

Woodspring Care Limited

Woodspring House

Inspection report

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Date of inspection visit:
04 February 2019

Date of publication:
01 March 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Woodspring House is a residential care home that was providing accommodation and personal care to 27 people at the time of the inspection.

People's experience of using this service:

The risks to the quality and safety of the service were identified and acted on. There was enough staff on duty to enable people to remain safe and receive care in a timely way. The environment was safe and people had access to appropriate equipment where needed. People were supported to take their medicines in a safe way.

People, their relatives and staff told us the provider's directors and registered manager were approachable and they felt listened to when they had any concerns or ideas.

Staff had received appropriate training and support to enable them to carry out their role safely. People's health was well managed and staff had positive links with professionals, which promoted well-being for them.

Staff were kind and caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this. People were observed to have good relationships with the staff team. Staff actively ensured people maintained links with their friends and family.

People's records clearly identified their preferences. Staff provided effective care for people, which met their needs through person-centred care planning. This enabled people to achieve positive outcomes and promoted a good quality of life. People enjoyed an extensive programme of activities both in the home and the local community. Complaints were managed within the provider's stated process.

Staff were motivated and enjoyed strong team work. Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received.

Rating at last inspection: Good (Published September 2016)

Why we inspected: This was a scheduled inspection based on our previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Woodspring House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, which for this inspection was the care of adults, some of whom were living with dementia.

Service and service type:

Woodspring House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a registered manager. The service is required to have 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. Inspection site visit activity took place on Monday 4 February 2019.

What we did:

- We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service. We used all this information to plan our inspection.
- We spoke with two people who used the service and two relatives
- We also spoke with six members of staff including managers, carers and a director of the provider.
- We observed how people received their care in communal areas of the service. We used the Short

Observational Framework for Inspection (SOFI) during our visit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

- We looked at records in relation to people who used the service.
- We also looked at records relating to the management of the service, recruitment, policies and systems for monitoring quality.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse. Staff received training and were confident in telling us how they would report their concerns internally and externally to local safeguarding authorities.
- People and their relatives told us they felt safe. One relative told us that when they left the home after visiting, they were confident their family member would be looked after safely.

Assessing risk, safety monitoring and management

- Risks to people's well-being and health were assessed and measures were in place to mitigate risks. Staff were familiar with the plans in place to manage the risks. This included risks associated with health conditions, mobility and nutrition.
- Risk assessments allowed for positive risk taking and enabled people to stay independent. For example, one person enjoyed accessing a local shop independently, but could on occasions become disorientated. The service arranged with the shop keeper a system whereby they would contact the service if the person had not arrived as expected, and again when they set off to return home.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEPs) in place so that staff knew how to assist people in an evacuation. Arrangements had been made with two very nearby hotels for the provision of shelter, hot drinks and food should the home need to be evacuated.

Staffing and recruitment

- People and relatives felt there were enough staff to meet people's needs in a timely way. One relative told us, "Whenever we visit, there's always at least one carer in the lounge, and they seem to keep on top of things." On the day of the inspection we saw that staff were quick to respond to people's needs and answer call bells promptly. Staff had time to spend with people and did not need to rush their care or support.
- We saw all staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

Using medicines safely

- People's medicines were managed safely. We noted that the medicine administration was completed in accordance with good practice. Medicines records were completed accurately. Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. Staff could describe to us how they would assess when people needed these medicines. This helped to ensure that people received their medicines as prescribed.

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning in the home. The home was clean and there were no lingering malodours. One person told us, "They (staff) come here every day and clean and tidy for me."
- Staff used personal protective equipment (PPE) appropriately when delivering personal care to people.

Learning lessons when things go wrong

- Staff told us there were lessons learned when things went wrong. The registered manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

Is the service effective?

Our findings

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

Good: 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

- Thorough assessments were completed to establish if people's needs could be fully met, before they moved into the home. Care plans were developed for each identified need people had and staff had clear guidance on how to meet those needs.
- Care and support plans were regularly reviewed, this helped ensure that staff could continue to meet people's changing needs. Guidance for staff in these plans reflected best practice guidance for health and social care.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to their roles. The provider invested in face to face training which was carried out by external accredited trainers. They told us that they felt this style of training was more effective in enabling staff to learn. Staff we spoke with told us that they enjoyed their training and face to face training allowed them to ask questions and improve their practice.
- Staff were supported to complete national vocational qualifications.
- Staff who were new to their role undertook comprehensive training and received support from experienced members of staff before working on their own. Staff completed the Care Certificate, a nationally recognised qualification for staff new to working in care.
- Staff told us they felt well-supported. They received regular supervision and checks of their competency. This included feedback about their performance and enabled them to discuss any concerns, training and development.

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

- People had a good choice of food and drinks provided. Specialist diets were catered for. People could ask for an alternative option if they did not want the choices on the day's menu. People were offered an aperitif such as a glass of sherry before mealtimes.
- Where people were identified at risk of malnutrition or dehydration their foods were fortified and the person was referred to their GP or dietician. People were offered drinks and snacks regularly throughout the day, or could take themselves to a servery to request one whenever they wished.

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

- Staff working at the home were long standing and knew people well. Staff could promptly identify when people's needs changed and seek professional advice.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people's best interest.

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

- The home was designed so that people could move around easily, whether this was independently or with the use of mobility aids. Equipment was well situated in bedrooms and bathrooms to enable people to be independent where possible.
- There were large comfortable lounges with ample seating for everyone. The provider had recently built a new lounge to give more seating area. This was a light pleasant space that was popular with people. Designated dining areas meant people could enjoy a meal together.
- Adaptations had been made for the benefit of people living with dementia to navigate around the home more easily. This included contrasting colours between handrails or walls, and more easily distinguishable bedroom doors, using photographs and pictures familiar to the person. For one person who was cared for in bed, a projector had been installed to play their favourite DVD's on the ceiling, allowing them to see the images more easily.

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

- People had access to health professionals to help them live a healthier life. There were regular GP visits. We saw evidence of dietician and district nurse involvement in people`s care as well as physiotherapists, speech and language therapists and opticians. Information was shared with other agencies if people needed to access other services such as hospitals.

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 with appropriate legal authority. In care homes, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interest process. Where this was the case, it was clearly identified in peoples care plans.
- We saw staff asking for people`s consent before providing them with support. People were offered choices and encouraged to express their wishes. For example, people were offered a choice of hot and cold drinks and asked where they wanted to spend their time and what they wanted to wear. Staff gave us examples of how they offered choices to people who could not hear or speak.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We saw very caring interactions between care staff and people in the home. Staff greeted people and their relatives when they saw them, offering support and reassurance where necessary. During the day staff, managers and the provider's director constantly stopped and chatted to people and their visitors. All staff knew and used people's names, and made eye contact when talking to people.
- People told us staff were kind and caring and nothing was too much trouble for them. One relative told us that staff knew their family member very well, and had formed a close relationship with them. They said, "Not only do they know [family member], but they tell me they like him, they say he's a lovely man."
- Relatives told us they appreciated staff's kindness and the attention they showed to people and this put them at ease. Relatives told us that managers and staff took time to find out about a person's background and life histories. One relative said, "I spent quite a lot of time filling in forms and answering questions about [family member]. But what is interesting is that it's become very clear to me that [provider's director] has had a good chat with [family member] because he knows quite a lot that I didn't tell them about."
- Staff knew how to communicate with people effectively. If people were not able to express their wishes verbally, staff knew how to understand a person's mood by observing body language or facial expressions.

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

- Where people were not able to express their views and could not be involved in decisions about their care, their relatives and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.
- People told us that they were offered choices and felt in control of the care they received.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity and privacy. One person said, "I eat in my room, that's because I want to."
- People were well-groomed and dressed appropriately for the weather.
- Staff were respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. Staff we spoke with told us that it was important to ensure they respected people and gave us examples of how they promoted people's privacy.
- People were supported to maintain their independence. Staff knew what people could do for themselves, and were patient and supportive in helping them to do this.
- Relationships were encouraged. Visitors were made to feel welcome and had no restrictions on visiting times.

Is the service responsive?

Our findings

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

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Relatives told us their family member received care and support as they liked it. One relative we spoke with told us that since their family member moved from another home to Woodspring House, "They have become much less agitated, which to me suggests they are a lot happier."
- Staff we spoke with could describe in detail the steps they took to support people, their preferences, life histories and how they liked to receive their care.
- Care plans detailed people's preferences, likes and dislikes. For example, their food likes and dislikes. Staff knew what people liked and offered favourite foods to people at meal times.
- There was a wide range of activities provided to people and these included exercises, musical entertainments, trips to local points of interest, card games or quizzes.
- Relatives told us they were happy and thankful for the personalised care and support people received, and how staff included and supported families. One relative told us that when they came to visit their family member to take them out, "Staff have them ready to go so we don't have to hang around waiting, we can just go pretty much straight away. When time is a bit limited it just means he gets more time for the trip out."

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no complaints about the service. However, they said they knew how to complain if they had any concerns. One relative told us, "If I did have any concerns, I feel confident I can have a conversation with the owner, and it will be treated in the right way."
- People's relatives told us they thought the management team were responsive and they dealt with any concerns promptly.

End of life care and support

- The service provided end of life care for people. Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes. Where people were nearing end of life action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.
- Staff were compassionate in supporting the families and friends of people after they had died. This included helping to make funeral arrangements.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Everyone we spoke with told us that the home was well managed. People and their relatives knew who the registered manager and provider's directors were and told us they spoke with them frequently. One relative told us, "Everyone who works here works well as a team. They are like a family in many ways, and I think it means there are fewer changes with staff. I see the same faces every visit."
- Relatives said the registered manager and provider's directors had the best interests of people at heart. They told us, "The service works well because they are open to conversation about [family member's] care. They don't mind us asking questions and I think the communication is open and frank."
- Staff felt listened to and told us the registered manager's door was always open if they needed support.
- The registered manager was experienced in the care and support of people living with dementia. They showed a passion and commitment to people enjoying a good quality of life in the home. Staff echoed the registered manager's vision and values about providing personalised care and support to people.

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

- There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities to effectively manage all aspects of the service. The registered manager had an overarching governance system to ensure that good quality care and support was provided.
- Staff told us they felt valued and listened to by the registered manager and provider. We saw that staff had one to one support appropriate for their job roles.
- Accidents and incidents were used as an opportunity for learning and improving.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. People told us there were regular meetings at the home that managers as well as staff attended.
- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.