Review of compliance

Wardington House Partnership Wardington House Nursing Home	
Region:	South East
Location address:	Wardington House Wardington Banbury Oxfordshire OX17 1SD
Type of service:	Care home service with nursing
Date of Publication:	January 2012
Overview of the service:	Wardington House Nursing Home is registered to provide accommodation for 60 older people with dementia who require nursing and personal care. The home is situated in Wardington, Oxfordshire.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Wardington House Nursing Home was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 28 November 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and reviewed information from stakeholders.

What people told us

Relatives comments in the homes survey showed that they thought people received the nursing care that they needed. One person told us, 'care was wonderful.'
Relatives told us they had regular contact with staff in the home and were able to discuss any concerns or aspects about the support provided to the people they visited.
Relatives confirmed that they participated in annual surveys carried out by the home where they commented about the quality of the services provided.

What we found about the standards we reviewed and how well Wardington House Nursing Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People were treated respectfully by staff who were observed to support people to be as independent as possible and make decisions about their lives. The care records for people did not give guidance to staff about peoples choices of how they wished to live. The screening in shared rooms offered limited privacy to people.

Overall, we found that Wardington House Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People had their needs assessed. Key areas of medical treatment and the personal care support people required were identified in the care plans. However, records did not give detail of how to staff were to achieve meeting peoples choices of how they wished to be supported. People did not have a plan of care to support them maintaining their interests or hobbies or with participating in activities.

Overall, we found that Wardington House Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The home had systems in place to safeguard the people who use the service from possible abuse. Staff had the knowledge to respond to and manage any concerns if abuse were suspected or reported to them. The home had delayed reporting concerns to the local safeguarding authority or the Care Quality Commission.

Overall, we found that Wardington House Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The home had effective recruitment processes in place to ensure the appropriate pre-employment safety checks were carried out, before an offer of employment was made.

Overall, we found that Wardington House Nursing Home was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The home had systems in place to monitor and assess the quality of the services they provided. People who lived in the home and their relatives were able to comment about the services provided by the home.

Overall, we found that Wardington House Nursing Home was meeting this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any

action we have taken.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
We did not talk to people living in the home about this essential standard.

Other evidence
We reviewed care plan records, spoke with staff and observed activities during our visit to the home.

We observed staff were respectful and spoke politely with people who used the service. We saw that staff encouraged people to make choices and enabled them to go about their daily activities as independently as possible.

The care plans that we reviewed held minimal information about the individual's choices of how they wished to live. However, information from the services quality assurance survey of relatives carried out in September 2011 supported that relatives had observed that people were enabled to live the lifestyle that they wanted. This was in regard to flexible mealtimes, going to bed and the pace of life that suited people. Relatives thought the staff treated people as individuals and showed them respect and understanding.

We were told there were 45 beds used in the 43 bedrooms in the home. The home was

registered for 60 people and a number of the beds were not in use as people preferred not to share rooms. We looked at the privacy screening between beds in the shared rooms. We saw in some rooms the mobile screens offered limited privacy this was particularly in a three bedded room and a seven bedded room.

Our judgement
People were treated respectfully by staff who were observed to support people to be as independent as possible and make decisions about their lives. The care records for people did not give guidance to staff about peoples choices of how they wished to live. The screening in shared rooms offered limited privacy to people.

Overall, we found that Wardington House Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
One person told us, 'care was wonderful.'

Other evidence
Relatives comments in the homes survey showed that they thought people received the nursing care that they needed

We reviewed care records and other documents, spoke with staff and observed support provided to people who used the service.

We observed people moving around the home as they wanted. We saw people sitting in different places and rooms. Some had chosen to be on their own and other people had congregated in the communal rooms. There was a general hum of conversation in the communal areas and staff were with people supporting them in a variety of ways, such as sitting with people chatting, or reading a paper with them. We were told that the majority of the people living in the home did not stay in their bedrooms during the day and only a small number of people remained in their rooms during our visit. We saw people using the outside spaces safely and independently.

The care records we reviewed highlighted the areas of nursing care needs people had. These had been identified from their assessment of need or any reviews of care that had been carried out. The key areas of medical treatment and the personal care support people required were identified in the care plans. However, the depth of information and guidance given to staff was variable in quality. The records did not give

detail and were not descriptive of how staff were to achieve meeting peoples choices of how they wished to be cared for or supported. Such as preferences for bathing, showering, or washing. We saw for some people their mental capacity to participate or make decisions about their care was not assessed or reviewed. People did not have a plan of care to support them in maintaining their interests or hobbies or with participating in activities. We saw risks to people's well being were assessed and plans of action were implemented to maintain their safety.

We were told about the activities by staff and saw information kept in the home about activities provided to people. There was a wide variety of communal events people could join in with that took place in the home and external to the home. There were concerts, theatre shows and open days where families, friends and the local community were invited to the home, such as children's activity days. Staff assisted people to enjoy exercise to music, crafts and visits by the Pat-a-dog scheme and a visiting rabbit. The home had a minibus and car that was used for drives out, shopping trips, and visits to the local public house. For those people less able there were quieter pursuits such as reminiscence, hand massage and music. We saw from the comments made in the relatives' survey carried out by the home in September 2011 that relatives were very pleased with the activities provided to people.

Staff we spoke with were able to give more information than what was recorded in the care records of how they supported people, met their nursing care needs and maintained their social welfare.

Our judgement
People had their needs assessed. Key areas of medical treatment and the personal care support people required were identified in the care plans. However, records did not give detail of how to staff were to achieve meeting peoples choices of how they wished to be supported. People did not have a plan of care to support them maintaining their interests or hobbies or with participating in activities.

Overall, we found that Wardington House Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We did not talk to people living in the home about this essential standard.

Other evidence
We looked at information that was held in the home in regard to safeguarding people who use the service from possible abuse. We spoke with staff and reviewed the information held in the home to assist staff to recognise and respond to concerns about people's welfare.

The care records we reviewed showed there was minimal information documented about the assessment of people's mental capacity and well being in regard to their level of vulnerability and their ability to participate in decision making. We saw staff had implemented risk assessments to identify areas of potential risk to people using the service. These were for managing aggressive behaviour and supporting people for personal care needs. We saw these risks were reviewed and changes made to reflect the changes in peoples needs.

We spoke with staff about their understanding of safeguarding people from abuse and what training they had been provided with. We found staff understood what to do should concerns be identified and they described how they would report concerns that may occur. Staff told us about the documented guidance there was in the home to support them should an incident occur. We reviewed the policies and procedures available to staff and found the some of the information was out of date, such as the contact address and telephone numbers of the local safeguarding authority.

We were informed during the inspection visit that a safeguarding referral had been made that day to the local authority and the Care Quality Commission. This was in regard to an incident that had been reported to the management at the home on 4th October 2011. We were informed that the home had investigated and taken action in response to the concerns identified.

Our judgement
The home had systems in place to safeguard the people who use the service from possible abuse. Staff had the knowledge to respond to and manage any concerns if abuse were suspected or reported to them. The home had delayed reporting concerns to the local safeguarding authority or the Care Quality Commission.

Overall, we found that Wardington House Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 12:
Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
There were positive comments about the staff including, 'nothing but praise for the staff they are most caring.'

Other evidence
We reviewed records for the recruitment and employment of staff.

The records we reviewed showed applicants were required to complete an application form with their full work history, a health declaration, and provide references and proof of their identity. We saw references were received from previous employers. Photographs of the member of staff were not held with the recruitment records, but were stored electronically with other information. Copies of the documents used as proof of identity, such as their passport or their driving licence had been obtained. There was supporting documentation to show that Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) list checks were received before staff commenced working in the home.

Information from the interview and selection process had been briefly recorded on the individuals application form. We saw that a new document record had been developed for when the next recruitment process was carried out to improve the homes recording process.

Our judgement
The home had effective recruitment processes in place to ensure the appropriate pre-

employment safety checks were carried out, before an offer of employment was made.

Overall, we found that Wardington House Nursing Home was meeting this essential standard.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
Relatives told us they had regular contact with staff in the home and were able to discuss any concerns,concerns or aspects about the support provided to the people they visited.

Relatives confirmed that they participated in annual surveys carried out by the home where they commented about the quality of the services provided.

Other evidence
We looked at some of the processes the home had in place to assess and monitor the service they provided. We spoke with staff and reviewed records held in the home.

We saw that the home had various methods of reviewing the quality of the services and accommodation that was provided. This was through annual surveys with relatives; the last process was in September 2011. Relatives were asked to comment on a range of topics from the philosophy of care, staff, nursing care, communication, housekeeping, food and activities. The management had a programme of reviewing the scores given from year to year to establish if trends were improving or there were areas that needed development. There were many positive comments made by relatives and only a few small minor concerns mentioned by people. We were not provided with information that these minor concerns had been acted upon. We were told that holding residents meetings had been unsuccessful in the past as people living in the home had found it difficult to participate in them. We were informed that staff had greater success in obtaining peoples opinion through the day to day support they provided.

There was a schedule of staff meetings which were held regularly, where the quality of the services provided in the home was discussed. This included subjects such as the impact of any refurbishment or building changes had on people living in the home and the activities staff provided to people.

We saw that the management team had detailed monitoring systems for the general maintenance and safety of the buildings and grounds of the home. This included regular audit checks of the facilities, fire safety and a refurbishment and rebuilding programme.

The home had a system for monitoring the staffing levels to ensure that they met the changing needs of people they supported.

Our judgement
The home had systems in place to monitor and assess the quality of the services they provided. People who lived in the home and their relatives were able to comment about the services provided by the home.

Overall, we found that Wardington House Nursing Home was meeting this essential standard.

Action
we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	Why we have concerns: People were treated respectfully by staff who were observed to support people to be as independent as possible and make decisions about their lives. The care records for people did not give guidance to staff about peoples choices of how they wished to live. The screening in shared rooms offered limited privacy to people. Overall, we found that Wardington House Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.	
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	Why we have concerns: People were treated respectfully by staff who were observed to support people to be as independent as possible and make decisions about their lives. The care records for people did not give guidance to staff about peoples choices of how they wished to live. The screening in shared rooms offered limited privacy to people. Overall, we found that Wardington House Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.	

Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	Why we have concerns: People were treated respectfully by staff who were observed to support people to be as independent as possible and make decisions about their lives. The care records for people did not give guidance to staff about peoples choices of how they wished to live. The screening in shared rooms offered limited privacy to people. Overall, we found that Wardington House Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.	
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: People had their needs assessed. Key areas of medical treatment and the personal care support people required were identified in the care plans. However, records did not give detail of how to staff were to achieve meeting peoples choices of how they wished to be supported. People did not have a plan of care to support them maintaining their interests or hobbies or with participating in activities. Overall, we found that Wardington House Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.	
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Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: People had their needs assessed. Key areas of medical treatment and the personal care support people required were identified in the care plans. However, records did not give detail of how to staff were to achieve meeting peoples choices of how they wished to be supported. People did not have a plan of care to support them maintaining their interests or hobbies or with participating in activities. Overall, we found that Wardington House Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.	
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	Why we have concerns: The home had systems in place to safeguard the people who use the service from possible abuse. Staff had the knowledge to respond to and manage any concerns if abuse were suspected or reported to them. The home had delayed reporting concerns to the local safeguarding authority or the Care Quality Commission. Overall, we found that Wardington House Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.	
Diagnostic and screening procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations	Outcome 07: Safeguarding people who use services from abuse

	2010	
	Why we have concerns: The home had systems in place to safeguard the people who use the service from possible abuse. Staff had the knowledge to respond to and manage any concerns if abuse were suspected or reported to them. The home had delayed reporting concerns to the local safeguarding authority or the Care Quality Commission. Overall, we found that Wardington House Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.	
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The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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