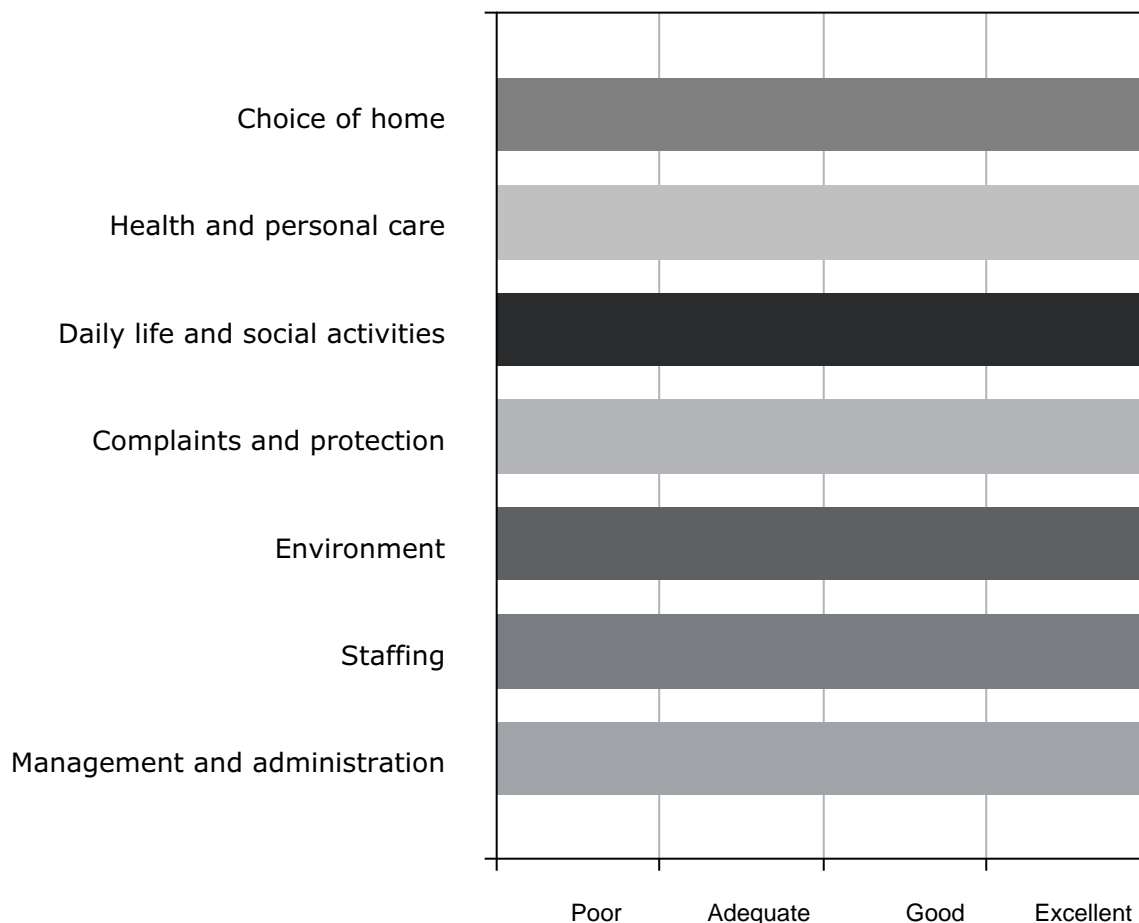
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

This inspection was an unannounced Key inspection and was conducted by one inspector over 6 hours during one day. It was a thorough look at how well the home is doing, and took into account detailed information provided by the home through the Annual Quality Assurance Assessment (the AQAA) and any other information we received about the service since the last inspection. We asked the views of people close to those living in the home through our survey, and other people we met during our visit. We saw documents and records about the care provided and discussed the running of the home with the managers. We saw all areas of the home used by the people living there, we looked at how the home manages people's medication, and we observed lunchtime in the dining room. We spoke to several people living in the home, and observed how the staff team interact with them. We looked at how the home is

meeting the standards set by the government, and in this report we make judgements about the standards of the service.

The date of our last inspection visit was 15 March 2007, and the home's fees currently range from GBP 820 to GBP 885.

What the care home does well:

People living at the home benefit from the stable experienced staff and management team. There is a clear vision throughout the staff team about supporting the people living in the home to live as they want to. The management of the home has an understanding about how dementia affects people in different ways, and has developed strategies in staff training and technology to overcome any barriers. The home has worked to make sure that the staff team have all the training they need, so that they can look after people with dementia to a high standard. The preadmission assessments are carried out carefully to make sure that the home is able to meet the needs of the individual, and the health and personal care needs of the individuals are met.

There is an emphasis on supporting people living at the home to retain their dignity, through actions taken by the staff to meet their needs in a proactive way. Comments from people who responded to our survey showed that the staff team respect people living in the home. One comment was 'Kindness and patience are predominant in all the dealings staff have with people who live there', and another was 'Dignity is highly respected'. The home uses information from the life histories of individuals to create a familiar environment and this enables individuals to be at ease and feel free. The home involves relatives and friends in the life of the home, and this helps to foster a friendly welcoming atmosphere. The home continues to seek out innovative ways to adapt the environment to meet the needs of the people living there, particularly through the use of technology. Staff training is good, as the home is able to provide tailormade training to meet the staff needs in the home's training centre. The staff team is well supported by the home through creative staffing arrangements and there is a stable core of trained staff available to care for the people living in the home. Health and safety arrangements are good.

People who responded to our survey said that the home does not institutionalise people they care for, that the staff are 'in constant attendance', are 'upliftingly patient and cheerful', and one respondent said that the home brings 'confidence and peace of mind' about the care of their loved one.

What has improved since the last inspection?

A registered nurse is now responsible for managing the activities provided, and a wider range of activities have been provided to suit the needs of the individuals. The home has improved the way it communicates with relatives about events, and has more information about the home on the internet. The menus and how food is presented have been improved. Better computerised reporting systems are helping to improve the administration of the home.

A new sprinkler system is installed, and this improves the safety of people living in the home. Several rooms have been decorated and a new assisted bathroom has been installed. More staff training has taken place.

What they could do better:

The home has identified in the AQAA how it intends to continue the improvements, through continuing staff development and through applying new and developing technologies. The home has planning permission to build more single rooms with specially designed bathrooms, and this will help to provide more accommodation choice in the home.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The preadmission process includes an assessment of need, and all the information about the person to be admitted is available so that the home knows that their needs can be met.

Evidence:

The home has a strong philosophy of how to care for people who are living with dementia, based on their right to live freely in the home. The managers understand the importance of having enough information about the individual from admission, so that the staff team can understand how to respond to the individual's dementia behaviour after admission. People who responded to our survey said that they were told about the philosophy at their first meeting, and families are asked to provide as much information about the individual before admission as possible. The home's matron carries out a full assessment of need before an individual is admitted to the home, and takes into account any information from family members or other

Evidence:

representatives showing how the individual would like to be cared for. The information is carefully considered to see if the home is suitable to meet the needs of the individual, and focusses on how positive outcomes for the individual can be achieved at the home. Information is also requested from key care professionals when appropriate, such as general practitioners (GPs) and discharging hospitals, so that all the important information about the individual is known and recorded. People who responded to our survey said that the admission process centred on the needs of the individual, that they were able to visit the home as often as they wanted before deciding, and that they were provided with a very personalised service.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The health and personal care needs of individuals are known and met, in a way that shows respect for their privacy and dignity.

Evidence:

The health and personal care needs of individuals admitted to the home are recognised from information obtained during the admission process, and from detailed recorded observation during the first 72 hours the individual spends in the home. We saw the care records for four individuals, and saw that risk assessments are carried out for care topics such as nutrition, mobility and skin care. Care plans are developed when necessary, so that the care staff have all the information they need to look after the individuals in the way they prefer. The home gives a 'statement for staff' to new care staff about the philosophy of the home, and regularly discusses the home's aims and objectives about how people with dementia should be cared for in the home. Staff are taught to observe reactions to their interventions, so that they can better understand the wishes of the individual, when the individual cannot communicate verbally with them. The focus is on the need of individuals to feel and be free within the home, and

Evidence:

on the staff member's duty to respect their privacy and dignity.

Nobody in the home manages their own medication, and the home has a good system in place for those whose GPs prescribe some medication. Medication is provided by a large high street retailer, delivered monthly and kept securely in the home. There were no controlled drugs prescribed or kept at the home at the time of our visit. The medicine administration record is used to record the receipt and administration of medication, and we noted that one record had not been completed for medication recently received. This issue was investigated and the receipt of the medication recorded, so that an accurate audit of the home's medication is available.

One relative commented 'staff are particularly receptive to any expression or sign of discomfort or pain', and another said that matron 'rings for permission or to discuss an alternative' when there are changes to be made. All the people who responded to our survey said that their relative receives the medical support they need.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has a sustained track record in supporting people living in the home to live as they want to, and provides them with personal, social and cultural opportunities to do so.

Evidence:

The home strives to meet its statement of purpose in providing care in such a way that people living in the home are free from restrictions, from instructions and orders, and are free to be happy and enjoy their lives. The focus is on learning as much as possible about the individual, and using the knowledge to provide the type of lifestyle appreciated by the individual. We saw that care records are kept to show that there is a team effort to understand the individual's needs, and that daily life is organised around the individual's liking. People who responded to our survey said 'At Wardington there does not seem to be a regimented routine', 'the atmosphere is one of tolerance and understanding'. There are design features outside so that individuals can safely use the garden and inside so that individuals' privacy is protected in their bedrooms. We saw that the range and frequency of the activities provided meets the needs of all the people living in the home, and that the activities are appropriate for the individuals, as they help people living in the home to remember past times. The

Evidence:

activities include visits to local pubs and museums, library, fetes and cricket and football matches, and indoor activities of film shows, exercise groups, singing, dancing and music. People who responded to our survey gave positive comments about the activities provided, such as 'X enjoys a range of activities far superior to anything we could provide', 'a great deal of imagination and ingenuity goes into devising activities and entertainment which are stimulating and appropriate', 'animals such as cats and rabbits to stroke', and 'staff often chat to X and read extracts from newspapers or magazines'.

The home supports people to fulfill their individual wishes for themselves, and is responsive to the needs of individuals to have personal relationships. Families are very welcome at the home, and are encouraged from the individual's admission to work in partnership with the home in the care of their relative. Other people are welcomed into the home, such as ministers of religion, and people are supported to practice their religion in whatever way they want.

The home recognises the importance of nutrition in caring for people with dementia, and has found ways of improving food intake when necessary. A Meals Review Group meets regularly to discuss food issues and regularly comes up with new ideas to improve meals and mealtimes. There is a lunch and supper club, where individuals with more independence are able to eat together. Menus are developed with the preferences of the people living in the home in mind. Mealtimes are unhurried and one carer acts as the waitress, so that other carers can concentrate on helping people to eat. Carers have training in helping individuals to eat, and we saw that they are able help in a sensitive manner. People who responded to our survey said that the food was good, commenting: 'I particularly like how they cater to individual needs at breakfast time', 'X has gained quite a bit of weight since arriving'.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living in the home and their relatives have a high level of trust in the staff team, and are supported by the home's philosophy and procedures.

Evidence:

The home includes its complaints procedure in the statement of purpose and every person living in the home is provided with a copy. The procedure is also available in the home and on the home's website. Complaints and concerns are recorded, and no complaints have been received since the last inspection. We have not received information about any complaints made to the home. The home's management has regular contact with families and welcomes comments about the quality of the service. Responses to our survey showed that people knew how to complain if they wanted to. Examples are 'It is our view that X is sufficiently comfortable and trusting of staff that she would tell them if there was anything wrong', 'I know if I had a problem that any of the staff would deal with it, and if it was serious I would speak to Matron or Mr Tuthill'.

Training is provided for all new staff about protecting people living in the home from abuse, and regular update training is provided. We saw that the home has a copy of the local safeguarding guidance, and staff are provided with information about how to respond to suspicions or allegations of abuse.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The best interests of the individuals are regularly reviewed so that the environment continually meets their needs.

Evidence:

The home's management is aware of the needs of the people living in the home, and continues to develop the environment to meet their needs and to meet the statement of purpose regarding freedom of movement. Creative solutions have been found to issues arising, such as individuals going into other people's rooms, and the home's staff and management continually reflects on how changes to the environment can improve life for those living in the home. There is a dedicated department to manage maintenance issues, and updating and refurbishment of the home continues on a rolling programme. Decorators were working in the home during our visit, and we saw that they took the needs of the people living in the home into account during the decoration. There were no issues identified by the environmental health officer for addressing at the recent visit. We saw the home's laundry and saw that infection control measures are in place. The home continues to seek out innovative technological solutions to make life easier for the people living in the home. People who responded to our survey said that the home is 'always' fresh and clean, and one person commented: 'Over 3 years I have never seen the sitting rooms or bedrooms anything other than sparkling'. Another comment was that 'the low level windows in all

Evidence:

the rooms giving a view of the countryside not only makes the rooms light and bright they also give a feeling of expansiveness'.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The best interests of the people living in the home are met by the home's policies and procedures about recruitment, staffing numbers and staff training.

Evidence:

The home has considered how best to provide a reliable motivated trained staff team, and has developed innovative ways to bring it about. There is a staffing rota showing multiple shift patterns, allowing shift overlap times for nurses and a good supply of staff. This innovative way of managing staff benefits people living in the home, for example it allows the nursing staff to have regular time away from clinical duties to update records. People who replied to our survey gave positive comments about the staff team, one commenting 'at the different times and days when we have visited the staff are available and engaged with residents, talking with them, walking with them, feeding them or seeing to a whole host of needs, physical and emotional'. Other responses confirmed that there are 'always' staff available when needed, and that staff listen and act on what people say. The home has a training centre where much of the staff training is carried out, and specialises in dementia training. All staff in the home complete dementia training, and all the care staff have mandatory health and safety training, such as moving and handling and fire safety training, and other training such as how to help people to eat, and equal opportunities. Some nurses have specialist training, for instance in wound management, and act as the home's resource for the

Evidence:

staff team. We saw the staff training matrix and noted that the numbers of care staff with National Vocational Qualification (NVQ) Level 2 in Care has increased to 33%, and the home encourages the staff to enroll on the training. Several staff members have difficulty because of the few hours they work, and there are restrictions about using the home's own NVQ assessors. The home compensates for this by providing in house training on relevant topics for all staff members, and having short discussions about care practice during shift handover. The home's matron and deputy matron are completing a mentoring qualification, to better support the staff team in their work. We saw the recruitment records for three members of staff, and noted that all the necessary information was available. The staff rota has a colour code system to show the supervision arrangements for those awaiting their Criminal Records Bureau clearance.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The best interests of the people living in the home are met through the way the home is managed.

Evidence:

The home's management has remained stable for the past nineteen years, and has a sustained track record of managing improvements to the home. The management has a clear vision about excellence in the provision of care for people with dementia, and aims to provide the environment, staffing and management to enable the individuals living in the home to live happily. The home aims to understand the needs of individuals from the pre-admission procedures, and works to meet their needs through providing good staff training and a supportive environment. The matron and her deputy provide good role models for the staff team, and have an open and supportive approach to meeting the needs of the people living in the home.

The home's AQAA was completed by the responsible individual, giving detail of improvements and barriers, and he is supported by the home's matron and her deputy

Evidence:

who are responsible for the clinical care of people living in the home.

People told us through our survey that the home is well managed, and one relative commented 'Whenever we call at any time of night and day X is well cared for and her needs have been met'.

Along with the care staff the home's team includes housekeeping, maintenance, kitchen staff and an administration team. The home regularly carries out a quality survey and discusses the results with relatives at meetings. The home does not manage any petty cash for individuals. We looked at how the home manages health and safety issues and found that it has a health and safety policy statement and provides training for staff so that they work safely. There is a fire risk assessment in place, and staff receive fire training so that they know how to behave in case of fire. The home has a sprinkler system in place and uses a fire consultant to make sure that all necessary precautions to protect against fire are in place.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
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Helpline:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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