

Care Homes UK Ltd

Woodley Hall Care 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 

Overall summary

This was an unannounced inspection which took place over two days on 18 and 19 August 2015. This was the service's first inspection since a change of registration in May 2014.

Woodley Hall Care Home is a 20 bedroomed care home in a residential area in the north of Newcastle. It provides care for up to 20 older people including people living with dementia. There were 15 people living at the service at the time of the inspection.

There was a registered manager who had been in post since the service was registered. 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 told us they felt safe living at the service and that staff knew how to act to keep them safe from harm. The building and equipment were well maintained and there were regular health and safety checks undertaken by staff.

Summary of findings

There were enough staff to meet people sometimes complex needs and the staff were trained, supervised and supported to effectively meet their needs.

Medicines were managed well by the staff and people received the help they needed to take them safely. Where people's needs changed the staff sought medical advice and encouraged people to maintain their well-being. External healthcare professional's advice was sought quickly and acted upon.

People were supported by staff who knew their needs well and how best to support them. Staff were aware of people's choices and how to support those people who no longer had the capacity to make decisions for themselves. Families felt the service was effective and offered them reassurance that their relatives were being well cared for. Where decisions had to be made about people's care, families and external professionals were involved and consulted as part of the process.

People were supported to maintain a suitable food and fluid intake. Staff responded flexibly to ensure that people maintained their physical wellbeing and worked with people as distinct individuals.

Staff were caring and valued the people they worked with. Staff showed kindness and empathy in responding to people's needs. Families felt their relatives were cared for by a staff team who valued them and would keep them safe.

Privacy and dignity were carefully considered by the staff team, who ensured that people's choices and previous wishes were respected. Our observations confirmed there was genuine empathy and warmth between staff and people living at the home.

People who were receiving end of life care had their needs appropriately assessed. Professional advice was sought where needed to promote advance care planning

The service responded to people's needs as they changed over time, sometimes responding promptly to sudden changes in people's needs. The service supported people to access appropriate support so the staff could keep them safe and well.

The registered manager led by example, supporting staff to consider the best ways to meet people's needs. The registered manager regularly consulted families and staff to look for ways to improve the service and audits and regular reviews of care delivery were carried out.

Summary of findings

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. Staff knew how to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service, and these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

Staffing was organised to ensure people received adequate support to meet their needs throughout the day and night. Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines safely.

Good



Is the service effective?

The service was effective. Staff received support from senior staff to ensure they carried out their roles effectively. Formal supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drinks and alternatives were offered if requested. People were given support to eat and drink where this was needed.

Arrangements were in place to request health and social care services to help keep people well. External professionals' advice was sought when needed and incorporated into care plans.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity. Where people were deprived of their liberty this was in their best interests, was appropriately put in place with the necessary permissions and was reflected in their care plans.

Good



Is the service caring?

The service was caring. Staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

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

The staff knew the care and support needs of people well and took an interest in people and their families to provide individualised care. People were supported effectively by staff at the end of their lives.

Good



Is the service responsive?

The service was responsive. People had their needs assessed and staff knew how to support people according to their preferences. Care records showed that changes were made in response to requests from people using the service and external professionals.

Staff knew people as individuals and respected their choices.

People could raise any concerns and felt confident these would be addressed promptly.

Good



Summary of findings

Is the service well-led?

The service was well led. The home had a registered manager. There were systems in place to make sure the service learnt from events such as accidents and incidents, complaints and investigations. This helped to reduce the risks to people who used the service and helped the service to continually improve.

The provider had notified us of any incidents that occurred as required.

People were able to comment on the service provided to influence service delivery.

People, relatives and staff spoken with all felt the manager was visible, caring and responsive.

Good



Woodley Hall Care 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 was planned to check whether the provider was 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.

This inspection took place on 18 and 19 August 2015 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from the local authority safeguarding adult's team, Healthwatch and commissioners of care was also reviewed. They had no negative feedback on the service. Before the inspection the

provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with six staff including the registered manager, four people who used the service and three relatives or visitors. Observations were carried out over a mealtime and during a social activity, and a medicines round was observed. 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 also spoke with two external professionals who regularly visited the service.

Three care records were reviewed as were seven medicines records and the staff training matrix. Other records reviewed included safeguarding adult's records and deprivation of liberty safeguards applications. We also reviewed complaints records, three staff recruitment/induction and training files and staff meeting minutes. We also reviewed people's weight monitoring, internal audits and the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen and dining areas on each unit, offices, storage and laundry areas and, when invited, some people's bedrooms.

Is the service safe?

Our findings

People told us they felt safe living at the home and relatives agreed that people were looked after safely. One person told us, "I feel safe and comfortable here, I really do."

Another person told us, "I feel very safe here, I have no problems, they even call in during the night to check on me." A relative told us, "I think they keep X very safe here, they ring me if they have any concerns." We saw that staff were present in the communal areas ensuring that people were observed and supported in a timely way.

Staff told us what they did to make sure people remained safe, for instance, by ensuring that people who needed supervision were supported by a staff member when they left the lounge. They told us they had attended safeguarding adults training and could tell us what potential signs of abuse might be in people with a dementia or impaired capacity. Staff we spoke with all felt able to raise any concerns or queries about people's safety and well-being, and felt the registered manager would act on their concerns. We saw that where alerts had been raised by the registered manager they had been acted upon correctly.

We saw that in people's files there were risk assessments and care plans designed to keep people safe and reduce the risk of harm where this was identified. People's risk of falls were being managed and referrals to external professionals were made if required. We observed that people who needed support to maintain their food and fluid balance were supported and encouraged by staff to eat and drink throughout the day.

The registered manager and staff undertook regular checks within the service to ensure the environment was safe. A maintenance record was kept and we observed that the building was clean, tidy and well maintained. We saw records that confirmed equipment checks were undertaken regularly and that safety equipment within the home, such as fire extinguishers, were also checked regularly. People and relatives commented to us that the environment was homely, but always clean and tidy.

The registered manager explained to us how they calculated the staffing numbers required across the service to ensure there was adequate staffing. This was based on the numbers of people and their levels of dependency. Staff told us they felt there was enough staff and we observed that staff were able to respond quickly and still had time to spend with people. Some staff told us that at busy times they could be rushed, but we observed there was adequate staffing when we visited.

We saw from records that the registered manager met regularly with the staff team and with people and their relatives. These meetings checked if they had any concerns about the service and staff told us they felt able to raise any concerns they had about people's safety and wellbeing.

Staff recruitment files showed the provider followed a consistent process of application, interview, references and police checks when appointing staff. Staff we spoke with told us they had been subject to interview and application checks. We saw that the service did not use agency staff to cover staff absence, preferring to use existing staff for continuity of care.

We observed a medicines round, spoke with staff who managed medicines and looked at people's records and the storage areas. Staff were consistent in their understanding of how to order, store and assist people to take their medicines. We observed staff supporting people with their medicines in a discreet, respectful manner, as well as involving the person in the decision about when to have 'as and when required' medicines. We saw that people had been assessed to see if they could manage some of their own medicines, such as inhalers. Medicines storage rooms were clean and temperature checks of the room and fridge were carried out and recorded.

We spoke with cleaning staff and they told us there were schedules in place to make sure all areas of the home were kept clean. Staff wore suitable protective clothing when they were cleaning. The home was clean and tidy throughout and we saw domestic staff clean communal areas after mealtimes and remove any spillages.

Is the service effective?

Our findings

People told us that staff knew them well and relatives told us they felt the care and support offered met their family member's needs. We observed that staff were visible during the inspection and the mealtime experience was positive. One relative told us, "I know I made the right decision moving (name) here. I worried, but they have shown over the years how they know them well now."

Records of staff induction showed that all staff went through a common process to prepare them for their roles. New staff shadowed senior staff to become familiar with people and their needs and the routines within the home. We saw all staff had attended mandatory training such as fire safety and had attended training on dementia care, challenging behaviours and providing activities. The registered manager kept a training record for all staff that showed when refresher training was needed. Staff told us the key to knowing the people who lived there was spending time with them and talking to their families about how best to support them. Staff told us they felt able to raise any questions about how best to support people and they would be addressed, one told us "If I had any worries I would go straight to the manager."

All staff told us they were regularly supervised. Records showed that supervisions included discussion about the changing needs of people as well as the performance and training needs of staff. Staff had an annual appraisal and were given feedback on their performance, as well as advice about external training that they could access if required.

Each person's care records had a consent form and this was signed by the person or, if they were not able, by their relative or representative. We observed staff always asked people about their wishes before delivering any care to them. For example, they asked people what they wanted to do after a meal.

During mealtimes staff were able to tell us the food each person preferred and how they supported them to eat well. We saw people made choices about their food and staff responded promptly where a person was eating less, by offering an alternative meal. The food was well presented and hot and cold drinks were available. People told us they enjoyed their meals and we observed a relaxed mealtime

experience. One person told us, "The food is lovely, there is plenty of choice, and a lovely sweet afterwards." We saw that staff assisted some people to eat, engaging them in conversation whilst doing so.

We saw from people's records there was information recorded about nutritional needs and that nutritional assessments were reviewed regularly. This review helped staff identify people who were at risk of losing or gaining too much weight. Weights were monitored monthly or more frequently when an issue had been identified. We saw entries in the care records which showed staff sought advice or assistance from health care professionals such as the GP, dentist, speech and language therapy and dietician where concerns were identified. We saw that this professional advice had been incorporated into people's care plans. Staff we spoke with were aware of this advice and supported people to eat and drink appropriately.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the MCA and are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. We saw from records that the registered manager had referred people for assessments for DoLS as necessary. This meant they were being protected against the risk of unlawful restriction of their liberty. There were people at the service subject to DoLS and this was reflected in their care plans. Family members we spoke with about DoLS had been involved in the process and were aware of the process to appeal any decisions. We saw that the registered manager had a process in place to review DoLS as people's needs changed.

There was evidence of joint working between the service and the local GP's and community health professionals. Records showed this input was used to consult and advise about people's changing health needs and care plans were regularly updated following this advice. Staff told us how they used this advice to adapt their approach to working with some people. A visiting health professional told us they had a good working relationship with the service and how they had recently supported a person during the end stages of their life. They felt the staff had managed this well and maintained the person's dignity as well as keeping the family involved.

Is the service caring?

Our findings

Relatives told us they felt the care offered was good. One relative told us, “Carers try very hard to treat my mother with dignity and respect.” People seemed happy and we saw smiles and positive interactions between people and the staff. We observed one person who was distressed due to their levels of confusion. Staff spent time with the person and after a while they were more settled and staff then supported them with a meal.

Staff we spoke with talked about people with kindness and used terms of affection in their conversations. Staff told us they liked to care for people as if they were relatives, or how they would like to be cared for themselves. This mirrored the positive language used by the registered manager and we saw many positive interactions.

One relative told us that staff from the service had visited their family member a number of times when they were in hospital. Staff told us the registered manager still visited a person who had moved to a different home as their needs increased beyond what the service could provide.

Some people had advanced dementia related conditions, and we saw that staff carefully monitored people throughout the day. We heard staff discussing how one person seemed withdrawn and then took steps to engage with them. A relative told us they felt staff had managed their family member’s behaviour well, and were pleased at how they kept them engaged. Relatives we spoke with also told us that staff contacted them regularly to keep them updated on any changes and they felt staff were attentive when they visited. One person told us, “There are so many nice people who will do anything for me. The staff are happy here, they look after us.”

During the inspection we observed that staff acted in a professional and friendly manner, treating people with dignity and respect. They gave us examples of how they delivered care to achieve this aim. For example, making sure people were asked about what they wanted to wear, ensuring privacy when helping with personal care and respecting people’s rights and choices. We saw that people were supported to take pride in their appearance and wear jewellery when they wanted to do so. Staff told us they promoted people’s independence by allowing people to do things for themselves if they were able.

Staff were able to tell us about people’s preferences in daily living, including their likes and dislikes. A one page profile or information about each person was available in their records which helped to identify preferences in their daily lives, hobbies, and important facts about their background. Families were encouraged to be involved in the creation of these documents. The profiles were particularly useful for people who had dementia and were unable to recall past events or their particular preferences in leisure and activities. Staff we spoke with were able to tell us about people’s history, how best to support them and they were knowledgeable about individuals. Families we spoke with told us they had been involved in the creation and review of people’s care plans. One family member told us, “The senior carer goes through my mother’s care plan with me about every six months; this is very useful for the family.”

In the reception area of the home we saw information was available about advocacy services provided in the local area. There was also information about safeguarding adults, how to complain and the home’s survey results for people or visitors to review. Relatives told us the registered manager would often greet people when they called to pass on any information or check how a visit had gone as they were leaving.

We were told that there were regular resident and relatives meetings where problems could be raised and changes discussed. The relatives we met felt the staff and registered manager were receptive to their ideas and suggestions. An example often given was when the service had moved to Woodley Hall from a neighbouring property. People told us how the registered manager and staff had worked with families and people to help the move go smoothly. They told us the planning and collaboration was there from the beginning and how the final day of the move went very well. Staff also told us this had been a positive event for the people using the service as it had been so well organised around people’s individual needs.

We saw people had information in their care plans about their preferences for care at the end of their lives. Staff told us they were experienced in providing end of life care and this was supported by training records. Staff said they linked in with local GP’s and NHS nurses to administer medical support such as pain relief and in making advance decisions care plans. They also told us they worked closely with people and their families to ensure end of life wishes

Is the service caring?

were met. An external professional told us the staff had worked in a very sensitive manner with family members to support them to be there at the last moments of their relative's life.

Is the service responsive?

Our findings

Those people who could communicate with us told us they had been involved in their care plans and relatives told us staff actively sought their input into their relative's care.

Relatives told us that the staff seemed to be knowledgeable on meeting their relative's needs. Staff told us they had training and regular updates, as well as specific training for supporting people with dementia related conditions. Relatives told us the registered manager had involved them in the initial assessment before people moved into the home. They also told us that they were invited to take part in regular care reviews and that they could ask the staff team any questions at any time.

We looked at people's care records, including care plans about their needs and choices. The quality of recording was consistent and provided clear information about each person. The care plans were reviewed regularly and any changes made were then communicated to staff. Staff we spoke with were aware of people's recent changes in needs or when professional advice had changed. For example about a person's support needs around eating and drinking.

We saw that an assessment of needs was carried out prior to admission to the home. Each person had a draft care plan prepared before their admission so staff were clear about the support they needed. This was then amended as staff got to know people better and understand their preferences and needs. This meant people's care was individualised from the beginning of their stay at the home. We found that the care delivery was responsive and ensured individual needs were met.

Formal reviews of care were held with families and external agencies, such as social workers. Reviews happened when people's needs changed in order that the staff could seek external professionals input before making any changes to

care delivery. Staff told us they tried to ensure that families attended these meetings or that they sought their views before making any changes. An external professional we met told us that staff sought their input and advice, and they were happy that this was acted upon.

Staff told us they provided activities and one staff member led on this work in the home though all staff were encouraged to be part of activities. We saw that people had one to one time, as well as group activities such as ball or card games. Communal areas had been decorated with themes, such as the beach. As part of these themes, items such as bucket and spade were available as well as memory items to aid discussion and activity. Music was playing softly in some areas, or people were watching a film together. We did not see anyone moving about the service without purpose and staff encouraged people to come out of their bedrooms during the day. The garden was used by people when the weather was good. We saw staff and people engaging in humorous conversation with lots of smiles and affectionate interaction. The registered manager told us the service held regular fundraising events to pay for additional external activities and for transport so that group trips out could be organised.

People and their relatives told us they liked the activities on offer and had plenty to do. One person said, "I can talk to the carers if there is nothing else going on." Another told us, "Staff have time to talk to me."

We looked at the systems for recording and dealing with complaints. People were given information about how to make a complaint when they came to live at the home. We saw there had been no complaints received by the service since 2013. The registered manager told us they welcomed comments and complaints as it was an opportunity to review practices and make improvements. Relatives told us they felt able to raise any concerns and felt the registered manager and staff would respond positively.

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well led and the manager was effective. One person told us, “The manager, (name), will stop and talk, she isn’t soft, if something is wrong she will tell you”, and, “I love it here, staff are always there for me, I think they are all marvellous.” Another person told us, “I know the manager well, she is lovely.” Relatives told us, “I trust the manager and the staff to care for my mum”, and, “The manager is always very approachable.”

The staff we spoke with all held the same value base about caring for people the way they would like someone to look after their own family or friends. Staff told us the registered manager had the same approach and encouraged staff to think about the way they supported people, and think how would they like someone to care for their family or friends. We saw that staff felt positive about the service they offered and they told us staff turnover and sickness was low as it was such a good place to work. Staff felt the service being smaller and more homely was a positive as they could get to know people and their families well.

Regular checks and audits were carried out by the registered manager. For example, these analysed where people had experienced significant weight loss, the use of medicines, care plan reviews, and the accident and incident log. We saw this information was then used in people’s care plans to review any areas of concern, such as weight loss and highlight this with relevant external health professionals if there was need for further support.

The registered manager told us about the links the home had with the local community. There were links with the local school and the local churches.

The registered manager was clear in their responsibilities as a registered person, sending in required notifications and reporting issues to the local authority or commissioners.

The registered manager told us about the findings from residents’ surveys they carried out, the last one being in July 2015. We saw this was broadly positive and this had been fed back to the staff. This was on display in the reception area and visitors to the service were able to comment on it.

We saw that the registered manager met with staff, people and relatives regularly and used these meetings to effect changes to the service. We saw that staff were given feedback, and that fundraising and other ways for families to get involved were discussed. The relatives and staff we spoke with about these meetings told us they were helpful.

People, relatives and staff told us the registered manager was very ‘hands on’ in the service. They told us the registered manager could do any job in the home and could support staff with practical experiences. We saw that people knew the registered manager well and they had positive interactions. During the inspection there was an issue overnight and the registered manager had attended the home and supported the staff team and family members effectively and with compassion.

External professionals we spoke with felt the service worked well with them, seeking out their input and advice, but also managing people’s complex needs. The registered manager often looked at ways the service could make small changes to care plans to support people, before referring externally. For example, if people’s behaviour became distressed or challenging, staff looked at changing their practices based on recent training, before making referrals.