

The Shaw Foundation Limited

# Woodview House Nursing Home

## Inspection report

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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

### About the service

Woodview House is a residential care home providing personal and nursing care for up to 24 older people, some of whom live with dementia. At the time of the inspection the service was supporting 18 people. The care home accommodates people in one adapted building.

### People's experience of using this service and what we found

People were safe, and we found staff supported them effectively. Staff knew how to escalate concerns and were aware of potential risks when providing support. People received their medicines when they needed them, and improvements had been made to ensure all medicine records were accurate. Staff wore gloves and aprons to ensure they protected people from cross infection. Systems were in place to review incident and accidents to see if there were any lessons to learn from these.

Staff felt confident and supported in their roles and confirmed they had positive training opportunities which enabled them to care for people effectively. People's healthcare needs were monitored and met, and staff worked in partnership with healthcare professionals. People, as much as practicably possible, had choice and control of their lives and staff were aware of how to support them in the least restrictive way and in their best interests; the policies and systems in the service supported this practice. People and relatives made positive comments about the staff that supported them, describing them as caring. Relatives told us the staff encouraged people to be independent, protected their privacy and treated them with dignity and respect. People were supported to participate in meaningful activities.

Relatives felt involved in the development of their loved one care plans and daily support. Care plans provided staff with information about people's needs and preferences and how they would like these to be met. A complaints procedure was in place and people and their relatives knew how to raise concerns and felt confident these would be addressed.

People, relatives and staff thought the service was managed well. The registered manager was described as visible, approachable, open and transparent in the way they managed the service. Systems were in place to monitor the delivery of the service.

### Rating at last inspection

The last rating for this service was good (published 28 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Woodview House Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector, and a specialist advisor on 9 October 2019. The specialist advisor was a nursing professional.

#### Service and service type

Woodview House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and seven relatives about their experience of the care provided. We spoke with a visiting healthcare professional, one nurse, five care staff, one kitchen staff, two activities champions, the deputy and registered manager. We 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 reviewed a range of documents and records including the care records for seven people, six medicine records and four staff files and training records. We also looked at records that related to the management and quality assurance of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- At our last inspection we found the electronic medicines records did not correlate with the paper records in place. On this inspection we found improvements had been made and all records were accurate and demonstrated people received their medicines as prescribed.
- There were clear guidelines for staff to follow for people who required medication 'as and when required'.
- People and relatives confirmed medicines were given to people when they needed them. One relative told us, "There is no sedating people here to keep them quiet, the staff, if anything, try and reduce the number of tablets people take which is good."
- Some people required their medication to be given to them without their knowledge. We saw written guidance was in place for the staff to refer to. Records demonstrated all appropriate professionals had been consulted and the persons family to ensure this practice was in the person's best interests.
- We observed medicines being given to people and the nurse did this in a safe way ensuring they explained to the person what the medicines were. The nurse stayed with people until they had taken their medicines.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us staff provided safe support and they had no concerns to share. A relative said, "[Relative] is very safe here, the staff keep them safe and I have absolutely no concerns about they way they support [relative], if I did I would soon raise these with the manager."
- Staff were aware of their responsibilities to report and act on any concerns. A staff member told us, "Any kind of abuse would not be tolerated here, I would raise my concerns and ensure things are dealt with."
- We saw staff wore alarms when providing one to one support to people to enable them to summon help in case of an emergency or if a situation arose.
- The registered manager was clear about her responsibilities to safeguard people and had reported any safeguarding concerns to the local authority and ensured they were investigated appropriately.

### Assessing risk, safety monitoring and management

- People and relatives told us staff knew about any risks associated with providing support to their loved one. A relative told us, "The staff know [relative] very well, so they know their limitations and their moods and will support them in the safest way."
- Risks to people were assessed and covered a variety of areas including malnutrition, skin integrity, falls, moving and handling and safety. Where risks were identified there was a corresponding care plan to manage this. For example, people at risk of developing sore skin had regular skin checks and equipment in place to reduce the risk of sore skin emerging.
- We saw where people behaved in a way that may challenge others, staff managed the situation in a

positive way which protected people's dignity and rights and in accordance with their plan of care.

- Checks were carried out on the facilities and equipment, to ensure they were safe. This included fire safety systems, and electrical equipment. Fire safety checks were completed, and people had personal emergency evacuation plans (PEEP) in the event of an emergency.

#### Staffing and recruitment

- People and relatives told us there was enough staff on duty to meet their needs. A person said, "Yes the staff are always around, I have never had to wait long for anything." A relative told us, "There is enough staff to meet needs, there is always staff around in the lounges, and then there are the activities staff so people have things to do."

- The registered manager told us they did not use a dependency tool but she monitored the deployment and staffing levels in relation to people's dependency daily. We saw the registered manager frequently walking around the home and asking staff if they were okay.

- Records confirmed all of the required recruitment checks had been completed before staff commenced working in the home. Part of these checks included a police check which ensured potential staff were suitable to work with vulnerable people.

#### Preventing and controlling infection

- Relatives told us the home was clean and tidy and people's bedrooms were well maintained. One relative told us, "The provider is slowly replacing and renewing furniture. The flooring has recently been replaced which is better for hygiene."

- Staff told us, and we saw they had access to protective personal equipment such as gloves and aprons to prevent the spread of infections.

- We noted some items of furniture were comprised due to rips and tears, we discussed this with the registered manager who took action to address this following our inspection.

#### Learning lessons when things go wrong

- Systems were in place for all accidents and incidents to be reviewed for any patterns and trends and to mitigate future risk.

- The registered manager discussed how lessons had been learned in relation to previous incidents that had occurred in the service. For example; additional training was provided to staff in response to supporting someone with complex needs.

- Staff understood their responsibilities to raise concerns in relation to health and safety.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed prior to moving into the home. A relative told us, "We were asked lots of questions about [relatives] needs and background and all their likes, dislikes, and activities they enjoyed doing we were impressed, and it was very personalised." Another relative told us, the care is very personalised they even asked when our wedding anniversary was which shows they know how important to us that would be."
- We reviewed the care records and saw people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- People and relatives, told us staff were trained to meet people's support needs. One relative said, "The staff do have the skills for their role and lots of patience. They are very good at what they do."
- Staff told us they felt supported in their roles and had regular training opportunities, to enable them to meet people's needs. One staff member told us, "I have received a lot of training and feel skilled for my role. If there is any training I feel I need I can just ask, and it will be provided."
- Staff who supported people with complex needs confirmed they had received training to respond to situations positively and safely.
- We saw training plans were in place to monitor the training needs of staff. The registered manager advised training had been sourced and arranged for staff in relation to supporting people with their oral hygiene and signs staff should be aware of which may indicate medical advice should be sought.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives confirmed the food was nice and choices were offered. A person told us, "I like the food and I can have what I like within reason." A relative said, "The staff support [relative] to eat and the food although soft and pureed looks like a normal plate of food and it looks appetising."
- We observed staff supporting and encouraging people in a dignified manner to eat their meal and to have drink. For example, sitting alongside people and using the appropriate cutlery that met their needs.
- The service ordered frozen meals as opposed to cooking meals on site. The kitchen staff follow a planned menu which reflected choices were available. People's dietary and cultural needs were met as these were considered when the food was ordered. Information about people's preferences were recorded in their records.
- People at risk of malnutrition and dehydration had their food and fluid intake monitored. We noted on some records the target to be achieved for some people was not always completed. This was discussed with

the registered manager and action was taken to address this. People were weighed regularly and changes in weight were monitored and appropriate referrals made to agencies as required.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- People and relatives told us arrangements were made by staff to arrange any healthcare appointments required. A relative said, "Any appointments and the staff will arrange if needed, we have had the dentist and opticians in and the district nurses and GP visit regularly, so all health requirements are met. They (Advanced Nurse Practitioner) are doing the flu jabs today and I was asked if [relative] should have one in their best interests. They always have so I said yes."
- People's oral hygiene was included as part of their care plan with specific detail to enable staff to support people to clean their teeth or dentures.
- The provider told us in the information shared with us (PIR), they engaged with multidisciplinary teams on many levels to plan and review people needs. The G.P or Advanced Nurse Practitioner visited the service weekly and more if required to meet the medical/ health and wellbeing needs of the people they supported. Speech and language therapist and dietician teams were also fully engaged in meeting the needs of people with swallowing difficulties or who needed dietician input for weight management issues and/ or PEG protocols. A review of records and feedback from relatives confirmed this.
- We spoke with a visiting healthcare professional who told us, "Visits are undertaken here weekly to monitor people's needs, the staff take on board our recommendations and follow these. Communication has improved since the current manager started here."
- Hospital passports were in place to support people's transition to hospital which provided key information about the person and to support the continuation of their care.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised with pictures and ornaments that reflected the person.
- People had access to aids and equipment to support them with their daily lives, and assistive technology was used to support people's independence in line with their best interests. For example, sensor mats.
- The provider has a programme to replace and renew areas of the home. Recently the flooring has been replaced and the outside area redeveloped with a range of plants to make it more accessible and welcoming for people to enjoy. There was pictorial signage, for all rooms to enable people to understand the purpose of the room and to enable people to orientate themselves. Corridors had been redecorated with murals or sensory pictures to enable people to touch and feel textures whilst walking along. The activities champions were working towards ensuring all areas of the home were dementia friendly.
- CCTV was in use in all communal areas to monitor people's safety.

Ensuring consent to care and treatment in line with law and guidance

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and their relatives confirmed staff asked their permission before providing support. One person told us, "The staff always ask if they can help me and I say yes of course that's what you are here for." A relative said, "The staff always ask and they know the signs which mean [relative] would like support. They know when [relative] does not want to be supported and they respect their choice and try again later."
- Where people lacked capacity and were being deprived of their human rights the appropriate authorisations were in place. Where conditions were attached to people's authorisations records were in place to evidence these were being met.
- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff gave us examples how they would seek consent from people who may not be able to verbally communicate their choice. One staff member said, "I would always assess their mood and their facial expressions, people let us know if they do not want to do something."
- Staff had a good understanding of the MCA and the impact this legislation had on their role. Staff had access to a handover sheet which was kept updated advising them which people had authorisations agreed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us they were respected and treated well by the staff. A person said, "The staff are kind, and very caring they do treat me well." A relative told us, "The staff put people first the care is very good, and we are really happy with everything, we have peace of mind now [relative] is being looked after."
- We observed positive interactions between people and staff. We saw staff laughing, joking and dancing with people. We saw people giving staff hugs, kisses and holding their hands. People appeared at ease with staff which created an inclusive and positive atmosphere.
- Staff told us they enjoyed their role. One staff member said, "I love it here, the staff are caring and supportive of each other as well as to the people we support. We all committed to our role and ensuring people get good care."
- Staff and relatives told us about the new incentive introduced called 'all together now'. This is where three days a week for a short period of time all staff regardless of their role interact and spend time with people. Feedback demonstrated this was working well and everyone enjoyed this time.

Supporting people to express their views and be involved in making decisions about their care

- We saw people were given opportunities and asked to make choices about their everyday life in the home such as what they would like to eat or drink and where they wanted to sit, or what they wanted to do that day. Staff made efforts to involve people as much as possible.
- Relatives told us they felt involved and were kept up to date with their relative's wellbeing. One relative told us, "The staff and the registered manager keep me informed and updated about [relative]. They either call me at home if needed or provide me with an update when I arrive, they don't hide anything. The communication is good."
- Some people chose to remain in their bedrooms and not use the communal areas and this choice was respected.
- The registered manager had an understanding of when advocacy services would be required and how to access these services.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff provided respectful and dignified support. One person said, "The staff are very respectful, and maintain my dignity and try and encourage me to be independent." A relative told us, "The staff are focused on people and their needs, so they do ensure their dignity and privacy is maintained and encourage where possible for [relative] to do things for themselves, but it all depends on the type of day

[relative] is having."

- People were supported to maintain and develop relationships with those close to them. Relatives told us they were free to visit anytime and always made to feel welcome. A relative said, "I feel part of the place I am always welcomed in and a cup of tea is always offered."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider told us in the information shared with us (PIR), they consulted people where possible and their representatives in the formulation of their care and support plans. To ensure all needs were met safely and effectively, they also involved specialist services such as tissue viability and other healthcare professionals. Discussions with relatives confirmed this. A relative said, "I attend any reviews and we have many informal chats about [relative] care. They are keen to ensure [relatives] needs are met."
- People were supported by consistent staff who knew them well and were knowledgeable about their support needs.
- Staff respected people's individuality and diversity and were aware of people's personal preferences.
- Staff responded promptly to changes in people's needs. A relative told us, "[Relative] was really poorly when they came here, but the staff have been amazing and supported them to eat and talked to them, and now they are a different person and doing really well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the AIS. Information could be made available in large print or alternative languages if required. The registered manager confirmed information such as the complaints procedure could be made available in easy read for people to access.
- Information about how people communicated was included in the initial assessment to ensure arrangements could be made to meet any identified needs, and within people's support plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives confirmed meaningful activities were provided. A relative told us, "The activities staff are really good, they asked us about [relative] life history and created a cloud board which is in their bedroom, detailing all of the information. It is impressive." Another relative said, "There are always things going on, and we can join in with the bingo and fish and chip supper, there is a board in each lounge telling you what is planned each day."
- We observed people being supported to participate in activities both on a one to one and in small groups. Some people watched a film of their choice, and others participated in a sensory activity focussing on the sense of smell. We saw staff supporting people to mobilise around the home at their pace without

restrictions and accessing the garden. Religious services were also provided at the home on a regular basis to meet people's spiritual needs.

- Staff supported people to maintain relationships with their loved ones and where required supported people to visit their family members.
- The provider told us in the information shared with us (PIR), how staff used a computer system called Reminiscence Interactive Technology Activities (RITA), which is an interactive programme that engages with people in a person-centred way and can help trigger memories or just enjoyment time. They said they encouraged families to be involved and facilitated them to play a pivotal role in developing individual programmes on RITA and more generally. We saw RITA being used to play music that people enjoyed and how families had shared photos of people's lives and family groups which were used as discussion topics with people.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns and felt confident issues would be responded to positively and quickly. A relative said, "I had previously raised an issue, I was listened to and things were dealt with to my satisfaction." Another relative told us, "I have no concerns here, but the registered manager did support me to raise a concern about a healthcare professional. She is very approachable and helpful."
- We reviewed the concerns and complaints records and saw these had been investigated and responded to appropriately.
- Complaints were reviewed and analysed to look for trends. They were also used to improve the quality of the service provided to people.

End of life care and support

- The service had appropriate processes in place to ensure people receiving end of life care would be supported until the end of their lives in a dignified, personal and sensitive way.
- Records were in place detailing people's wishes and preferences such as remaining at the home.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to obtain feedback from people and their relatives. A relative told us, "The staff and manager do ask for feedback there are relative's meetings, to discuss the service and I have received a survey. The manager also asks if everything is okay when we see her so there are plenty of opportunities to provide feedback."
- Surveys had recently been sent out to obtain people and their relative's feedback. We reviewed the previous analysis report and comments received were mainly positive. Where areas for improvements were identified an action, plan had been completed detailing what action would be taken to address this. For example, relatives requested for a quiet area to be available to them to use when visiting their loved one, and an area in the home has been identified.
- Staff told us they attended regular meetings to discuss the service and felt listened to. A staff member said, "We have regular updates and if I had any ideas to share I would be confident to raise these at the meeting and I know my suggestions would be valued."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives and staff spoke positively about the management team. A relative told us, "Since this manager started working here, things have changed for the better there is a better atmosphere and everything has improved. She has been like a breath of fresh air. The manager includes everyone and involves everyone she has time for everyone, she is what this home needed."
- Staff we spoke with felt supportive in their role. One staff member said, "This is a great place to work and people do get good care. The manager has made lots of positive changes and will work alongside us on the floor if we need her to, which demonstrates her support to us and her commitment to people that live here."
- We saw incentive schemes were in place for staff such as employee of the month where colleagues voted for a staff member they thought deserved the accolade and their picture was displayed.
- The registered manager spoke about her passion for the service and ensuring people were placed at the heart of what they did.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood her responsibilities in relation to the duty of candour regulation and was able to discuss how they met the requirements of this regulation in response to recent incidents.

- The registered manager aimed to promote an open culture within the service and was able to describe the actions she had taken and discussions that had taken place in staff meetings to ensure the service learnt from any previous incidents that had occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to monitor the service provided to people, this included a variety of audits that were completed at regular intervals in areas such as medicines, infection control, and health and safety. Where issues were identified action, plans were in place to address them.
- The provider maintained oversight of the service and completed their own audits on a regular basis to monitor the quality of the care provided to people.
- Staff understood their roles and responsibilities and were confident in the registered manager who they described as, 'supportive, open, caring, approachable and provided good leadership and direction.'
- The registered manager told us they aimed to promote an open culture, and open-door policy and this was confirmed by people, staff and relatives we spoke with.
- The provider had met their legal responsibilities ensuring their current inspection rating was displayed and promptly informing CQC of notifiable incidents.

Working in partnership with others

- The registered manager and staff worked in partnership with health colleagues, local authority and other community groups as part of ensuring people received a personalised service.