

Barchester Healthcare Homes Limited

Woodhorn Park

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?	Outstanding 🌣
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service

Woodhorn Park is a residential care home providing personal care to 58 people aged 65 and over at the time of the inspection. The service can support up to 61 people.

The home is a purpose-built facility with care supported over two floors. The upper floor of the home is designated as the 'Memory Lane' unit, providing help and assistance to people living with dementia or other mental health conditions.

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

People told us they felt safe when being supported by staff. The provider had dealt with any safeguarding concerns appropriately. People were protected from harm as risks had been assessed and plans put in place to mitigate these. There were enough staff to delivery care appropriately and medicines were managed safely and effectively. The home was maintained in a clean and tidy manner.

People told us their care needs had been assessed and support provided met these needs. Staff were supported to maintain good levels of knowledge and training. People said they enjoyed the food at the home and their dietary requirements were well catered for. There was good access to a range of health and social care services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The environment of the home had been designed and adapted to meet people's needs, including particular environmental adaptions for people living with memory loss.

People told us they were exceptionally well supported, and that staff worked hard to deliver care that was highly individual. Professionals praised the service highly and told us the care was of an excellent quality. A significant number of people and relatives described the care as outstanding. People were actively involved in care decisions and reviews. Staff understood about protecting people's privacy and dignity and helping to maintain people's independence.

Care records were well maintained and clearly identified people's preferences and likes and dislikes. Thought had been given to people's communication and alternative methods of displaying information. There was access to a wide range of activities and people were well supported to maintain relationships. The provider had responded appropriately to complaints. People received kind and compassionate end of life care.

People, professionals and staff all praised the registered manager highly and said she had made significant improvements at the home. A range of quality audits and checks were in place to ensure care was delivered to an appropriate level. People and staff told us they were able to input into decisions about the running of the home. The service worked in partnership with a number of other services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodhorn Park on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?	Good •
The service was safe. Details are in our safe findings below.	
Is the service effective?	Good •
The service was effective. Details are in our effective findings below.	
Is the service caring?	Outstanding 🌣
The service was exceptionally caring. Details are in our caring findings below.	
Is the service responsive?	Good •
The service was responsive. Details are in our responsive findings below.	
Is the service well-led?	Good •
The service was well-led. Details are in our well-led findings below.	



Woodhorn Park

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 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.

Service and service type

Woodhorn Park 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. 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 11 people who used the service and eight relatives about their experience of the care provided. We spoke with 12 members of staff including; the registered manager, deputy manager, two senior team leaders (one of whom was the dementia champion), two care workers, an activities co-ordinator, housekeeper, the administrator and the chef. We also spoke with the providers' quality improvement specialist and operations trainer, who visited the home during the inspection. We further spoke with three health and social care professionals who visited the home during the inspection.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



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 good. At this inspection this key question has remained the same; good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and when being supported by staff. One person told us, "I am happy here. Everyone is nice; they make me feel safe."
- The provider had in place a safeguarding policy and any safeguarding concerns had been managed appropriately, investigated and action taken, if necessary.

Assessing risk, safety monitoring and management

- People's care records contained information regarding risks related to care and support. Regular assessments were carried out on people's skin integrity and nutritional intake.
- We viewed copies of relevant safety certificates, such as those for gas and electrical safety. Regular checks were undertaken on fire equipment and other key safety matters. People had personal evacuation plans detailing the support they may require in the event of an emergency.

Staffing and recruitment

- At the last inspection we made a recommendation about ensuring regular monitoring of staffing levels. At this inspection we noted there was a regular review of staffing and dependency levels.
- People, relatives and staff all told us there were enough staff to provide care, although the home could be busy at times. One person told us, "I think there are enough staff; they always come when I call and will do anything they can to help."
- The provider had in place an appropriate staff recruitment process, including checks made with the Disclosure and Barring Service and the taking up of references.

Using medicines safely

- People told us they were well supported with their medicines and that they always received them on time. One person told us, "Yes I get my medication when I need it; it is alright." People also confirmed they could access pain relief when they required it. One person told us, "If I am in pain they will bring me something to help, pretty quickly."
- We observed staff supporting people with their medicines and saw this was carried out safely and appropriately. Medicine records were well maintained and up to date.

Preventing and controlling infection

- People told us the home was always maintained in a clean and tidy manner. One person commented, "I've no complaints there; they are very good and keep it clean and tidy." Domestic staff told us they were well supported by the managers and had access to appropriate equipment.
- We observed all areas of the home were clean and well kept.

Learning lessons when things go wrong

• The deputy manager spoke in detail about the work they had undertaken with one person around falls. They spoke about how they had assessed the situation and changed the way they supported the individual which had allowed them to both become more mobile and reduce the number of falls they were suffering. They also spoke about lessons learnt from complaints and safeguarding issues.



Is the service effective?

Our findings

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; good. 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

- Care plans had evidence of an assessment of need and were reviewed on a regular basis. Care details reflected the identified needs and the personal preferences of individuals. One relative told us, "The manager comes in and does a review."
- Professionals we spoke with told us staff followed advice and guidance provided by them and delivered personal and good quality care. One professional told us, "Care plans are now truly reflective of people's needs. Things are always updated within a few days."

Staff support: induction, training, skills and experience

- Staff told us they had a range of training and records indicated that staff were up to date with statutory and mandatory training. One staff member told us, "There is so much training." We spoke with the provider's operational trainer, who carried out detailed induction and refresher training on a regular basis. On the second day of the inspection we saw training sessions were being undertaken at the home.
- Staff told us they had regular supervision sessions and annual appraisals. They also said they could speak to the registered manager or deputy at any time.

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

- People told us they enjoyed the meals at the home and said they were of good quality. One person commented, "I used to be a cook. The food is nice, and I get plenty to eat."
- People were supported to have access to regular drinks throughout the days. Jugs of juice and water were readily available throughout the building. One person told us, "You can have a cup of tea anytime and something to eat at any time, day or night."
- Risks related to poor nutritional intake were monitored and action taken if any concern arose.

Staff working with other agencies to provide consistent, effective, timely care

- There was evidence in people's care files that the service worked with other agencies to support people's care and maintain their wellbeing.
- Professionals we spoke with confirmed the home worked collaboratively with other services. One professional told us, "The service is very good with communication. They work extremely collaboratively with me."

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

- The service was provided over two floors, with a dedicated Memory Lane unit, for people living with dementia, located on the first floor. Considerable thought had been given to the environment. The home had appointed a dementia champion who supported all aspects of dementia care. We observed people living on the Memory Lane unit interacting with the environment.
- Staff and visitors talked enthusiastically about the work undertaken to ensure the environment best met people's needs.
- The ground floor had recently been fully refurbished. People praised the homely feel of the unit and the relaxed atmosphere. One person told us, "I like it here. They recently refreshed it up and I have a nice room." A professional told us, "It is a very good home; way above average. It is very homely and has a good feel."

Supporting people to live healthier lives, access healthcare services and support

- There was evidence in people's care records they were supported to access a range of services to maintain their health and wellbeing.
- Professionals confirmed the service took appropriate action to ensure people were treated promptly and correctly. Professional comments included, "They are always on top of things and act appropriately. If there is a health crisis they always act fast."
- The deputy manager demonstrated the home was aware of the CQC's recent report on oral health in care homes. Action had been taken to ensure people were positively supported with oral hygiene and a significant number of staff had attended specific oral health training delivered by a local NHS organisation.

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.

- The deputy manager showed us the system used to ensure any requests under DoLS were appropriately and legally managed and reviewed. A visiting professional confirmed the home complied with legislation.
- Where people did not have capacity to make their own decisions there was evidence of best interest decisions having been undertaken. All the best interests decisions had been reviewed and confirmed by a visiting care manager. Where relatives held Lasting Power of Attorney (LPA) then copies of the LPA documents were held by the home.

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 has now improved to; outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People praised the home and staff very highly and said they were exceptionally well cared for. Comments from people included, "They are both kind and caring, whatever I ask they will do for us. No refusal from anyone" and "Yes, I'm very well cared for. I get cuddles every morning; they make me feel proud and special."
- Relatives also spoke of the exceptional service. One relative told us, "The staff are not just nice, they are lovely; they give her cuddles. They love (relative) and they love them (staff) and always smiles when they see the staff."
- Professionals spoke in glowing terms about the extremely individual care. One professional told us they would happily be a resident at the home, commenting, "I have my name on the waiting list." Another said they would readily place their relatives at the home. One professional told us, "It is fantastic. I am involved in 11 or 12 care homes and this is by far the best. They are proactive and work to get the best for service users."
- People received exceedingly individual care. The home had made special arrangements for one couple to celebrate a special wedding anniversary. A romantic occasion for couples around Valentine's day had been organised. One professional told us, "They have very good personal knowledge of the residents. They work to ensure their lives are as fulfilled as possible."
- Professionals offered high praise around the care and support for people living with dementia. They spoke about the environment at the home and the actions of the staff in supporting people if they became distressed. One professional told us, "There is not a thing they don't know about dementia care. (Dementia Champion) is absolutely amazing. I can't praise them highly enough."
- The registered manager showed us photographs of events at the home including a 'pop up' sensory room developed on the Memory Lane unit during dementia awareness week. Pictures showed people actively enjoying the experiences.
- Staff told us how the registered manager had personally selected individualised Christmas presents for people and arranged special presents and flowers to be presented on Mother's Day and Father's Day. People we spoke with confirmed this.
- People and relatives told us they rated the home as outstanding. One person told us, "Top marks for the home. It is outstanding. It couldn't do any better. I can't praise them enough." A professional told us, "It's nice to come to a home and not have to look for things wrong."
- Staff had received training regarding equality and diversity and had a good understanding of issues related to this matter. The home had a good understanding of people's social and religious needs. One relative praised the home for replicating the communal feel of the old mining communities.

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

- People and relatives told us they were involved in care decisions. Staff had an exceptional understanding of how to involve people on an individual basis.
- There was evidence in people's care records that they had been involved in care reviews, as far as possible. One relative told us, "I am confident they care for my relative well. They are very organised."
- Relatives told us they were kept informed about their relation's health. One relative told us, "They will ring to let us know if they are ill. Once the night staff rang, not because they were ill, but because they were asking for me, and I came."
- Professionals confirmed people were involved in care decisions. One professional told us, "People are involved as much as they physically can be. Families are involved and are always asked to attend care reviews. Families say staff keep them up to date and communication is good."
- •The home implemented a 'resident of the day' programme. This entailed all aspects of the individual's care being examined, from personal preference and care needs to maintenance checks on their room.
- There were regular 'residents' meetings' during which people were able to raise issues and help make decisions. People had been involved in deciding on the types of activities at the home and changes to the menu.

Respecting and promoting people's privacy, dignity and independence

- People and relatives confirmed staff respected people's privacy and dignity. Comments included, "You can be on your own if you want and there is no one watching you" and "They treat you like a person. They shut the curtains and wish you goodnight. They make sure you feel like a person."
- People were supported to maintain their independence. We observed staff assisting people to manage their own care, as much as possible, and care records reflected that staff should support people to be independent. One person told us, "They are good and leave you to do things for yourself."



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 now remained the same; good. 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

- Prior to people living at the home their needs had been assessed to ensure the home could best support the individual.
- People's care records were specific and indicated the support they required to live fulfilling and meaningful lives.
- Care plans had been regularly reviewed and updated as care needs changed. Plans included information regarding personal choices and preferences. One relative told us, "They treat my relative with dignity. All the carers are female and that is fine."

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.

- A range of information was available to people to support their care decisions and improve their day to day lives. People had access to written and pictorial information throughout the home.
- On the Memory Lane unit thought had been given to helping people access and understand information. Daily activity information was in pictorial format and picture menus were available.
- Throughout the home there were pictorial prompts for areas such as bathrooms and toilets.

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 spoke in detail about the range of activities that were available at the home. There were dedicated activity staff, but people also told us all the staff joined in certain activities.
- We were shown evidence of a range of activities including a 'Downton Abbey' day, when all the staff dressed up, and a range of other indoor and outdoor events. Relatives told us they were encouraged to attend activities as well. One relative told us, "Last week we went to the Macmillan Coffee morning. (Staff member) got dressed up as Abba. At Chinese New Year we had Chinese food and there is flower arranging next week. We went across to the veterans institute and watched Englebert Humperdinck (tribute) and we took packed lunches."
- People told us they were actively encouraged to maintain relationship with family and friends. Families said they always felt welcomed at the home. Comments included, "I have quite a few visitors. They make them welcome and offer them cake and a cup of tea or coffee. It is lovely."

Improving care quality in response to complaints or concerns

- People were aware of the provider's complaints policy and felt comfortable raising any concerns. One person told us, "If I have any problems I can talk to the staff or the managers and they will sort it out for me."
- There had been one formal complaint within the previous 12 months, which had been fully investigated and an appropriate response made.
- The registered manager had a system to record and deal with concerns or informal complaints.

End of life care and support

- People's care records contained information about their end of life care and wishes at this important time.
- One relative specifically spoke to us about the support the home had provided towards the end of their relation's life. They told us, "It felt quite comfortable."



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; good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care..

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

- People and relatives were extremely positive about the atmosphere at the home. Comments included, "I am very happy here; the staff have time to chat and we have a laugh."
- People and professionals praised the work undertaken by the registered manager, and other management staff. Comments from people and relatives include, "The manager is really lovely. She listens and gives advice if you want and need any" and "The manager and deputy manager are very nice and will help me look after my relative if I have any problems."
- Professionals praised the exception work the registered manager had undertaken to improve and develop the service. One professional told us, "(Registered manager) and (deputy manager) are both fantastic. They always have the best interests of the service users at heart. The service is very well planned and controlled."
- Staff told us the home had significantly improved over the last two years and felt this was down to the hard work of the registered manager and deputy manager. Comments included, "Since the manager arrived the home has gone right up. She has turned it around and pushes everyone to be involved. Things have to be done to her standard. She is a lovely manager and we couldn't wish for anyone better."
- Staff told us they enjoyed their work and were positive about making a difference to people's lives. One staff member told us, "I enjoy coming to work. I look forward to coming and helping the residents and giving them the best quality of life we can."
- Staff also told us there was a much-improved team ethos at the home. One staff member told us, "It is an excellent place to work."

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 under the duty of candour. There had been one formal complaint within the past year. The registered manager had responded by providing a full explanation of the matter and offering an appropriate apology.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• The registered manager had in place a significant range of audits and quality checks related to the safety of the service and the delivery of care at the home. All these audits were up to date and improvement actions identified. In addition, the registered manager undertook daily 'walk arounds' of the home. These were also undertaken by senior staff at weekends. Senior staff also conducted unannounced visits to the home at

weekends and in the evenings.

- Relatives told us they felt the service was very well managed and the quality of care had improved in recent years. Relatives told us, "Yes, I think it is well managed. Things have improved since (registered manager) has come here. She seems a very happy person" and "The manager is very nice. I get the impression she gets things done."
- We spoke with the provider's regional quality manager. They confirmed they undertook detailed quality inspections approximately every four months. The last quality assessment at Woodhorn Park had been extremely good with only minimal actions required.
- The provider had instigated a framework to drive improvements in dementia care across all its homes. Woodhorn Park had been the only home that had achieved the required standard on first assessment.
- There were regular meetings with staff to look at service delivery and health and safety. Actions points from these meetings were identified and evidence showed they were followed up to completion. As part of work done by the health and safety group there had been a reduction in the number of falls at the home.
- The registered manager had also instigated daily 'flash' meetings for all heads of department to ensure any issues were identified and action taken to rectify matters.

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

- People told us they were involved in the running of the home and could make suggestions about activities or improvements. A 'residents' survey' had recently been conducted. Overall the responses were extremely positive with 29 out of 37 responses rating the quality of care as either 'excellent' or 'very good.'
- Regular staff meetings took place and staff members told us they could raise any issues or concerns, both in the meetings or directly with the registered manager.
- Staff told us one of the changes at the home was that staff now felt involved in developments and supported with ideas. One staff member told us, "She leads from the front; she is really infectious. She takes responsibility for everything. She is involved in all aspects of the home and encourages everyone to get involved."

Continuous learning and improving care

- Staff told us they could access a range of training and that additional training was available on request. The operational trainer spoke about the refresher training they undertook with staff.
- Staff and professionals were extremely positive about the impact of the dementia champion in the home and the changes they had brought about. This individual had won the provider's regional quality award and had been put forward for a national award.
- One professional praised highly the senior care staff within the home, saying they had developed a significant level of skill and knowledge. They told us, "You see yourself almost talking to nurses. They have picked up a lot of competencies."

Working in partnership with others

- There was evidence in care documents that the home worked closely with a range of health and social care professionals.
- Visiting professionals all told us the service work collaboratively, sought guidance appropriately and acted on advice.
- The registered manager spoke about how the service worked with the local community, including local schools and supermarkets. The home had sold red noses for Comic Relief, raising £52, and a number of people had accompanied staff, at least part of the way, on a dementia walk. Some staff members had participated in the Macmillan 'Brave the Shave' and raised over £1000.
- The home entered the local 'Ashington in bloom', competition, as one of the people living at the home enjoyed working in the garden. The effort of the home and individual had been recognised with a certificate.