



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Wenham Holt Nursing & Residential Care Home
Address:	Hillbrow Liss Hampshire GU33 7PB

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:
Christine Bowman	2 0 0 2 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

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

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

Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Wenham Holt Nursing & Residential Care Home
Address:	Hillbrow Liss Hampshire GU33 7PB
Telephone number:	01730895125
Fax number:	01730893782
Email address:	wenham.holt@btconnect.com
Provider web address:	

Name of registered provider(s):	Wenham Holt Homes Ltd
Name of registered manager (if applicable)	
Mrs Rosemary Anne Gorvin	
Type of registration:	care home
Number of places registered:	50

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	50	0
learning disability	50	0
old age, not falling within any other category	0	50
physical disability	50	0
Additional conditions:		
The maximum number of service users to be accommodated is 50.		
The registered person may provide the following category/ies of service only: 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 categories: Old age, not falling within any other category - OP Dementia - DE Physical disability - PD Learning disability - LD		

Date of last inspection								
Brief description of the care home								
Wenham Holt Nursing and Residential Home is a family run business that is situated in a rural area near to the small village of Liss. The home offers nursing care for older								

Brief description of the care home

people with dementia, terminal illness and physical disability. The home is also registered to take up to five service users with dementia between fifty and sixty-four years of age, and ten persons with a learning disability can also be accommodated.

Sixteen of the beds within the home are designated as continuing care and this is in partnership with the local primary care trust. This facility is linked but separate from the rest of the home.

The fees for this home range from #625 to #677 per week.

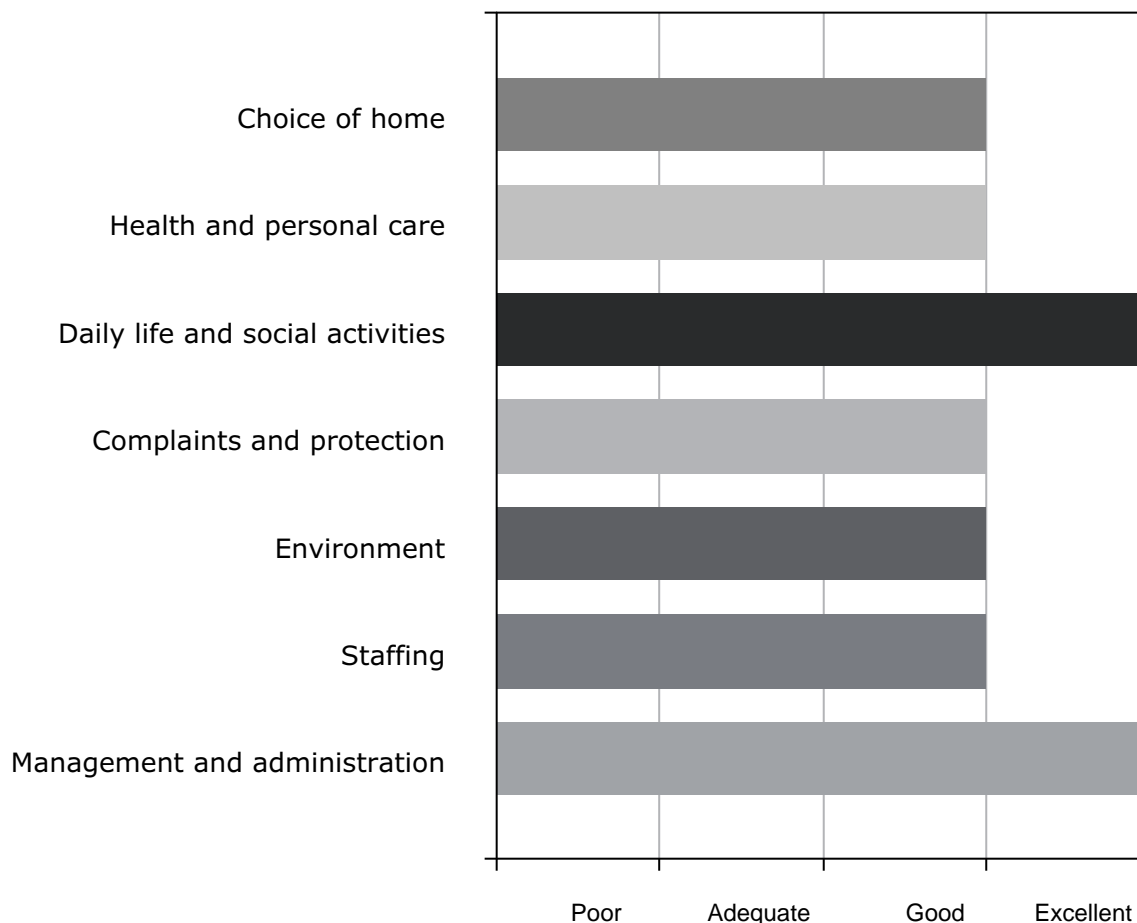
Summary

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 report includes information gathered about the service since the previous site visit on 1st March 2007 under the Commission's 'Inspecting for Better Lives' (ILB) process. The registered manager, Mrs Rosemary Gorvin, completed an Annual Quality Assurance Assessment (AQAA) giving up-to-date factual evidence about the running of the home and informing us of what they think they are doing well, how they have improved the service and of their plans for further improvements. Residents completed six service user surveys, some with support from their relatives and representatives, giving their views on the running of the home. Eight staff members and four healthcare professionals also completed surveys, giving their views on the care and support given to the residents. An unannounced site visit was conducted on 20th February 2009, to assess the outcomes of the key inspection standards for older

people with respect to the residents living at the home. The registered manager was interviewed and provided support for the inspection process by making residents' and staff files and other documents available to be sampled. A tour of the premises was undertaken and communal areas and some of the residents' bedrooms were viewed. A number of staff and residents were spoken with throughout the day and observations were made of the residents and of staff as they carried out their duties. Residents' and staff records, maintenance certificates and complaints and compliments records were sampled and the Statement of Purpose, the Service User Guide and policies and procedures were viewed.

What the care home does well:

A health care professional commented on what they thought the care service does well, 'it provides overall excellent care and meets the needs of very sick patients, many towards the end of life, with skill and compassion. Good team work, good communication with patients, relatives, and other health professionals. They provide nursing and health care workers, who work to high standards.'

Residents are treated as individuals, who are supported to follow their personal interests, enjoy stimulating activities, both within the home and in the community, and to retain as much of their independence as possible. Contact with important people in their lives is promoted and nutritious and attractive meals are provided. On the tour of the premises, in a large lounge, in the main house, residents were taking part in a song and dance session with a visiting entertainer. Some of the residents were dancing with the staff and their animated faces confirmed they were having a good time. Those who were watching were singing along and smiling.

A relative wrote on a resident's survey, 'I consider Wenham Holt to be an exemplary example of a care home, run by a person and staff, who are obviously dedicated to the well-being of elderly and very vulnerable people. It is a great comfort to me that my wife is in their care', and another relative stated, 'I don't think anyone could improve upon this service.' A resident commented, 'this place exudes kindness and care and I cannot recommend it more highly. I feel part of it, as a family.'

There was an open, positive and inclusive management approach at the home and staff spoken with felt valued. This home continues to be a family business and the manager stated, 'our philosophy is, that Wenham Holt Nursing Home is, above all, a home for our residents. We strive to offer a service, which is as personal as it can be, and recognise the importance of the relationship between a person receiving care and a care provider, and take the provision of care very personally, as we are so involved in this respect, with our residents. We all work very hard at providing an environment where everybody feels valued and an important member of our small community'.

A relative commented, 'the caring staff provide a first class service.'

What has improved since the last inspection?

Many improvements had been made over the previous year, as a result of listening to the people who use the service, including, improved access to the garden by constructing a new drive to the side of the home, improving the patio area for the enjoyment of the residents, and the installation of a hot water outlet to enable relatives, friends and other visitors, to make themselves a hot drink.

New bedroom and garden furniture had been purchased, arrangements had been made to use the hydrotherapy pool at the sister home of Eastfield, a new menu had been introduced offering a wide range of choice to the residents, and the activity co-ordinator's hours had been extended to include activities such as hand massage, aromatherapy and social interaction.

Other environmental improvements included external re-decoration, a new soakaway

to prevent flooding at the rear of the extension and replacement fencing, in addition to the on going maintenance and internal re-decoration programme to ensure this remains a pleasant home for the residents to enjoy.

What they could do better:

Residents live in a well managed home, in which their opinions are sought and acted upon for the improvement and development of the service. This service is committed to continuous improvement.

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.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line -0870 240 7535.

Details of our 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)

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

Sufficient information and a good introduction to the home enable prospective residents to decide if the home meets their needs. A full needs assessment is carried out to ensure individual's needs and aspirations are taken into consideration and planned for and that they can be met at the home.

Evidence:

The home provided full, detailed and current information to prospective residents in the Statement of Purpose and Service User Guide, the Wenham Holt Continuing Care Unit Patient Guide, and a small brochure giving initial information about the service. The documents were illustrated with colour photographs of the home, the continuing care unit, the garden and a map giving details of its location. The manager wrote in the AQAA, 'the information pack is available in various formats if required, and an electronic version is on our web site'. The objective of the home was 'to treat everyone as an individual' and the philosophy of care promised prospective residents they would

Evidence:

be 'treated with dignity and respect' and provided with 'holistic, relational care in a warm, safe and friendly environment'. Visitors were offered a minibus pick up service from local railway stations, and a visit to the home at a time convenient to them.

The six residents, who completed surveys, confirmed they had received enough information about the home prior to moving in, to decide if it was the right place for them. A relative commented on behalf of a resident, ' I was shown around the home on behalf of my relative, and all my questions were answered. I was very concerned as my relative had already been to two other homes. The staff at Wenham Holt really put my mind at ease, and having suffered an extremely distressing eighteen months, I was grateful, and I felt that my relative would be in good hands.' Another relative stated, 'they made my wife feel very welcome.'

Resident's files sampled, confirmed that a comprehensive needs assessment had been carried out. The manager stated that the assessor would usually be a qualified nurse or another highly qualified member of staff. The nursing home had a team of registered nurses who were experienced in assessing the health needs of a prospective resident. Personal care needs, prevention of pressure sores, a continence assessment, psychological needs, physical needs and nutritional screening all formed part of this assessment process. The manager wrote in the AQAA, 'we actively encourage other health professionals and relatives to be part of the assessment process and if a resident is coming to us from another establishment, and a care plan has been kept, we insist on receiving a copy of this before admission'.

Assessment documentation sampled included information with respect to equality and diversity to ensure the resident would be treated as an individual and that their personal, emotional and spiritual needs and interests would be taken into consideration in drawing up their care plan. Care plans, which included risk assessments for any identified risks and measures to reduce them, had been signed by residents or their representatives to confirm their acceptance.

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

Care plans addressed the residents' health, personal and social care needs and residents had been involved in compiling them. Safe arrangements were in place for the handling of medication to protect the residents and the staff and the residents' right to privacy was upheld and their dignity maintained.

Evidence:

Residents' care plans sampled clearly recorded their personal and healthcare needs and detailed how they would be delivered. Care plans covered all the residents' assessed needs including physical, social and psychological. Records confirmed that the care plans had been reviewed at least monthly, and the manager stated that the residents' key registered nurse was responsible for ensuring this task was completed. The residents and their relatives or representatives were invited to contribute to the care planning process. A newsletter, of which four were produced annually, welcomed relatives and representatives to liaise with key nurses with respect to this involvement. The six residents, who returned surveys, recorded that they always received the care and support they needed, five recorded that they always received the medical support

Evidence:

they needed and one that they usually did. A relative commented, 'the caring staff provide a first class service.'

Records showed that residents were registered with General Practitioners (GP) of their choice and all appointments were listed in the care plans to inform the staff of any changes made as a result of consultations. Seven of the eight staff, who completed surveys, confirmed that they were always given up-to-date information about the needs of the people they support or care for, in their care plan, and one that they usually were.

The manager stated that the residents benefited from at least one regular GP visit each week, a fortnightly visit from a Consultant, a weekly visit from a pharmacist, and access to community based specialists, such as psychiatric nurses, through the GP's as required. The four health and social care professionals, who completed surveys, recorded that the care service always seeks advice and acts upon it to manage and improve individuals' health care needs, and that individuals' health care needs are always met by the care service. One commented, 'excellent standards of care. All patients' needs are met.' The manager wrote in the AQAA, 'we ensure continued access to all NHS services and the possibility of private healthcare services are maintained. Staff ensure that care is person led, is flexible, consistent and able to meet the changing needs of the residents.'

Medication administration records inspected had been completed in a satisfactory manner, showing that residents had received the required dosage of their prescribed medication, as set out by their medical practitioners, and there were no unexplained gaps in the recordings. The nurses, who took responsibility for this task, had received training in the safe handling of medication, and their individual training and development logs confirmed this. The continuing care unit held a stock of controlled drugs at the time of the site visit, under licence from the Home Office, supplied and monitored by a National Health Service pharmacist. This was to ensure that changes in prescribed doses of pain relieving drugs by GPs would be readily available, should residents require this treatment. A controlled drugs register was held to record this information and running totals recorded. A sample taken, matched the drugs stored in the controlled drugs cabinet.

Observations of the staff throughout the day confirmed that they were respectful and polite in their interactions with the residents, who smiled in response to them and appeared relaxed and happy in their home. All the bedrooms in the continuing care unit were for single occupancy. The main house provided a number of shared rooms, which had been provided with screens to promote the residents' privacy and dignity. Consultations with healthcare professional and private meetings with relatives and

Evidence:

representatives could be held in resident's bedrooms with the assurance of confidentiality, where they were occupied by only one resident, and a small quiet room was provided for the use of residents in shared bedrooms. The manager recorded in the AQAA, 'respecting a person's right to privacy and dignity is a fundamental requirement in any relationship and so training and supervision is given to care staff to enable them to ensure that this is achieved within the nursing home with clients, relative and colleagues. A vital part of our induction and training is to emphasis that clients and colleagues are entitled to treated with respect and dignity and this involves ensuring that you knock on a door before entering, and making sure that a client agrees to you calling them by their first name'. Some residents had their own personal telephone lines and the home also had a mobile telephone, on which, residents could receive private calls in their bedrooms.

100% of the surveys returned by health and social care professionals confirmed that, 'the care service always respects individuals' privacy and dignity'. A health care professional commented on what they thought the care service does well, 'it provides overall excellent care, meets the needs of very sick patients, many towards the end of life, with skill and compassion. Good team work, good communication with patients, relatives, and other health professionals. They provide nursing and health care workers, who work to high standards.'

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.

Residents are treated as individuals, who are supported to follow their personal interests, enjoy stimulating activities, both within the home and in the community, and to retain as much of their independence as possible. Contact with important people in their lives is promoted and nutritious and attractive meals are provided.

Evidence:

The home employed an activities co-ordinator, who was very enthusiastic about her role. She stated that she spent time with individuals getting to know them well and also interviewed relatives to build up a full picture of each resident's life history and interests. One to one time spent with residents was recorded and a record was also kept of resident's participation in the group activities provided. The activities co-ordinator stated that, 'the staff also spent one to one time with the residents, and that sessions could include a chat, a manicure, a hand massage, a facial including cleanse tone and moisturise, aromatherapy, hydrotherapy, or being read to'. The activities programme was displayed for all the residents to see and advertised in the newsletter. It included bingo, cookery, art/craft therapy, reminiscence quiz, music and entertainment, visiting puppy, keep fit, fun and games, poetry, and one to one social care therapy sessions. The home had a minibus, and three or four times a week, trips

Evidence:

were taken to local places of interest for the enjoyment of the residents and to provide stimulation. The activities co-ordinator stated, 'in addition to receiving fantastic support from all the staff and the owners, I also get good support from NAPA (an organisation promoting activities for older people), of which I have been a member for four years, and I have also undertaken specific dementia training to assist me in my work'.

Five of the six residents, who returned surveys, wrote that there were always activities arranged by the home that they could take part in, and one that they were unable to take part. Comments included, 'the activities co-ordinator is wonderful. A very kind and compassionate person, who seems to know each resident well and understand all their ways. The lady who sings to the residents is also very considerate and understanding.'

The manager wrote in the AQAA, 'we offer a varied choice of activities that go towards ensuring our residents are able to enjoy a full and stimulating lifestyle. Weekly luncheon club trips (Salvation Army), trips to local school events and religious services keep the residents involved in the local community'. Residents were encouraged to exercise choice in relation to all aspects of the home, and there was flexibility with respect to routines to allow for this.

The home's philosophy of care encouraged a sense of 'homeliness' and, as a consequence, there were no limitations on the visiting hours, except to ask visitors to warn the night staff if visiting at night. Relatives and friends of residents were encouraged to have meals with them, free of charge, and were also able to stay for the night if they wished. A visiting relative spoke about the monthly carers/relatives meeting, organised by the manager and, which relatives of former residents were also invited to attend. They stated that it was an excellent support group, and social occasion, and that excellent refreshment was provided. The activities programme included seasonal celebrations to which relatives were also welcomed, and reminded the residents of the weekly visit from the hairdresser. Residents and their families were able to use the home's minibus for individual trips out to their homes and/or family events. There were no restrictions on family pets visiting and currently one client kept an aquarium. In order to enhance the homeliness of residents' bedrooms, the manager stated, 'they were advised on admission that they could bring personal items including furniture and pictures to make their new home more familiar to them'.

Providing a nutritious diet for the residents at the nursing home was considered one of the most important elements of the service provided. The manager stated that, 'the staff of the nursing home are trained to understand that nutrition contributes significantly to the physical, social and psychological care of the clients in the nursing

Evidence:

home. The menus are designed to provide a balanced diet with daily fresh vegetables and fruit, and to be responsive to the needs and popular tastes of the clients. A high proportion of the clients of the home require pureed food and consideration is given to the presentation of the food, so that all foods are liquidised separately. During mealtimes residents have the opportunity to choose from the main dish being cooked or a selection of alternatives. We endeavour to meet the wishes of everyone without exception and have a good supply of alternatives available, if we do not have them to hand we will go to the local supermarket to purchase them. Residents are assessed regularly and if they have difficulty eating, the staff will directly assist them. The majority of our residents require considerable assistance with feeding and are given this assistance in a discrete and sensitive manner. All residents are given the time they need to finish their meals comfortably'. On the day of the site visit, observations confirmed this statement.

Five of the six residents, who returned completed surveys, always liked the meals at the home and one usually did. Comments included, 'my mother has enjoyed her meals whenever I have been present, and I have noticed that the cook pops in and chats to the residents at times. This kind of communication gives the home a nice warm atmosphere.' Another relative commented on behalf of a resident, 'my wife enjoys her meals and the staff show patience and care when feeding her.'

The four health and social care professionals, who completed surveys, confirmed that the care service always supports individuals to live the life they choose, and one commented, 'patients are encouraged to remain independent when appropriate.' They also thought that the care service always respond to the different needs of individuals, with respect to equality and diversity.

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

Residents, their relatives and representatives are confident they would be listened to, should they express concerns, and a satisfactory procedure was in place to deal with complaints, should they arise. Residents are protected from abuse by well-informed staff, who know how to protect them.

Evidence:

The complaints procedure was available in the service user guide and displayed in the home. It included a timescale by which the complainant could expect to receive a response to a complaint, and contact details of the Commission for Social Care Inspection were included to inform residents, their relatives and representatives. The AQAA recorded that it was available in larger print on request and, could be provided in other formats, if required. Four of the six residents, whose surveys were returned, knew who to speak to if they were not happy, and five of the six residents, knew how to make a complaint. One relative commented, 'due to her dementia, my mother does not know who is at the home, however, I am confident that there is always someone, who will be sensitive to her needs and moods,' and another relative wrote, 'complaints!! In all the years my wife has been at Wenham Holt, I've never had reason to complain'. The four health and social care professionals, who completed surveys, confirmed that the care service always responded appropriately if concerns were raised about the person using the service. One commented, 'excellent team approach'.

Evidence:

The AQAA recorded that there had been no complaints over the previous twelve months, but a number of compliments had been received, including, 'thank you for the loving care and kindness shown to our relative', 'I just wanted to thank you for the lovely way that you looked after my mum. You were all so patient with her, and nothing was too much trouble for your staff to do. Your sense of humour was always spot on, and you made a difference at a very difficult time for me. The atmosphere at Wenham Holt was lovely', 'thank you so much for the loving care with which you looked after our relative in the final week of her life. You treated her with compassion and respected her dignity,' and 'I am so grateful for everything you do for mum, and for the friendly welcome we always receive from your lovely staff.'

The home had an up to date copy of the local authority safeguarding procedures, and a local procedure based on this to clarify referral details for the staff. The staff training and development logs, sampled, confirmed that the staff had accessed the Protection of Vulnerable Adults training. No safeguarding referrals had been made since the previous site visit.

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

Residents live in a homely, comfortable, safe and well-maintained home, which fulfils their needs and is clean, fresh and odour free.

Evidence:

The home was located down a drive from the Petersfield to Liphook road and there was a dedicated parking area. The large and imposing three-storey country house was surrounded by its own, well-maintained landscaped gardens, covering an area of six and a half acres, and bordered by woodland. There was a peaceful ambiance and a great deal of birdsong in the vicinity of the home. Attached to the home was a single story, continuing care unit, which had been tastefully designed to complement the original building. The home was a well-maintained and attractive place for the residents to live. Through the main entrance to the home, was a welcoming, carpeted, hall leading to a wide staircase, and a large and beautiful, stained glass window shed plenty of natural light into the area. A resident commented in a survey, ' the complete site is beautiful and so well kept. I hope I don't awake to find I was dreaming.'

A tour of the premises, including the shared facilities, and some of the residents' bedrooms was undertaken. There were four dedicated lounges equipped with suitable seating and a relaxation/sensory room where some of the residents were enjoying sensory stimulation. In a large lounge, in the main house, residents were taking part

Evidence:

in a song and dance session with a visiting entertainer. Some of the residents were dancing with the staff and their animated faces confirmed they were having a good time. Those who were watching were singing along and smiling.

The continuing care unit was accessed through a keypad-operated door so that the residents, who were able to walk freely around the house, except in areas assessed as unsafe, could not wander into the unit. The unit was self-contained and purpose built to cater for sixteen residents. There was a lounge/dining room with a kitchenette attached to enable relatives to make drinks and snacks, should they wish to do so. All the bedrooms in the unit were single occupancy and most had en-suite facilities. All the bedrooms had French windows, which could be fully opened in the warmer weather for access to the terraced areas outside, which had been provided with bird tables for the winter months. 'Residents are able to choose their own decor, fittings, and furnishings', the manager stated, 'and welcome to bring in their own furniture if they wish to do so'.

Bedrooms viewed had been appropriately personalised, according to the residents' wishes, and throughout the home, necessary aids such as adjustable beds, grab rails, call bells, assisted baths, a lift and other specialist items to support the residents live as independently and comfortably as possible, had been supplied. In the main house there were twenty-eight single and twelve double bedrooms, some of which were being used as singles. The manager had ensured that a small quiet room was at the disposal of residents wishing to meet with their relatives, or visiting professional, in private.

There was an on-going programme of maintenance, repair and the replacement of carpets and furniture, to keep up the good standard of accommodation offered at the home. The AQAA confirmed that, the external wood, stonework and fencing had been painted over the last twelve months, and some of the patio at the rear of the home had been re-laid, in order to facilitate access to the garden. Plans were in place to look into the incorporation of a garden room for the enjoyment of the residents, to upgrade the sensory room, and to facilitate access to the garden by providing ramps to the ground floor bedrooms from the outside. New handrails had been added to the garden ramps to support the residents to access the garden independently.

The home had an infection control policy and alcohol gel dispensers at entrance and exit doors and between the nursing home and the continuing care unit. The laundry room was clean and fresh, in keeping with the home as a whole. Over the previous twelve months, the home had invested in two commercial washing machines, which incorporate a sluice action cycle and commercial dryers, for washing and drying the residents' clothes and bed linen. Hand-washing facilities were available to promote

Evidence:

infection control and staff training records confirmed that infection control training was included in the mandatory updates for all the staff. 100% of the residents, who completed surveys, thought the home was always clean and fresh. A relative wrote on behalf of a resident, 'the home is attractive and fresh looking and in the garden the hanging baskets and tubs, full of seasonal flowers are a delight.' Another resident recorded, 'it always smells fresh' and another, 'it is very bright and clean'.

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

A stable, committed and well-trained staff team, which have been safely recruited to ensure the residents' protection, provide their care.

Evidence:

The home benefited from having a loyal staff team offering consistency and continuity to the residents. The AQAA recorded that forty care staff and registered nurses worked at the home. Domestic staff were also employed including two cooks, kitchen assistants, cleaning and maintenance staff. Five of the eight staff, who returned surveys, recorded that there were always enough staff to meet the individual needs of the residents, and three thought there usually were. One staff member commented, 'Wenham always has the correct number of nurses and carers working, and with the manager also working hard within the home, individual's needs are very well met. There is good team spirit and staff are prepared to be flexible to support the resident's needs.'

The AQAA recorded that fourteen of the twenty-eight care staff had completed a National Vocational Qualification (NVQ) in Care or Health and Social Care at level 2 or above to support them in their role and that six were in the process of working towards a NVQ award. The manager stated that two staff had achieved a NVQ at level

Evidence:

4 in Health and Wellbeing, and wrote in the AQAA, 'the nursing home is an approved centre for City & Guilds, registered to offer both NVQ 2 & 3 and NVQ 4 in Health and Wellbeing. All the staff, who completed surveys, recorded that they were being given training, which is relevant to their role, helps them to understand and meet the individual needs of the residents with respect to equality and diversity issues, and keeps them up-to-date with new ways of working. One staff member commented, 'I have been involved in both internal and external training courses to keep up to date with information.' The Spring Training programme included the Mental Capacity Act, Health and Safety, Fire Safety, Infection Control, Moving and Handling, Promoting Choice and Protection, Abuse Awareness, Dementia Care, Food Hygiene, First Aid, Risk Assessment and Reflective Practise. Staff training and development files sampled, contained certificates to confirm the staff had received mandatory training in a timely fashion and other certificates for the Administration of Medication, Communication, Tissue Viability, Nutritional Needs and Malnutrition, Palliative Care and Oral Health Awareness. The manager stated that the registered nurses were encouraged to keep up their professional development by attending courses and other relevant training identified in appraisal.

The files of two staff, recruited since the previous site visit, were sampled and they confirmed that all the necessary pre-employment checks had been carried out for the protection of the residents, including two written references, the Protection of Vulnerable Adults First and Criminal Record Bureau checks. 100% of the staff, who returned surveys, recorded that their employer had carried out checks, such as Criminal Record Bureau and references, before they started work.

The staff induction programme was based on the Skills for Care Common Induction Standards, which is an introduction to the caring role, which promotes the service users' rights to be treated as an individual, and have their equality and diversity needs respected. Stages of completion of the full induction programme were signed off by the employee and their supervisor to confirm competence. Five of the eight staff, who completed surveys thought their induction covered everything they needed to know to do the job, very well, and the remainder thought it mostly did.

All the residents, who completed surveys or were supported to complete surveys by their relatives, reported that the staff listen to them and act on what they say and five of the six confirmed that the staff were always available when they needed them. Comments included, 'there is a good staff ratio', 'the staff are kind and reassuring', 'the staff are very kind and understanding', and 'every time I visit the home, the staff show a real caring attitude to my wife and myself.' The four health and social care professionals, who completed surveys, thought that the care staff always have the right skills and experience to support the individuals' social and healthcare needs. One

Evidence:

commented, 'the standard of care is excellent. The staff are skilled and caring. They maintain good communications with relatives, where appropriate, supporting the residents' social needs.' The manager wrote in the AQAA, ' we have provided training on cultural and racial diversity, and as part of this, encouraged open discussion on the differences in cultural practices and how this influences relationships in the work place.'

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.

Residents live in a well managed home, in which their opinions are sought and acted upon for the improvement and development of the service. Effective systems are in place to promote the residents' health, safety and welfare creating a safe environment for them to live in.

Evidence:

The registered manager, who is a Registered General Nurse with a degree, and post graduate diplomas in social research, and in the management of community care for older people, had more than twenty years of experience of care home management. She had also received certificates for extended study courses involving the care of people with dementia, physical illnesses of old age, and care of the dying. She kept herself up to date with current practise and the latest research, by membership of the English Community Care Association (ECCA), was booked to attend a Conference on Dementia Care Mapping, had completed the Mental Capacity Act training and updated her National Vocational Qualification (NVQ) Assessors Award. The Responsible

Evidence:

Individual, Dr Dennis Greenwood, was also very well qualified, having being awarded a PhD for research into dementia and psychotherapy, an MSc in Counselling and Psychotherapy and was an accredited psychotherapist. The 'relational' care approach provided at Wenham Holt and its sister home, Eastfield Nursing and Residential Care Home, is explained in his publications, 'Greenwood, D., Loewenthal D & Rose T. (2001) 'A relational approach to providing care for a person suffering from dementia', Journal of Advanced Nursing 36(4), and Greenwood, D (2007) 'Relational care: learning to look beyond intentionality to the 'non-intentional' in caring relationship', Nursing Philosophy Vol. 8 Issue 4.

There was an open, positive and inclusive management approach at the home and staff spoken with felt valued. A discussion about the problems of the icy weather of the previous week, prompted a staff member to say that they had voluntarily stayed at the home to cover for staff, who were unable to travel to work, and they had thoroughly enjoyed the team approach to ensuring the residents' care was not affected. A staff member commented, 'I have worked in several homes, and find the support I receive from all the staff, and the owners of the home, is fantastic.' Another staff member recorded under what they thought the service did well, 'the best thing about Wenham Holt is the care and friendship it offers to both the residents and their families. All the staff take time to get to know the residents and there is a real family feel in the home. The food is home-cooked, the residents make their own choices and are respected as individuals, the home is very clean and well-maintained, there is a varied activity programme, offering something for everyone to enjoy, and I am very proud to be part of the staff team,' and another added, 'I enjoy working at this nursing home because I feel that the residents get all the care they need and the staff get all the support, including working equipment, they require to perform their duties to a high standard'.

The collated results of the quality assurance questionnaires completed by the residents, their relatives and representatives, confirmed satisfaction with the service provided, with 100% of the respondents stating that they thought the service was either very good or good. Comments included, 'your service and the care provided must be one of the best in the country', 'the high standard of care provided would be difficult to improve', and 'a family atmosphere that includes management, staff and patients.' An annual development plan had been produced, following the return of the evaluation forms and in consultation with relatives, visiting professionals and staff, setting targets for the forthcoming year.

Many improvements had been made over the previous year, as a result of listening to the people who use the service, including, improved access to the garden by constructing a new drive to the side of the home, improving the patio area for the enjoyment of the residents, and the installation of a hot water outlet to enable

Evidence:

relatives, friends and other visitors, to make themselves a hot drink. New bedroom and garden furniture had been purchased, arrangements had been made to use the hydrotherapy pool at the sister home of Eastfield, a new menu had been introduced offering a wide range of choice to the residents, and the activity co-ordinator's hours had been extended to include activities such as hand massage, aromatherapy and social interaction.

In addition to the annual quality assurance assessments, sent out by the home to gain the views of stakeholders, the home also held monthly carers/relatives meetings, which were organised by manager. All carers/relatives of current residents were invited to come to this forum and the relatives of some of former residents also attended. A relative spoken with stated that the support group was very helpful.

The health, safety and welfare of the residents were promoted by regular staff training in moving and handling, fire safety, first aid, food hygiene and infection control. Certificates were viewed on staff personnel files to confirm this. The Annual Quality Assurance Assessment, completed by the manager confirmed that policies and procedures with respect to health and safety were in place to keep the staff informed, and that the essential maintenance of equipment had been carried out according to manufacturers' recommendations to ensure it was safe to use. A sample of certificates were seen on the day of the site visit confirming that maintenance checks had been carried out in a timely fashion. Since the previous site visit, a full time facilities manager had been appointed, who had many years experience at management level in the public sector with respect to enforcing health and safety legislation, and was able to advise on regulatory matters with respect to fire safety, food safety and health and safety.

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
-----	----------	------------	-------------	----------------------

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
-----	----------	------------	-------------	----------------------

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
-----	----------	------------	-------------	----------------------

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
-----	-------------------	-------------------------------

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.