



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Wardington House Nursing Home

**Wardington, Banbury
Oxfordshire
OX17 1SD**

Lead Inspector
Kate Harrison

Unannounced Inspection
15th March 2007 09:45

The Commission for Social Care Inspection aims to:

- 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

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Wardington House Nursing Home
Address	Wardington, Banbury Oxfordshire OX17 1SD
Telephone number	01295 750622
Fax number	01295 750036
Email address	george.tuthill@wardington.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	Wardington House Partnership
Name of registered manager (if applicable)	Mr George Tuthill
Type of registration	Care Home
No. of places registered (if applicable)	60
Category(ies) of registration, with number of places	Past or present alcohol dependence over 65 years of age (5), Past or present drug dependence over 65 years of age (5), Dementia - over 65 years of age (60), Learning disability over 65 years of age (5), Mental Disorder, excluding learning disability or dementia - over 65 years of age (60), Old age, not falling within any other category (60), Physical disability over 65 years of age (10), Terminally ill over 65 years of age (5)

SERVICE INFORMATION

Conditions of registration:

1. On admission persons should be aged 60 years and over.
2. Up to five named residents under the age of 60.

Date of last inspection 5th December 2005

Brief Description of the Service:

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. No routine tranquilizing or sedative drugs are used. Instead a relaxed, stress-free environment is offered so that residents can retain their freedom of choice and individuality. The home's minibus provides safe transport for residents' trips out of the home.

The accommodation is provided on three floors and is accessed by a passenger lift. There are 19 single rooms, 20 double rooms, 2 with 3 sharing, and a top floor special unit with 7 sharing. Within the complex there is also a unit for residents who want more independence. The 3 large communal lounge/dining rooms offer choice and space to wander in safety. Large picture windows provide a lovely open aspect to the extensive attractive grounds that are accessible to the residents, and allow a safe environment for them to enjoy.

There are plans to build more single rooms, with en-suite facilities, so that the residents can have more choice of accommodation. The total number of residents for which the home is registered is not expected to change. The weekly fees range from £720 to £850.

SUMMARY

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

The Commission has, since the 1st April 2006, developed the way it undertakes its inspection of care services. This inspection of the service was an unannounced 'Key Inspection'. The inspector arrived at the service at 09.45 hours and was in the service for 6.5 hours. This inspection was a thorough look at how well the service is doing. It took into account detailed information provided by the service, and any information that CSCI has received about the home since the last inspection. The inspector saw all areas of the home and looked at records and documents relating to the care of the residents.

The inspector asked the views of the residents, relatives and health and social care professionals about the home through questionnaires (comment cards) that the Commission had sent out. 15 individuals replied to the Commission's comment cards and their views are reflected in this report, plus 4 general practitioners (GPs). The inspector observed how staff work with residents and met several residents on the day, and also spoke to a relative and staff, including the registered manager, the matron, and the chef.

Very positive comments were made about the home, including; 'a centre of excellence', 'a real family atmosphere', 'a happy community with real concern for the individual' and 'an individual approach to care'. Relatives also valued the qualities of the staff members, 'sensitive and supportive', 'really understand' and 'work hard in difficult circumstances' were some of the positive comments made about them.

Equality and diversity matters are addressed well within the home, and this is due to the home's philosophy of paying careful attention to the needs of the individual. Staff are aware of issues through training and through guidance from skilled and knowledgeable senior staff.

What the service does well:

The home's philosophy is to continually strive to improve the daily life of the residents. The best interests of the residents are considered before any changes are made to routines. The residents are supported to enjoy the freedom of the home and the gardens, with minimum medication, and choose how they want to spend the day. The routines of the home are very flexible, and meet the needs of the residents.

Communication with relatives is good from the first contact, and relatives value the sharing of information and skills in a partnership for the good of the resident. Relatives can choose how much they want to be involved with the care of their relative.

The home encourages staff members to develop a thoughtful way of working, so that they can contribute to improvements. Each member of staff is valued as an individual who can positively contribute to the life of the residents. Good regular staff training is provided so that staff members are equipped to care effectively for the residents. The staff team works very well together, supported by skilled and knowledgeable senior staff. A strong administrative team provide effective support, and good safety systems are in place.

The home has a track record of providing good care, and is continually being improved in innovative ways, such as the sprinkler and ventilation systems, and is done in the best interests of the residents.

What has improved since the last inspection?

A lot of thought and effort has been invested in ways to improve nutrition and mealtimes, and now resident's benefit from a range of quality improvements.

One bathroom has been completely refurbished to a high quality, and all the fittings have been carefully considered so that they meet the needs of the residents, including an assisted bath. Several individual rooms have been refurbished to a high standard, and the refurbishment of a dining room is nearing completion.

The installation of the sprinkler system as a fire safety measure is nearing completion, and other refurbishment work due to the installation is ongoing. There is a new ventilation system to improve air quality and heat recovery, and a new nurse call system has been installed.

Two new portable hoists have been purchased and some bath hoists have been refurbished.

A new minibus is in use, with features to meet the needs of the residents.

The quality assurance system has been improved, and now relatives have an opportunity to contribute their views.

What they could do better:

The home has already identified ways to improve the environment of the home, and has plans to work towards providing more single rooms.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3 and 6. The home does not provide intermediate care. Quality in this outcome area is **excellent**.

Individuals' needs are assessed before admission to the home, and the home is able to meet the assessed needs. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Prospective residents have their needs assessed before admission to the home, usually by the matron. One relative told the inspector about the process and confirmed that the matron had visited and carried out the assessment. The relative said that the assessment covered all the areas of need, and since admission, the relative was happy that the home has met all the resident's needs. The relative confirmed that admission information is managed from a single point of contact with the home to reduce anxiety, and comments from other relatives via the Commission's comment cards showed that relatives valued this system.

The inspector saw documents showing the pre-admission information about three residents, and was satisfied that the home was suitable for the needs of the individuals. The home's senior managers confirmed that only individuals with dementia were admitted to the home.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10. Quality in this outcome area is **excellent**.

Health and personal care needs are well understood and documented, and care is delivered in a skilful respectful way. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The inspector saw the care plans for three individuals, and was satisfied that they covered all the areas of need, including physical, social, spiritual and emotional needs. After admission the staff pay particular attention to the first few days so that they can gain an understanding of the individual's personality and needs, and they record their observations so that appropriate care plans can be prepared.

Risk assessments for areas of care were carried out, including an evidence-based nutritional assessment, and care plans were in place to give details to staff members about the care needed. Staff were observed paying attention to the residents and were alert to the changing needs of individuals.

Medication is supplied by a national company and is held securely at the home. Two of the individuals whose records were seen were not prescribed any medication, and the medication for another individual was managed well.

All the GPs who responded to the Commission's comment cards said they were satisfied with the care at the home. Comments from them included 'happy well cared for residents', 'well managed', and 'excellent nursing care'.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15. Quality in this outcome area is **excellent**.

The staff team work in innovative ways to support the residents to enjoy daily life. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Activities are provided on a daily basis, including weekends, by a staff team who work with individuals and groups. The activity organisers are part of the care team, working closely with the carers, and so provide a holistic service. Two sessions were held on the day of the inspection visit, and residents joined in at differing levels. Individuals are free to move about the home as they wish, and some choose to use the front areas of the home, while others like to walk in the large garden to the rear of the home. Entertainers regularly visit the home, and residents go out regularly, often in the home's transport. Individuals are accompanied to venues by staff for special interest visits, and groups also use community facilities for bowling and are invited to visit local schools for events.

Visitors are very welcome at the home and the home works in partnership with families to support the residents. Outside agencies associated with dementia are welcome at the home, and some individuals maintain their contact with the support agencies after admission to the home.

Food and mealtimes have received considerable attention from the home's management team in the past months. The outcome is that a system has been developed to monitor and improve the intake of nutrients throughout the day, and innovative ways are used to make sure that residents take sufficient fluid and nutrients. The chef has been in post for a short while and sources food locally where possible. He pays particular attention to the presentation of meals so that the residents find the food is appetising. The residents in the Lunch and Supper Club use a separate dining room and staff members endeavour to create a sociable enjoyable dining experience for them.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18. Quality in this outcome area is **good**.

Residents' welfare is protected through robust procedures and good staff training. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The home has a policy welcoming comments and complaints, and sees any issues identified as ways to improve the service. The complaints procedure is clear and simple, and relatives know how to complain on behalf of the residents. A record of complaints is kept and issues are responded to as quickly as possible. No individual has contacted the Commission with issues about the home since the previous inspection report.

The home has procedures in place regarding safeguarding residents and new staff members are introduced to the topic at induction. Further training is provided on a regular basis and is structured so that staff can understand the issues relating to the residents they take care of.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26. Quality in this outcome area is **excellent**.

The environment is very well managed so that the residents can move about independently and safely. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The home is located within attractive grounds and the gardens are an important resource for the residents. Two gardeners manage the gardens, and residents are free to use the gardens whenever they wish. Measures are in place to keep the residents safe within the area, and the inspector noted how several residents enjoyed walking in the gardens.

The inspector saw private and communal areas of the home and noted that all areas were clean and well maintained. The installation of a sprinkler system for fire safety is nearing completion. The home has several individually designed systems to provide security for the residents, including private door locks, closed circuit television and security systems for the entrance and exits to the home.

The home has a staff team responsible for day-to-day maintenance, and good records are kept. The refurbishment of communal areas, private rooms and bathrooms continues.

The home has policies and procedures in place to manage infection control, and protective equipment for staff is easily available around the home. A new ventilation system is being installed to improve the air quality in the home, and there is a good system in place to remind staff of key infection control and energy efficiency procedures at appropriate times.

A staff team manage the home's laundry, and attention is given to mending clothes and to the washing by hand of appropriate garments.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30. Quality in this outcome area is **excellent**.

The needs of the residents are met by the home's flexible and robust recruitment and good training policies. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Most of the home's staff are local people who work part time and flexibly, so that the total numbers of care and housekeeping staff are high. The staff rota shows a complicated system is in place to manage the flexible working patterns. The system delivers a good ratio of staff members to residents, resulting in a good continuity of care for the residents, by staff they can relate to.

The matron and senior staff members encourage the carers to enroll on the National Vocational Qualification (NVQ) Level 2 in Care training, but because the majority of the care staff work part-time, it is difficult for the home to help the carers to progress quickly through the course. There are four assessors at the home and good progress has been made in the past year to bring the percentage up from 4% to 13%, to meet the National Minimum Standard of 50% NVQ trained staff.

A senior member of staff is responsible for staff training, and regular training is provided on mandatory and care issues. The home has a dedicated training room with appropriate equipment, and incentives are provided to encourage staff to take up training opportunities.

Good training is provided about dementia for new staff members and regular update training is provided. Equality and diversity training is provided for all staff so that they can recognize and address discriminatory practice. The inspector noted that staff are alert to the changing needs of individuals with dementia, and are able to put training into practice.

The inspector saw the recruitment files of three individual members of staff, and was satisfied that the home's recruitment procedures are appropriate and robust.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 35 and 38. Quality in this outcome area is **excellent**.

The home is run in the best interests of the residents through effective management procedures. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The managing partner is the responsible individual and is experienced and skilled, and works with the senior management team to meet the needs of the residents. He takes a keen interest in the application of technology to address the needs of the home, and is continually seeking effective solutions to problems arising. The matron and her deputy are both registered nurses, are responsible for the care of the residents, and both are well trained, efficient and effective. There are good strategies in place to ensure effective communication within the management team.

Relatives find that the management style is open and responsive.

Quality assurance is managed on several levels at the home, with identified staff members responsible for different areas. In the past few months a formal quality assurance survey has been carried out to gain the views of the relatives and the results will be made available when analyzed.

The inspector saw cards from satisfied families with very positive comments about the care at the home.

The home does not manage any resident's money or financial affairs and families or other representatives manage these matters.

The home's health and safety team is responsible for fire safety systems and all other matters to do with maintaining the home's policy statement on health and safety. The maintenance general manager has systems in place to make sure that all the necessary checks are carried out and that staff members attend the appropriate fire training.

Comments from the Commission's survey about the home's management included: 'well managed', 'matron easily accessible', 'a very caring home', 'a happy community', and 'my relative is secure, well cared for and happy'.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	4
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	4
8	4
9	3
10	4
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	4
14	3
15	4

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	4
20	X
21	X
22	X
23	X
24	X
25	X
26	4

STAFFING	
Standard No	Score
27	4
28	2
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	2
32	X
33	3
34	X
35	3
36	X
37	X
38	4

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

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