Barchester Healthcare Homes Limited

Woodland View

Inspection report

216 Turner Road
Colchester
Essex
CO4 5JR

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05 April 2016

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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 5th April 2016 and was unannounced. This was the first inspection of this service which provides accommodation and nursing care for up to 60 people. On the day of our inspection there were 17 people using the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The staff had attended training to ensure they had good understanding of their roles and responsibilities. The training included safeguarding so that staff were knowledgeable about what to do if they suspected abuse was happening. The manager had shared information with the local authority when needed. An assessment to determine the person's needs was carried out prior to admission to the service and was updated as required. The service also assessed risks to the people using the service and considered actions that could be taken to reduce these risks and keep them to a minimum.

People were supported by a sufficient number of suitably qualified nursing staff, supported by care staff. The provider had ensured appropriate recruitment checks were carried out on staff before they started work. Staff had been recruited safely and had the skills and knowledge to provide care and support to people in the ways they preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. People at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Senior staff were also aware of best interest meetings and last power of attorney.

Understanding and empathic relationships had developed between people and staff. Staff responded to people's needs in a compassionate and caring manner. People were supported to make day to day decisions and were treated with dignity and respect. People were given choices in their daily routines and their privacy and dignity was respected. People were supported and enabled to be as independent as possible in all aspects of their lives. The service had set some lounges aside for various functions and had a

cinema room plus a small garden terrace which staff and people using the service worked together to maintain.

Staff knew people well and were trained, skilled and competent in meeting people's needs. The manager and deputy manager supported and supervised staff in their roles. People, where able, were involved in the planning and reviewing of their care and support with families and nursing staff input as appropriate.

People's health needs were managed appropriately with input from relevant health care professionals to support the resident service staff. People were treated with kindness and respect by staff who knew them well. People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health. Staff ate meals with the people using the service at meal times which provided opportunities to discuss information and build relationships. Staff had training to fulfil their role of effectively monitoring people's health needs.

People were supported to maintain relationships with friends and family so that they were not socially isolated. There was an open culture and staff were supported to provide care that was centred on the individual. Both the manager and deputy manager were open and approachable and enabled people who used the service to express their views.

People were supported to report any concerns or complaints and they felt they would be taken seriously. People who used the service, or their representatives, were encouraged to be involved in decisions about the service. The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

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

The service was safe.

Staff had received training in how to keep people safe.

Risk assessments were in place which took into account people's needs so staff could enable them to be as independent as possible.

Recruitment policies were in place and focussed on ensuring that only staff that could meet the needs of the people that used the service were employed.

Medicines were ordered and given as prescribed

Is the service effective?

Good

The service was effective.

People received care and support that was based on their needs and wishes.

Staff were supported when joining the service with an induction program which lead to supervision.

Staff worked with people to provide menus of their choice and provide meals which were nutritious and appetising

Is the service caring?

Good

The service was caring.

Staff showed care and empathy to the people using the service.

People's privacy and dignity was respected.

People were involved in their own care planning and making decisions.

Is the service responsive?

Good

The service was responsive.

People received care that had been assessed and was responsive to their individual needs and preferences.

The service had a policy and procedure for complaints and compliments.

Is the service well-led?

Good

The service was well-led.

People told us the manager and senior staff were approachable.

The staff team worked in partnership with other organisations to deliver care.

There were procedures in place to monitor the quality of the service. Issues identified were acted upon.

Woodland View

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 was planned to check 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 5 April 2016 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection we reviewed the Provider Information Record and information we held about the service, which included safeguarding alerts, enquiries sent to the Care Quality Commission and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. We also used observation to gather evidence of people's experiences of the service. We spent time observing care in dining and communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people who lived in the service and two relatives. We also spoke with four care staff members, a member of the clearing staff, a qualified nurse, the deputy manager the manager and area manager as part of this inspection.

We looked at six people's care records, two staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

The people we spoke with told us that they felt safe living in Woodland View. One person told us that. "I had a few falls before I came here, now I know I'll get help if I need it." Another person said. "It's safe here, I feel OK." Some people were not able to fully communicate with us because they were living with dementia, but we spent time with some of those people, chatting with them generally. On the whole they were relaxed and content and did not give the impression of being worried about their safety.

A relative told us that they felt their family member was safe and well cared for. They said,. "I have been able to take a step back since [my relative] moved here, I know they're safe here."

The deputy manager showed us the policies and procedures for the service. Policies were up to date and included safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. A member of staff told us they had received training in safeguarding and were aware of the different types of abuse. They were confident that they could report anything to the management of the service if the need arose and the issue would be resolved. Another member of staff told us that they were aware of the whistleblowing and safeguarding procedures. They explained to us the training that they had been given. They were confident that they would be able to report any suspicions or concerns and these would be taken seriously by the management of the service and resolved.

Accidents and incidents were recorded and the manager analysed the causes to identify ways in which similar accidents or incidents could be prevented. Any learning from the analysis of the incidents was shared with members of staff at supervisions and team meetings. We also saw that the service had emergency plans, and routine maintenance checks for fire-fighting equipment and lifts were in place.

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence as much as possible. For example with regard to the risk of falling, there was guidance for staff on what support people required to reduce the risk. Records showed us that people, who had been assessed as being at risk of developing pressure areas, were receiving the care they needed to prevent deterioration and aid recovery. Specialist equipment was being used, such as pressure relieving mattresses and seat cushions.

People's visitors said that they thought that there were enough staff available. One relative told us. "There are always busy times, but staff are around if you need them." Another relative said. "They [staff] are caring and work very hard, they help [my relative] to stay safe and they get what they need."

There were sufficient staff on duty during our inspection to keep people safe and protect them from harm. During our inspection we saw that call bells were answered quickly and that there was enough staff available to respond to people's needs without them having to wait too long. The manager monitored the call bell timings and showed us a copy of the latest readout of the call bell system that they used to check how long people had to wait to get the assistance they needed. Most of the calls were answered within three

to four minutes. If any individual response times were noted to be too long, the manager or their deputy would speak with the staff responsible and remind them of the need to get to people quickly in case the person needed help quickly. For example one person told us that they had fallen and hurt their leg, they had managed to reach the call bell and they heard the staff coming to their aid quickly. They then felt reassured that they were getting help.

Just as lunch was about to be served one person who used the service lost their balance and fell, they needed the assistance of three staff to assess whether they were injured and to assist them in getting up from the floor. The staffing levels were flexible enough to allow for that person to be cared for, by bringing staff from a different unit, and for people to carry on and have their dinner without too much of a delay.

The manager showed us a dependency assessment document used to calculate staffing levels. This calculated the staffing hours needed to meet the specific needs of the people who used the service. They told us that staffing levels were reviewed on a regular basis to ensure there were sufficient staff available to meet people's identified needs. We saw the staffing rota for the previous month and the current rota and saw that the rota agreed with the number of staff required as per the dependency assessment.

The service recruited staff as per the policy and procedure of the organisation. A member of staff told us about their interview and the service has asked for references and checked with the disclosing and barring service they clear to work with people at the service. The deputy manager confirmed the recruitment process with us and said they would be checking upon the revalidation of nursing staff as required.

We saw that the service had a policy and procedure for the administration of medicines. We looked at the medicine room on the ground floor wing of the service. This room was kept locked at all times when not in use and there was a controlled drugs cabinet which was locked. We checked the medicines in the controlled drug cabinet and saw that the stock balances agreed with what had been recorded in the controlled drug book and also the medicine administration records (MAR).
Staff told us that they had received training on the administration of medicines and the controlled medicines were administered by two members of staff who had completed their training and had been assessed as competent to administer them. We looked at the Medication Administration Record (MAR) for seven people and found that these had been completed correctly, with no unexplained gaps. We saw that there were protocols in place for ordering medicines and for the return and disposal of any unused or unwanted medicines. The temperatures of the room and fridge were checked daily so that they were within acceptable limits. One person told us that they received their medicines on time each day, and the staff were competent and helpful.

Good

Is the service effective?

Our findings

One person told us, "The staff look after me very well. I think they have the experience and skills they need." All staff received an induction before they worked on their own with people and on-going training was planned to develop and maintain their skills. One member of staff told us about their training which included infection control. It was also explained to us that part of the probationary period was shadowing, (observing an experienced colleague) before working on their own. Another benefit of shadowing was that it provided an opportunity to get to know people using the service. The records we saw showed that new members of staff completed an induction program and were given support throughout their probationary period to discuss any issues or difficulties. The probationary period needed to be successfully completed before the staff member was confirmed as suitable for their post. We saw and staff confirmed that upon completion the staff member was supported by regular supervision and annual appraisal was booked.

Staff had been provided with both training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) 2007. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When a person lacks mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The manager had a good understanding of both the MCA and DoLS and when these should be applied to the people who lived in the service, including how to consider their capacity to make decisions. Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives. The manager had completed a number of DoLS referrals to the local authority in accordance with the guidance to ensure that restrictions on people's ability to leave the home were appropriate.

People told us that they enjoyed the food offered to them, had enough to eat and they were able to make choices between two different main meals offered at dinnertime. We were told. "Food is lovely, I always get what I want. If I don't like the meals on offer, I am offered something different." Another person told us. "I like the food they give me; it always arrives nice and hot."

The food is brought from the kitchen and put into the integral heated trolley in the kitchenette; from there people were able to choose their meal. We saw the staff asking people individually what they would like to eat.

We observed positive interactions between staff and the people they supported to eat their dinner. Staff sat with the person they supported, while chatting and encouraging them to eat. We observed that people were not rushed to eat their food and staff offering choices of drink to people and gently encouraged people to eat their meal.

Plate guards and specialist utensils were available for those who found it easier to eat with these aids. This helped to promote independence, meaning that people could manage to help themselves to eat without the need of staff support.

The service had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. Staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs.

Recognised professional assessment tools, such as the Malnutrition Universal Screening Tool (MUST), were used to identify people at risk nutritionally and care plans reflected the support people needed. People's weights were monitored so that staff could take action if needed. For example, they would increase the calorific content in food and drinks for those people losing weight or refer them to the dietician for specialist advice.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of people's healthcare. Records showed that people were supported to attend hospital and other healthcare professionals away from the service. For example people were supported to access specialist diabetic clinics, diagnostic tests and other specialist appointments at the hospital. One person told us that they kept their dentist and they were pleased that moving to the service had not created any upheaval, as they liked their dentist.

Good

Is the service caring?

Our findings

People felt that staff treated them well and were kind. One person said,. "I am comfortable here, it's good." A relative said. "The [the staff] are so supportive and caring, my [relative] needs a lot of help and looking after, but nothing is too much trouble." And, "They [the staff] help [my relative] to make their own decisions in a kind way."

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said,. "It doesn't matter how busy they are they [the staff] are always smiling and make me feel welcome."

We saw interactions between people and members of staff that were caring and supportive and which demonstrated that staff listened to people. Staff sat in the lounge chatting and being sociable. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. People were offered drinks or snacks if they were unable to voice a preference. We saw laughter between people and staff. Staff were able to tell us about people's needs and specifically how they liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them.

For example, at dinner time we saw a staff member talking with a person about which meal option they wanted. They did this by kneeling down by the person's chair so they could talk face to face. The person had difficulty reading the menu so the staff member explained what the different options were and described how they were cooked. There was a light hearted atmosphere in the service, with warm conversations and a lot of smiling. This showed that staff had built up a good relationship with the people they were supporting.

One person told us. "My girls [the staff] are there for me if I need it and never complain." One relative told us. "The staff are so kind to [my relative] they know just how they like things done." The manager told us that people were encouraged to be involved in planning their care where they were able and relatives also told us they were consulted about their family member's care. One relative said. "I was asked about what my [relative] needed and how they liked to be spoken with." Another said. "They [the staff] are quick to let me know if [my relative] needs anything."

Where able, people had signed their care plans to indicate they had read them and had agreed with their content. Family members read and signed them on their behalf if people were not able to. We also saw that people had signed to give their consent for things like having their photographs taken and to receive the support they needed.

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. Any personal care was provided promptly and in private to maintain the person's dignity. We observed staff knocking on people's doors and waiting to be invited in before entering. Doors were closed during personal care tasks to protect people's dignity and we regularly observed staff discreetly and sensitively asking people if they wished to use the toilet.

Good

Is the service responsive?

Our findings

Relatives told us they were happy with the standard of care their family members received and it met their individual needs. People told us that they thought the service responded to their needs. One person who used the service said. "The staff came quickly when I needed help." And, "They checked me over and called a doctor."

Relatives also told us that they had been provided with the information they needed during the assessment process before their family member moved in. The preadmission assessments were detailed and asked both about people's health needs and personal preferences. Care plans were developed from the assessments and recorded information about the person's likes, dislikes as well as their care needs. Care plans were detailed enough for the carer to understand fully how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be independent in such as choosing their own clothes and maintaining their own personal care when they could. One person said, "I like to decide what to wear. They [the service] have people in selling clothes. It's good, I get to buy new things for myself from time to time."

Staff told us that they always consulted with people to ask their views when care plans were reviewed and updated. Care plans were clearly written and had been reviewed and updated.

Staff were encouraged to support people with activities that reflected their interests and pastimes, the focus was on what the individual wanted to do, whether that was sitting having a chat, reading a newspaper, playing cards or joining in a planned social activity. Entertainers came to the service regularly and people were supported to maintain their religion if they wanted to. Church services were held monthly.

The service employed an activities coordinator. They were enthusiastic in their job and had taken action to offer people a good range of activities and entertainment to capture people's interests and keep their minds active. The coordinator had taken the time to get to know each person individually and find out their likes and dislikes around activities, this information was used when planning activities to ensure that they suit people's individual preferences. The coordinator had developed an activities directory for the service. They classified the activities as entertainment, health and wellness, social events and crafts and relaxation. They were in the process of setting up a varied programme of activities and events to cover those various topics. The current activities time table included craft events, bingo, board games, chair based exercise, a local woodland walk, social outings in the services minibus, visiting dogs and films in the services cinema room with homemade popcorn. On morning of our inspection we saw that a card game had been organised and this from the laughter was obviously enjoyed by those that took part. In the afternoon some people played table-tennis and time had been taken so that people using wheelchairs could partake in this game. During our inspection we observed people being engaged with board games, listening to music and reading magazines. There was access to Wi-Fi and satellite television.

People were supported to keep in touch with people that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. Input from families was

encouraged and relatives told us they were always made welcome when they visited.

We saw that the service had a policy and procedure for making complaints. The deputy manager told us that as staff spent time listening and talking with people especially at meal times. This presented an opportunity to discuss and resolve any issues early, or 'nip them in the bud'. A relative told us, "I haven't needed to make a complaint." Another relative said, "I would go to the manager if there was a problem, I'm sure they would deal with it for me." People told us that if they had a problem they would speak with the staff or the manager. One person told us, "I did have a problem, but they gave me a key to my room so I can lock it when I leave it. So no more problem."

Good

Is the service well-led?

Our findings

People and relatives told us that the manager was approachable and supportive. One person told us. "I see the manager most days they come round to see that we are alright." A member of staff told us that the deputy manager was also approachable like the manager. One member of staff told us, "It is a very new good team, but so far so good. One member of staff did feel that it was important to focus upon the balance of nursing and care and not to place too much demand upon new staff too quickly especially apprentice staff. However they felt this balance was being achieved and that the service planned admissions and the number of admissions it would take in any one period well.

Staff told us that they had regular meetings at which they could discuss all aspects of the service and identify any improvements that they wished to see. The minutes of the meetings confirmed this and demonstrated that people were supported by staff that were committed to looking for continuous improvement to the services that they provided. An example was that the manager examined the activity details for the response times to call bells being answered. The record could be used in case anyone questioned or were concerned about the length of time taken and also the manager could investigate any identified issues. This showed that the service was open and transparent.

The manager provided supervision both on the spot and formal supervision to support staff which was arranged in advance. We saw that time had been taken to communicate with staff and set processes for staff to use such as requesting days off and booking holidays. The manager in turn told us that they were well supported by their manager who visited regularly and they received peer support from other registered managers nearby in other services which were in the same group.

Each month the manager prepared a report of the business and activities of the service so that they could discuss these and receive support from their manager. The report covered care issues, staffing and planning for the future.

We saw that thought had been given to supporting the people using the service. Such as large clocks were in various positions around the service which were clear and accurate. Also the cards that people played with were of a larger variety to enable people to play and also the room where films were shown had an induction loop to support people with their hearing. Consideration had been given by the management to include these facilities and information was sought and reviewed for their effectiveness.

As well as the observational framework, the manager supported by the deputy manager also carried out a range of audits to enable them to identify any areas in which systems or processes could be improved. These had been planned and allocated on a monthly basis and included audits of the induction process, medicines stocks and records, environmental health and safety and support records. Where improvements had been identified action plans had been developed and monitored until the required actions had been completed.

We saw that the service had built links with the local hospital to support people using the service. This was

underpinned by staff developing key worker roles so that as well being aware of what was happening in the service from handover meetings. Staff would be able to spend time with individuals for who they had become their keyworker to check that they were satisfied with the service and build a trusting relationship to support people using the service fulfil their aspirations.