

Wood Green Nursing Home Limited

Wood Green Nursing Home

Inspection report

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West Midlands, WS10 9AX
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Date of inspection visit: 26 January 2015
Date of publication: 27/03/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This unannounced inspection took place on 26 January 2015.

Our inspection of May 2014 found that the provider was not meeting four of the regulations associated with the Health and Social Care Act 2008 which related to; the care and welfare of people who use services, the management of medicines, assessing and monitoring the quality of service provision and records. Following the inspection we asked the provider to take action to make improvements. The provider sent us an action plan

outlining the action they had taken to make the improvements. During this inspection we looked to see if these improvements had been made and found that they had not all been completed.

Wood Green Nursing Home is registered to provide accommodation, nursing and/or personal care for up to 40 older people. At the time of our visit 22 people were using the service.

The registered manager had left the service in August 2014. 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

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had appointed a new manager in November 2014 who told us that they were in the process of applying for registration with us.

We found that medicines management within the service were unsafe. The provider had failed to handle, store and administer prescribed medicines in such a way as to maintain and promote people's good health. You can see what action we told the provider to take at the back of the full version of the report.

There were systems in place to protect people from abuse and harm. Staff had a clear knowledge of how to protect people and understood their responsibilities for reporting any incidents, accidents or issues of concern. However, the provider had failed to send notifications to the Commission and other external agencies about incidents or allegations of abuse that had occurred within the service.

The provider ensured that there were suitable number of staff on duty with the skills, experience and training in order to meet people's needs at all times.

Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care safely and efficiently. Staff were encouraged by the provider to undertake training in addition to the standard level of training they were routinely provided with.

The provider supported the rights of people subject to a Deprivation of Liberties Safeguard (DoLS). Staff were able to give an account of what this meant when supporting the person and how they complied with the terms of the authorisation.

People's nutritional needs were monitored regularly and reassessed when changes in their needs arose. Staff supported people in line with their care plan and risk assessments in order to maintain adequate nutrition and hydration.

Staff were responsive to people when they needed assistance. Staff interacted with people in a positive manner and used encouraging language whilst maintaining their privacy and dignity. People were encouraged to remain as independent as possible.

People and their relatives told us they were provided with written and verbal information about the service and their care and treatment. People were supported to continue to maintain their religious observances.

Although people were provided with information was on display about how to make a complaint. The provider had failed to respond in a timely manner and in line with their own policy to complaints received since our last inspection.

Activities that were on offer to people considered people's interests and hobbies through consultation with the individual. People, their relatives and stakeholders were asked to provide feedback about the service through questionnaires and meetings.

People, their relatives and staff spoke confidently about the leadership skills of the new manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

The provider's quality assurance systems had failed to identify a lack of appropriate reporting and some analysis of incidents within the service and ineffective complaints handling that may have put people using the service at risk. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

People who used the service were being put at risk as medicines were not always administered, handled or stored in a safe manner.

Staff were knowledgeable and had received training about how to protect people from harm. People told us they felt safe using the service.

Risks for people in regard to their health and support needs were assessed and reviewed regularly.

The service operated safe recruitment practices and provided sufficient numbers of staff to meet people's needs.

Inadequate



Is the service effective?

The service was effective.

Staff received regular training and had the appropriate level of knowledge and skills to meet people's needs. Staff received regular supervision and used this as an opportunity to discuss their development and training needs.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005.

People were supported to access specialist healthcare professional input from outside the service to meet their needs.

Good



Is the service caring?

The service was caring.

People and their relatives were complimentary about the staff and the care they received.

Information about the service or their care was available for people using the service and their relatives.

We observed that people's privacy and dignity was respected by the staff supporting them.

Good



Is the service responsive?

The service was not always responsive.

The provider had failed to respond to complaints received in a timely and effective manner.

People were actively involved in planning their own care. We saw that care was delivered in line with the person's expressed preferences and needs.

Requires Improvement



Summary of findings

Activities offered within the service were planned in consultation with people using the service.

Visiting times were open and flexible enabling people to maintain links with family and friends.

Is the service well-led?

The service was not always well-led.

The provider had failed to inform the Commission and other external agencies of incidents that had occurred within the service.

People and their relatives spoke positively about the approachability of the manager.

Elements of the provider's quality assurance systems lacked a robust system for addressing identified gaps or omissions.

Requires Improvement



Wood Green Nursing Home

Detailed findings

Background to this inspection

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

The inspection of Wood Green Nursing Home took place on 26 January 2015 and was unannounced. The inspection team consisted of two inspectors, a pharmacist inspector and an Expert by Experience of older people's care services. An Expert of Experience is someone who has personal experience of using or caring for a user of this type of care service.

Before the inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

During our inspection we spoke with eleven people who used the service, four relatives, one member of kitchen staff, five care staff, the deputy manager, the manager and the director of the service. We observed care and support provided in communal areas and with their permission spoke with people in their bedrooms. Prior to our inspection we also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people. Following our inspection we contacted healthcare professionals who had regular contact with the service to obtain their views.

We reviewed a range of records about people's care and how the home was managed. This included looking closely at the care provided to three people by reviewing their care records, we reviewed two staff recruitment records, all the staff training records, all the medication records and a variety of quality assurance audits that the director and manager completed. We looked at policies and procedures which related to safety aspects of the home and also looked at whistle blowing and safeguarding policies.

Is the service safe?

Our findings

At our last inspection in May 2014 we found that the service did not have a robust system in place to record where analgesic patches had been applied to on people and that instructions to administer some medicines prescribed with specific administration times, had not been adhered to. At this inspection people and relatives we spoke with told us they were satisfied with how their medicines were provided. One person told us, “I get my medication when I want it”. Another person said, “I get mine on time, more or less”. A relative stated, “My relative receives their medication on time, as far as I know”. Although people expressed satisfaction with medication management we found some issues which meant that medication management was not safe and put people at risk of not receiving their prescribed medication as they should.

We reviewed how medicines were managed within the service. At our last inspection in May 2014 we found that the provider was not compliant with the regulations in regard to medicines management. We asked the provider to outline how they intended to improve and meet the regulations in an action plan. We received this action plan in July 2014 and as part of this inspection checked that the improvements outlined in the action plan had occurred and had been maintained. We found the service had failed to sustain improvements in regard to safe medicines management.

Nine Medication Administration Records (MAR) were looked at in detail and we found that people’s medication was not being administered as prescribed. For example we found that staff had not signed the MAR; we found discrepancies in the levels of medicines left in stock so we were unable to establish if the medicines had been administered. We found records did not evidence that people had received their inhaled medicines as prescribed. One person who required a medicine to be administered at specific times was not receiving the medicine at the times specified. We noted that the service had identified that the wrong dose of one medication had been administered for six days following a poor blood test result. This resulted in the person needing a high level of monitoring for several days until their health condition had stabilised with the correct dosage of medication. People requiring medicines to be administered directly into their stomach via a tube, were not receiving their medication in line with the necessary

guidance to ensure that they were administered safely. We observed unsafe administration practices during the lunchtime medicines round, for example, we saw that administration records were being signed before the medicines had been given.

We found that daily fridge temperatures checks were not being recorded consistently. When the refrigerator temperature had been recorded we saw that it had been above the maximum temperature for a number of days, but we were advised that no action had been taken to address the problem. This meant that medicines were not being stored as per the manufacturer’s guidelines to maintain their effectiveness in promoting good health.

This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Relatives told us they were happy with the support available and that the environment was safe for their family member to reside in. One person told us, “Yes I feel safe, I’ve been here years I should know”. Another said, “If I have to use my buzzer when I’m in my room, it never takes them long to come to me”. One relative told us “Yes it’s safe, I’m happy with the place”.

Staff were clear about their responsibilities for reporting any concerns. One staff member said, “If I identify any issues or concerns I can discuss them straight away with the managers”. Staff told us they felt the training they had received had equipped them with the necessary knowledge and information they needed in order to protect and keep people safe.

Records showed that assessments had been completed in respect of any risks to people’s health and support needs. These referred to the individual’s abilities and areas that they needed assistance with in order to avoid harm and reduce any related risks. For example, through our observations we were able to see how staff used moving and handling equipment in such a way as to protect people from harm and in line with their individual needs outlined in their care plans.

Records demonstrated that the provider had undertaken the appropriate pre-employment checks, which included references from previous employers and criminal records checks. Disciplinary procedures within the service were

Is the service safe?

reviewed. Records showed that the provider had taken appropriate action by internally investigating allegations and dealing with staff involved in line with their policy, when incidents had arose.

We saw that there were sufficient numbers of staff on duty to meet people's needs. We observed people being responded to in a timely manner, including answering of call bells. One person said, "If I'm in bed, staff make sure I

have my buzzer; if I buzz they come fairly quickly". A second person told us, "There are a lot of people in here, but I get looked after okay, so I think I'm satisfied enough". We saw that staff were apparent and available to assist people in communal areas. The manager told us that staffing levels were determined in line with peoples changing needs using a staffing guidelines tool. People and their relatives told us they had no concerns over staffing levels.

Is the service effective?

Our findings

People, relatives and health care professionals we contacted were complimentary about the abilities and skill of staff within the service. People said they felt confident that staff were competent and trained to care for all their needs. A person said “They do alright by me”. A relative told us, “From what I’ve seen they’re very good and I’ve worked in care for many years”.

We spoke with staff about how they were able to deliver effective care to people. They told us the provider offered a range of training in a variety of subject areas that were appropriate to the people using the service. In addition to the standard training on offer, a number of staff had or were in the process of completing training linked to the Qualification and Credit Framework (QCF) which is a vocational qualification in health and social care to further their knowledge and skills. A staff member said, “I am happy with the training we receive and I am up to date with mine”. Staff told us that management were supportive in respect of them wanting to undertake extra training to improve their knowledge about people’s health conditions. Staff had received training to improve and maintain their knowledge about how to look after people safely.

Staff had received training and understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Records showed that people’s mental capacity had been considered as part of their initial assessment. We observed that people’s consent was sought by staff before assisting or supporting them. DoLS had been authorised for one person who used the service at the time of our visit. We saw that staff were aware of this and were complying with the conditions applied to the authorisation.

Staff received regular supervision and an appraisal with the manager or deputy manager. We saw that these processes gave staff an opportunity to assess their performance, review their knowledge and discuss elements of good practice. For example, at each session a policy was reviewed to ensure staff had a working knowledge of them. This provided assurances to the manager that learning was embedded within staff practices. One staff member told us, “In my appraisal we talk about how I am doing and what

works well and what doesn’t”. Another said, “We talk about my training needs in supervision”. We reviewed staff training records and found that staff were up to date and a clear system was in place for staff to access timely updates. We saw from the minutes of staff meetings that they were well attended and used to gather feedback, and further embed best practice and learning.

We reviewed the records that related to decisions reached about not attempting Cardio Pulmonary Resuscitation (CPR). The documentation was clear about how the decision was made, who was involved in and responsible for making the decision and when the records should be reviewed.

We observed lunch being provided with three choices of main meal and two desserts to choose from. One person told us, “They come round and ask what we want for lunch and for our breakfasts, it’s very good food as well”. A relative told us, “If mum does not like what they’ve got, they offer her alternatives”. Another relative said, “Food is good here; he loves it and clears his plate”. People were relaxed and enjoyed the food on offer to them. People told us, and we could see for ourselves that they could choose what they wished to eat and could ask for alternatives to the menu items. People told us they were consulted about their likes and dislikes in regard to the menu by staff and the chef. We observed the chef taking time to approach people individually to discuss their likes and dislikes. Meals were nutritionally balanced with extra portions available and freely offered to people. Kitchen staff told us that any specific dietary needs or changes to people’s nutritional needs were communicated to them by staff as necessary. Staff we spoke with knew which people were nutritionally at risk, whilst records we looked in were reflective of people’s current risk in regard to malnutrition. A relative told us, “My relative gets the soft food and thickened drinks they need”. We observed that people, who did not have their meals provided in the dining area or required assistance from staff, received their meal in a timely manner. This meant the service were supporting people’s needs in respect of diet and fluids.

Discussions with people, their relatives and staff confirmed that people’s health needs were identified and met appropriately. One person told us, “The nurse phones the doctor; they pop you in bed first then get the doctor out”. A second person said, “I wasn’t very well so staff told the nurse, they got the doctor for me”. Another person said,

Is the service effective?

“I’ve seen the doctor two or three times since I’ve been poorly; he came twice in one day to see me and said he was going to change my medication, which he did do”. Records showed people were supported to access a range

of visits from healthcare professionals including chiropodists and opticians as necessary. We saw examples in records of staff accessing more urgent reviews by a doctor in response to people’s changing health needs.

Is the service caring?

Our findings

People spoke highly about the caring attitude and kindness shown to them by staff. One person told us, “Staff are very helpful and kind to me”. We observed staff interactions with people and saw they adopted a caring and friendly approach towards them. A relative said, “Staff are so kind to him; they seem to love Dad to pieces”. During our visit we spent time in the communal areas and saw that people were at ease with asking staff for assistance and a relaxed atmosphere was observed. Staff we spoke with knew people well and this was demonstrated through the interactions we observed; for example we saw two staff members supporting a person to walk; throughout their interaction they used encouraging language, such as ‘you are doing really well’ and ‘just take your time’. One person said, “Staff are usually friendly, they always speak to you”.

People told us they were consulted about decisions regarding their care and had been given the necessary verbal or written information they needed. One relative said, “Staff keep us informed and if there’s any problem, they will always let us know”. Another told us, “There’s a folder we access that gives us all the information about how mum is eating and what she does throughout the day”. We saw that records gave a detailed overview of people’s health and well-being and were completed throughout the day by staff, as the person took part in activities or was provided with any support or care. This allowed staff to demonstrate how and when care had been provided and enabled them to quickly identify and deal with any changes in people’s needs.

The service asked people about their cultural and spiritual needs as part of their assessment. One person said, “We

have the church people come here”. People told us that staff respected their wishes and if they wanted to address any specific cultural or spiritual needs, they felt they would be supported by staff to achieve these.

People were encouraged by staff to remain as independent as possible. One person said, “I’m very independent, if I can do it, I do it; if I need help staff are there for me”. We observed staff asking people what level of support they needed and what they were able to do for themselves. Another person said, “I do what I can. I wash and dress myself and staff help me complete the things I can’t do”. People told us that staff respected their privacy when assisting them and encouraged them to try to do as much for themselves as possible. Information about local advocacy services including their contact details was displayed in communal areas. Staff we spoke with knew how to access advocacy services for people.

A guide was provided for people in their rooms which included information on a variety of aspects of the service, for example meals times and medication management. People we spoke to told us that staff had taken the time to verbally explain any issues or questions they had about their stay, care and treatment when they started using the service.

People told us staff respected their dignity and right to privacy. One person told us, “They always knock my door before coming in”. Another person we spoke with confirmed that when they were in their bedroom, staff always knocked and waited for a response before entering. We observed staff communicating with people in a respectful manner and supporting them in a dignified and discreet way, for example when staff were using the hoist to transfer people, their clothing was readjusted as necessary to maintain their dignity. This supported our findings that people’s dignity was protected and respected.

Is the service responsive?

Our findings

Information about how to make a complaint about the service was in an accessible area and also provided in the service user guide in people's rooms. The service user guide was a booklet for people to read and refer to. People we spoke with knew how to complain. One person told us, "I have got nothing to complain about". Another said, "I would talk to the staff".

We spoke to the manager who told us that two complaints had been received since our last inspection, in May and September 2014. Both of these complaints had not been responded to or investigated at the time of the service receiving them. The new manager showed us evidence of a retrospective response to the complaints following their investigation of the issues. One response had been formulated and they were in the process of responding to the other. The provider's complaints policy stated that an initial letter of acknowledgment would be sent out in 72 hours and resolution would be completed within 21 days, this had clearly not been adhered to. Complaints were not being responded to in a timely manner.

People and their relatives told us that staff asked for their views about how they would like their care to be delivered. One person told us, "I have been asked about my likes and dislikes". A relative told us, "We are asked to attend review meetings, we had one last year". Records showed assessments were completed to identify people's support needs. Records we reviewed demonstrated that people and their relatives had contributed to/or had been involved in the planning of care.

Care plans contained personalised information detailing how people's needs should be met. They included information about their health needs, interests and life history. Personal preferences included important instructions for each individual, for example one person preferred to receive care only from female carers; staff confirmed that they were aware of this preference which

they planned for accordingly. People's rooms had been personalised and displayed items that were of sentimental value or of interest to them. Care plans had been regularly reviewed and updated.

Visiting times were open and flexible for relatives and friends of people. All the relatives and visitors we spoke with said they were able to visit the home without undue restrictions. We found people were not restricted in the freedom they were allowed and we saw that they were protected from harm in a supportive respectful way. One person said, "I can go where I want to; I go everywhere". People told us that when they were in their bedroom staff checked on them on a regular basis and attended to them in a timely manner if they pressed their call bells.

People and their relatives told us that activities were regularly available within the service. One person said, "We have exercise, we have parties and a singer comes in". Another told us, "If I want to go out shopping for clothes, one of the carers goes with me". One relative told us, "Activities are offered in the afternoon". The service did not have a dedicated activities organiser; however the deputy manager took responsibility for organising planned activities and events, such as visiting musicians, singers and flower arranging sessions by the local florist. Activities on a day to day basis were less structured. We saw staff asking people what they would like to do and encouraging them to participate in a game of skittles. We observed that people were animated and clearly enjoying the activities they were involved in. The deputy manager told us that they tried to base activities upon people's preferences and personal history where possible. People told us that activities were on offer throughout the week at various times.

Records of regular meetings attended by people using the service were seen in which they were asked for their input into the planning of activities. People told us they were encouraged to attend these meetings and contribute their thoughts. Subjects included for discussion in these meetings were the environment, plans for upcoming events and any concerns or complaints.

Is the service well-led?

Our findings

The manager of the service had been in post since 17 November 2014. We spoke with them and they demonstrated a clear understanding of their responsibilities for notifying us and other external agencies, including the appropriate professional bodies of certain incidents and injuries that may occur or affect people who used the service. We identified a number of incidents had occurred within the service, which had not been reported to the appropriate external agencies and professional bodies by the provider, prior to the current manager taking up post. As the incidents related to allegations of abuse and injury in relation to people who used the service, the provider had a legal responsibility to report these. This meant the provider had failed to notify the relevant authorities.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

People and their relatives spoke positively about the leadership of the service. One person told us, "It's managed well". Another said, "I have forgotten their name; but I have met them". The manager in post had applied to register with us as is the legal requirement and was being supported on a day to day basis by the director of the service and the deputy manager. Staff we spoke with understood the leadership structure within the service. One relative said, "I think the management is fine at the moment". The manager and deputy manager both demonstrated a good level of knowledge about the people who used the service. The provider sent out an annual satisfaction survey to stakeholders. One relative, "I think I filled out one last year". We saw that the provider had analysed the data from the feedback and was in the process of actioning improvements based on the findings. This proved that people, relatives and stakeholders had a variety of ways to share their experiences and opinions about the service.

Staff were aware of the process for reporting accident and incidents. Records in regard to incidents allowed the person completing the document the opportunity to formally record any learning outcomes or changes to practice in the service that had occurred as a result of an incident. For example, in the analysis the new manager undertook each month to identify any trends in incidents they identified that people were not always using their call

bells appropriately; so the manager had undertaken checks to ensure each individual knew how and when to operate their call bell. Records showed that people's care plans had been updated to reflect this. Staff told us that any changes to practice or learning from incidents were shared with them at daily handovers and staff meetings.

The manager told us the deputy manager performed daily 'walk abouts'. Staff we spoke with confirmed this; checks included cleanliness of the environment and safety, for example observing staff in the use of moving and handling equipment. Feedback was sought from people using the service in meetings undertaken by the deputy manager. People told us they were encouraged to offer their thoughts in meetings and said they also had regular communication with staff where they could express their thoughts about the quality of the service provided. This showed that the provider actively sought feedback as part of quality assurance of service provision.

Staff gave a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy which staff received a copy of on induction and a copy was also available in the office. This detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to. One staff member, "We go over various policies and topics in supervision". This supported our findings that the provider actively promoted an open culture amongst its staff and made information available to them to raise concerns or whistle blow

We saw that effective systems for internal auditing of the quality of care records were in place. A system had been developed to audit care plans and daily records through a system of 'resident of the day'. Senior carers were tasked with completing this on a daily basis and a weekly check of care records was also undertaken by the provider's quality assurance manager. Records we looked in were fully completed, relevant and had been reviewed or updated to reflect people's current needs.

A number of key areas of risk for the service, for example incident and accident analysis and safety of equipment in place were considered as part of quarterly audits undertaken by the director of the service. Where omissions or areas for improvement were identified an action plan was developed. We saw that a lack of analysis of incidents and accidents had been identified in the September 2014 audit. The next audit which took place four months later in

Is the service well-led?

January 2015 stated that these actions remained incomplete for September or October 2014. The provider told us that some actions had not been addressed due to the work load of the previous manager who had been acting as manager for two services belonging to the provider. This meant that the providers internal audit

system had failed to address issues and complete actions from previous audits in a timely manner. However from November 2014, when the current manager took up post, we were able to see clear analysis of incidents and a system for identifying trends.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The provider had failed to report to the Commission incidents that had resulted in, or had the potential to result in harm to a person using the service.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations
2010 Management of medicines

The provider had failed to protect people using the service against the risks associated with the unsafe use and management of medicines.

The enforcement action we took:

Warning notice issued