Premium Care Limited

Woodside Hall Nursing Home

Inspection report

Polegate Road
Hailsham
East Sussex
BN27 3PQ

Tel: 01323841670
Website: www.woodsidehall-nh.co.uk

Date of inspection visit:
16 May 2017

Date of publication:
15 June 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 16 May 2017 and was unannounced.

Woodside Hall Nursing Home is a care home with nursing located in Hailsham. It is registered to support a maximum of 53 people. The service provides personal care and support to people with nursing needs and increasing physical frailty, such as Parkinson's disease, multiple sclerosis and strokes. We were told that some people were also now living with a mild dementia type illness. There were 43 people living at Woodside Hall Nursing Home during our inspection.

At the last inspection, the service was rated: good. At this inspection we found the service remained good and met all relevant fundamental standards.

Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with kindness and respect. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. These records helped staff to deliver care that met people's individual needs.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures ensured staff were of suitable character to carry out their roles. Staff received essential training, additional training relevant to people's individual needs, and regular one to one supervision sessions.

Staff knew how to recognise the signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Appropriate steps had been taken to minimise risks of falls for people.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

People were supported to have choice and their independence was promoted by staff who understood people's individual needs. Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.

Staff received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and they had a good understanding of the legal requirements of the Act and the implications for their practice.

Everyone we spoke with was happy with the food provided and people were supported to eat and drink

enough to meet their nutritional and hydration needs. The main meal service was staggered which ensured that people received the assistance they required. The dining experience was a social and enjoyable experience for people.

.

People were promptly referred to health care professionals when needed. The activities provided were varied and met people's social needs.

The provider and the management team were open and transparent in their approach. They placed emphasis on continuous improvement of the service. There was a robust system of monitoring checks and audits to identify any improvements that needed to be made. The registered manager acted on the results of these checks to improve the quality of the service and care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Woodside Hall remains Good.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people.

There was a sufficient number of staff deployed to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. There was an appropriate system in place for the monitoring and management of accidents and incidents.

Is the service effective?

Good

Woodside Hall remains Good.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed. People were supported to make decisions by staff who sought their consent appropriately.

The management team had submitted an appropriate applications in regard to the Deprivation of Liberty Safeguards (DoLS) and had considered the least restrictive options.

Is the service caring?

Good

Woodside Hall Nursing Home was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff spoke with people and supported them in a very caring, respectful and friendly manner.

Is the service responsive?

Good

Woodside Hall Nursing Home was responsive.

Care plans showed the most up-to-date information on people's needs, preferences and risks to their care. People told us that they were able to make everyday choices, and we saw this happened during our visit. There were meaningful activities provided for people to participate in as groups or individually to meet their social and welfare needs;

Is the service well-led?

Good

Woodside Hall Nursing Home was well-led.

Feedback was sought from people and staff and residents meetings were held on a regular basis. Staff spoke positively of the culture and vision of the home. A robust quality assurance framework was in place and communication within the home was good.

Woodside Hall Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 16 May 2017. This visit was unannounced, which meant the provider and staff did not know we were coming. The inspection was carried out by two inspectors.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and any improvements they plan to make. Before the inspection we spoke with the Local Authority and Clinical Commissioning Group (CCG) to ask them about their experiences of the service provided to people.

We observed care in the communal areas and over the two floors of the home. We spoke with people and staff, and observed how people were supported during their lunch. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the morning in the communal lounge. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the cook, domestic and three care staff.

We spent time looking at records, including six people's care records, three staff files and other records relating to the management of the home, such as complaints and accident / incident recording and audit

documentation.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. They said, "The staff are excellent; they answer bells quickly; there are alarms everywhere, I have one next to me at all times, by my bedside and in the bathroom, no risks are taken", "It's lovely here, my relative is really happy" and, "If I need them in the middle of the night they are here in a flash." Relatives told us, "Everything is spot on, it's always clean and everything is well looked after, and the care is really good." and, "Every night they do security checks of the premises, check the doors and windows so we are safe."

Medicines were managed safely in the home and people received their medicines in a timely manner and as prescribed. There was an appropriate system in place for the storage, administration and management of medicines. There were monthly audits of medicines practice, security and stocks, and weekly checks of controlled drugs (CDs). Staff acted in line with the service's medicines policy, followed correct protocols and completed medicines administration records (MARs) appropriately whilst dispensing medicines. CDs and medicines to be given 'as required' were appropriately administered. All eye drops and creams were dated on opening and their expiry dates monitored. The use of topical creams was guided by individual body maps and effectively recorded. However it is a recommendation that any hand written GP directives are signed and dated by two staff members to avoid any errors.

Accidents and incidents were being appropriately monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. The management team carried out a monthly analysis of any accidents and incidents to identify any common trends or patterns, documented what actions had been taken, and reflected on their efficiency. One person had experienced several falls in the service and they had been referred to their GP for a medicines review and to the falls clinic.

Individual risk assessments were in place for people who were at risk of falls, skin damage; who had bed rails and who may experience a decline in their mental health. Control measures to minimise risks were clear, appropriate and followed by staff in practice. The premises were safe for people because the home, the fittings and equipment were regularly checked and serviced. Where shortfalls or failures had been identified they were promptly repaired.

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. All of the staff were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse.

Staff confirmed that they were able to get equipment repaired as and when required. A maintenance team effectively monitored all repairs until completion to ensure people were safe. There was a range of environmental risk assessments, including some tailored to individual needs. There were personal evacuation plans in place for every person, to guide staff and emergency services on their individual needs in the event of an evacuation. The service held a comprehensive emergency contingency plan. All staff received regular training and drills in fire safety.

There were sufficient numbers of staff on shift to meet people's needs in a safe way. The provider had increased staffing levels taking into account people's specific needs. Staff confirmed there were enough staff to respond to people's needs. Staff had time to spend with people outside of their tasks. Staff rotas for the previous and current months indicated that the number of staff on shift was appropriate and we observed that people's requests for help were responded to without delay.

Thorough recruitment procedures were followed, appropriately documented and monitored to check that staff were of suitable character to carry out their roles. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Good

Is the service effective?

Our findings

People and their relatives were complimentary about staff's effectiveness and capability. They told us, "The staff seem very competent", "They ensure you are not left alone; when I was ill they sent for the GP and rang my family; there are no problems", "I have very good care here and I have a key worker and also my GP who knows everything about me." A person told us, "Really nice food." The visitor told us, "The food smells wonderful, you can smell fresh baking." All feedback about the food provided was very complimentary, using terms such as, "wonderful", "tasty" and, "excellent."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All appropriate applications to restrict people's freedom had been submitted to the DoLS office as per legal requirements. The manager had considered the least restrictive options for each individual.

Consent to care and treatment was sought in line with the law and guidance. Processes were followed to assess people's mental capacity for specific decisions, for example some people required covert administration of medicines. Covert administration is when medicines essential to a persons' health are hidden in food if they refuse to take them. Meetings to reach decision on behalf of people and in their best interests were carried out appropriately. However it was recommended that the pharmacist was also involved in the decision making as the medicine may be available in a different form such as liquid or a patch.

People received effective care from trained and knowledgeable staff. The management team organised all staff training and worked with staff regularly to underpin the training sessions. These sessions contributed towards staff supervisions by giving staff and the manager an opportunity to share and reflect on their practice. Staff received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were competent to work unsupervised. They also received additional training specific to peoples' needs, for example care of catheters, dementia care and end of life care provided by the local hospice. Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. The director told us that leads in specialities such as in infection control, dignity, continence and care planning had been introduced since the last inspection and this had really been beneficial to care delivery and to staff learning.

Staff received supervision regularly. Feedback from staff and the registered manager confirmed that formal systems of staff development, including an annual appraisal was undertaken.

People were supported to eat, drink and maintain a balanced diet. Staff sat with people who needed help or encouragement to eat, in the dining room and in their bedrooms. People were allowed to eat at their own

pace and were gently encouraged when appropriate. Alternative dishes were offered to people when they required this. The catering staff knew of people's food allergies, specific dietary requirements and preferences. Staff were able to describe to us who needed support, the type of food they favoured and how they liked their food served. People told us, "The cook talks with us, they are very involved and keen to please us" and, "They make sure there is an alternative if you don't like the main meal." Hot and cold beverages with snacks or cakes were offered to people throughout the day.

People were supported to maintain good health. They were weighed monthly or two weekly when there were concerns about their health or appetite and their food and fluid intake was recorded and monitored. They were repositioned regularly in bed when there were concerns about their skin integrity. People were routinely offered influenza vaccinations.

Access to healthcare professionals was effectively facilitated. People were referred appropriately to specialised clinics, local GPs, speech and language therapists (SALTs), dieticians, and a mental health community team. Another person had been referred to a SALT team when staff had noted they were experiencing difficulty in swallowing.

The premises had been designed and adapted to meet people's needs. Bedrooms were comfortably furnished, with en-suite facilities. Corridors were wide and included sturdy banisters for people to use when moving around. The dining rooms and lounges were inviting and spacious. There was ample choice of quiet sitting areas throughout the service, including conservatories and landscaped gardens that included garden troughs for easy gardening. A person told us, "This place is in peaceful surroundings, beautiful."

Good

Is the service caring?

Our findings

All the people and their relatives we spoke with told us that they liked the staff and described them as, "Absolutely lovely", "Very considerate" and "Wonderful staff, the best." A person told us, "The nurses are particularly caring; I can't thank them enough for the care they give me." Two relatives told us, "The staff are excellent, a lovely environment and the support from everyone is brilliant," "They have a wonderful team from reception to maintenance and cleaners – they all work and support each other" and, "You could not find better care anywhere else – they are gentle, caring and fun."

Positive caring relationships were developed between people and staff. Staff addressed people respectfully and with kindness throughout our inspection. People were encouraged, praised and appropriately conversed with during mealtimes and activities; appropriate banter was part of conversations. A person told us, "The staff are more than staff, they have become my family."

Staff spent time with people and gave them one to one attention. They ensured people were comfortable and offered explanations ahead of any interventions, such as when using equipment to help them move around. Staff promoted people's independence and ensured walking aids were provided when necessary. They were encouraged to do as much for themselves as they were able to. Attention was paid to enhance people's experience in the service. People's wishes were respected, such as having a late breakfast or remaining in bed. People told us that they preferred to remain in their wheelchair as it 'suits them better', and said staff offer them the choice regularly to move in to a lounge chair.

People were involved in decision making about their care and treatment. They participated in an initial assessment of needs, care planning, and reviews of these needs when changes occurred. Before any review of care plans, each person's family was invited to participate by the senior staff with people's permission. Some families who lived far away or abroad participated via email. A person told us, "I am asked regularly if I want anything changed to the way my care is provided." People were well informed about the service, menus and upcoming events and meetings.

Staff promoted people's privacy and respected their dignity. People could have a bath as often as they wished; staff knocked on people's bedroom door and announced themselves before entering; People's continence needs were met quickly and in a discreet manner, as staff helped people use the toilet facilities, drew curtains and closed doors while helping them with any personal care.

People could be confident that best practice would be maintained for their end of life care. When people had expressed their wish regarding resuscitation or had made any advance care planning, this was appropriately recorded and acted on. Staff received training in advance care planning and pain control. The nursing staff were effectively supported by the local hospice palliative care specialist team who offered specialist guidance when needed. This meant that pain management was appropriately planned and delivered.

Good

Is the service responsive?

Our findings

People and their relatives told us that they felt involved in their care and that staff were responsive to their needs. They told us, "Everything is perfect here, you only have to ask and the staff are there; they know what I need", "We are kept well occupied if we want to be; outside entertainers come in, singers, pets, it's all very jolly" and, "You cannot fault them at activities, there is a lot going on." A GP told us, "The staff understand people's needs and know how to respond."

People received personalised care. Their care plans included their likes, dislikes and preferences about food, activities, routine and communication. Care plans were comprehensive, person-centred and detailed. They included vital information about their life history, their favourite memories, special interests, and people and places that were important to them.

People's individual needs were outlined in specific care plans, such as for people who lived with memory loss; with debilitating neurological diseases; with long-term mental health condition; with diabetes, and those who required short term support before going home to live. The care plans included specific instructions for staff. Staff were aware of these and implemented these in practice. For example, they knew that a person used certain hand signals to communicate but these were becoming more difficult so had tried other ways to support them such as an ipad, and they were aware of a person's special interest in pets and how they enjoyed looking at pets photographs. Another person enjoyed opera and staff ensured that they offered the person opera music when delivering care.

Care plans were reviewed and updated monthly or when the need arose, in participation with people and their relatives when appropriate. A person told us, "I have seen the care plans for myself I discuss them with the manager or nurse every few months." Two care plans had been reviewed and updated with recommendations from a speech and language therapist (SALT) and a chiropodist following their visits; another, when a person needed repositioning in bed to minimise risks of damage to their skin. Staff followed the recommendations in practice.

The service coordinated with other services such as GPs, occupational therapists, SALTs, chiropodists, ophthalmologists, physiotherapists, two hospices' palliative care teams and specialist nurses when people's needs increased. Reviews of people's care were held in partnership with the local authority when appropriate and the service liaised with hospices and hospitals to ensure a successful transition. Updated information about people's needs was provided to other services to ensure continuity of care.

Staff ensured that risks of social isolation were reduced. People were occupied with daily activities that took account people's wishes and interests. The activity co-ordinator had recently left and the organisation was recruiting to the post. The director had ensured that activities had continued and the friends of Woodside Hall continued to visit. A programme of daily activities suitable for older people including those living with memory loss was staff led at this time in consultation with people and their relatives. Activities included exercise sessions, bingo, reminiscence games, a film club, arm chair games and cooking sessions. External entertainers such as singers, musicians, and a visiting animals' service came to the service regularly. Staff

engaged in one to one activities sessions with people who remained in their bedroom. A person told us how they enjoyed one to one activities sessions, choosing to talk about their family, which was particularly significant to them. Themed coffee mornings, afternoon teas and cultural afternoons were organised. People could attend mass and church services if they chose to. Birthdays were celebrated, including birthdays of contemporaries who may be significant for people (such as Vera Lynn's).

People and their relatives were actively involved with the running of the service and consulted. They were invited to participate in 'residents meetings' where they could make suggestions about food, activities, outings or any other aspect of the service. They had suggested activities and menu changes and these had been adopted. A relative told us, "Everyone can have a say about anything and will be listened to."

People, their relatives and staff participated in quarterly satisfaction surveys, the results of which were used to drive improvement in the service. As a result of a survey, menus and the activities programme had been enhanced to include special requests.

Good

Is the service well-led?

Our findings

The registered manager had recently resigned. An appointed manager was in their first week in post and confirmed that they will be submitting an application to CQC to register as manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, their relatives and staff told us they appreciated the management style of the service. The director was highly visible and was known to people, visitors and staff. The director was in the service five days a week, 9 am until 5 pm and worked closely with the clinical and care staff. People told us, "Very friendly, visits us daily and always stops for a chat if she can." Staff told us, "She is very approachable; open to suggestions, if you have ideas on how to improve things she takes them on board." We did receive one negative comment from a relative that the management team were sometimes blunt when they rang with a query. This was discussed in full with the management team.

The management team did a daily 'walk round' of the premises to check the daily running of the service, ensuring people were conversed with and attended to. The manager and director actively kept abreast of any developments relevant to social care, attending specialist conferences, researching websites and subscribing to specialised publications. They shared their findings and discussed all aspects of the service with staff through monthly and quarterly meetings with all designations of staff.

The service ensured that quality of care was maintained through an effective monitoring system. The director, the manager and deputy manager placed emphasis on continuous improvement. They followed a comprehensive auditing and monitoring plan that scheduled audits for the year ahead. As a result the management team wrote action plans and monitored each action that had been identified until completion. A medicines audit had led to documentation regarding protocols for medicines to be taken 'as required' to be improved; and an audit of nutrition had led to documentation being improved. Improvements in the service were continuously carried out. Redecoration was on–going.

A positive person-centred culture was promoted by the provider, the management team and the staff. A member of staff told us, "This place is great to work in; the environment is tip top and the staff team all work well together to give good care." The director told us, "All we provide is based on respect and on listening to people; our residents are involved in decision making for all aspects of the home."

Links with the local community were actively promoted. The service welcomed friends and family at any time, and people were able to enjoy the services facilities for recreation and activities. This encouraged social interaction and promoted a strong community spirit. A relative told us, "This place is an excellent place to live."

The provider and the management team sought feedback from people, their representatives and staff about

the overall quality of the service. Satisfaction surveys were carried out yearly for people, relatives, visitors and staff. All feedback was very complimentary about the service, the staff and about how it was run and organised. Each survey was followed with an action plan which was implemented. A survey on food had led to more traditional food being put back on the menu. People were aware of how to complain and of the procedures to follow. One complaint had been addressed appropriately; additional training had been provided. A relative told us, "If you have a complaint which you bring to their attention at the 'Residents meeting', they write so you can see how they are putting it right."

All documentation relevant to the running of the service and of people's care was well organised, appropriately completed and updated. Policies were bespoke to the service, easily accessible to staff, and continually updated to reflect any changes in legislation. Records were stored confidentially, archived and disposed of when necessary as per legal requirements. The service notified the Care Quality Commission appropriately about any significant changes and events.