Cedar Care Homes Limited

Woodside Nursing Home

Inspection report

Bathwick Hill
Bathwick
Bath
Somerset
BA2 6EN

Tel: 01225429456
Website: www.cedarcarehomes.com

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 9 and 12 May 2016 and was unannounced. The service was last inspected in December 2013. There were no breaches of the legal requirements at that time.

Woodside Nursing Home is registered to provide nursing care for up to 52 people. On the day of the visit, there were 51 people at the home.

There was a registered manager for the service who was currently on extended leave. An acting manager who worked for the provider was managing the service in their absence. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people we spoke with said they always felt safe and secure at the home. They told us that staff were kind and always respectful. When risks to people were identified suitable actions were put in place to minimise the risk of people being harmed when receiving care. The risks of abuse to people were minimised, as staff were competent in their understanding of abuse. The team were trained to know how to report concerns correctly.

People were supported with their needs by enough staff to provide individual care and to keep them safe. Staff were deployed thought the home in a way that meant peoples' needs were met in a timely way.

People told us that they were happy with the food and told us they were offered choices at each mealtime. People were provided with a varied diet that suited their needs.

Woodside is located in a wood of extremely large trees. Many people told us how they liked the setting of the home and the views from their windows of the woods and wildlife that they saw. There was a purpose built specially adapted stairway into the grounds. This included a seating area at the end of it. People were able to sit there and enjoy the country views.

There was a programme of regular one to one and group activities taking place in the home. People told us they liked the entertainers who performed at the home on a regular basis.

Care plans guided staff so that they knew what actions to follow to meet people's range of care and nursing needs. Staff knew what was written in each person's care records. They knew how to provide care that was flexible to each individual and met their needs.

We saw that there were positive and caring relationships between people and the staff who supported them, this also included relatives and friends.

When they were able to, people were encouraged to be included in making decisions about how they were being cared for. There were effective systems in place that helped ensure staff obtained consent to care and treatment in line with legislation and guidance. When people did not have capacity to consent, their care needs were assessed in line with The Mental Capacity Act 2005. Staff had completed Mental Capacity Act training. They knew about consent, people's rights to take risks and the how to act in someone's best interests.

People were supported with their range of needs by staff who had been on regular training and were developed in their work. This helped them to improve and develop their skills and competencies. Nurses were able to go on regular training and updating of their skills. This was to help them know how to provide nursing care based on up to date practice.

People knew how to complaint and make their views known .The provider actively sought the views of people and their families. Suggestions were acted upon and changes were made to the services when needed.

The new acting manager spoke positively about the responsibilities of their role. Staff spoke positively of the management structure of the organisation they worked for. They said that senior managers and the acting manager provided strong and effective leadership. The staff team told us they were well supported by them and they saw them every day and were always there if needed.

There were systems in place to t monitor the service to ensure people always received care that was personalised to their needs. Quality audits identified where improvements were needed and actions were in then put in place to address these areas.

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

People felt safe with the staff who they told us provided safe care and support.

Staff knew their responsibilities in relation to safeguarding people from harm and abuse.

People were given the medicines they needed when they were required. Medicines were stored and managed safely.

Is the service effective?

Good

The service was effective

People were assisted with their care needs by staff that were trained and had suitable knowledge and skills to provide effective support.

People were assisted by staff who knew about the Mental Capacity Act 2005 and its implications for people in a care setting. Staff knew how to ensure they promoted people's freedom and protected their rights.

People were assisted to have enough to eat and drink at times of their choosing. When people were at risk of poor nutrition or dehydration action was taken.

People were well supported with their health care needs. Staff worked with GPs and healthcare professionals. This meant people had access to the services they needed for their health and well-being.

Is the service caring?

Good

The service was caring

People told us that staff were kind and caring towards them.

People were treated with respect and their dignity was upheld by the staff.

People were assisted by staff who knew them well and were aware of their individual choices and preferences.

Is the service responsive?

Good

The service was responsive

The care people received care was planned in a flexible way and based on how they preferred to be supported.

The staff team knew people's preferences, likes and dislikes, and care was planned in a way that reflected these preferences.

People enjoyed the variety of different social activities. Entertainments were regularly put on that popular.

Is the service well-led?

Good

The service was well led

People and staff told us they thought the home was well run.

Staff felt there was an open culture at the service. People told us they could raise any concerns and these would be dealt with properly

Quality checking audits were in place that were effective. They identified any shortfalls in the service and these were addressed.

Woodside Nursing Home

Detailed findings

Background to this inspection

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 9 and 12 May 2016 and was unannounced. One inspector carried out the inspection.

Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We read the Provider Information Record (PIR) and previous inspection reports before our visit The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led.

We spoke with 24 people who were living in the home, and a GP Staff we spoke with included the acting manager, two senior managers, three registered nurses, five care staff domestic and catering staff. We observed how staff interacted with the people they supported in all parts of the home.

We viewed the care records of five people, staff training records staff recruitment files, supervision records and staff duty rotas. We also checked a number of other records relating to the way the home was run.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff and living at the home. To gain access to the home visitors had to ring a secure front door bell and wait for staff to open the door. One person told us, "It's very safe here." Other comments included, "No one could get in we are all fine as we are" .

There was a system in place to minimise the risks of abuse in the home. Staff were able to tell us what the different types of abuse were that could happen to people. The staff also knew how to report concerns about people at the home. The staff told us they thought very able to approach the registered manager if they were ever concerned for someone. Staff told us they had attended training about safeguarding adults. Staff told us that the subject of safeguarding people was also bought up at staff meetings. This was to make sure that they knew how to raise any concerns.

The staff we spoke with understood how to ensure people in their care were protected from abuse. Staff we spoke with also knew about the different legislation used to protect people's rights and keep them safe. There was a copy of the procedure for reporting abuse on display on notice boards in several parts of the home. The procedure was written in an easy to understand style to help to make it easy to use. There was also information from the local authority advising people how to report abuse.

The manager reported all concerns of possible abuse to the local authority and told us when they needed to. Staff knew what whistleblowing at work was and how they could do this. Staff understood they were protected in law if they reported possible wrongdoing at work. Staff had also attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisation's people could safely contact

There was enough suitably trained and competent staff to meet the needs of people living at the home and keep them safe. This was evident in a number of ways. Staff provided prompt one to one support to people who needed extra assistance with eating and drinking. Staff were also readily available when people needed two staff to help them with their mobility needs. Staff sat with people, spent time and engaged them in social conversation.

A senior manager told us the numbers of staff that were required to meet the needs of people at the home were increased whenever it was required. For example, when people were physically unwell and required extra support and care. The numbers of staff needed to meet the care needs of each person were calculated taking into account each individual's needs. Nurses and care staff were supported in their roles by a range of other staff. These included an administrator, domestic, catering and maintenance staff. For example, some people needed two staff to assist them to be moved safely. The staffing rotas showed the home had the number of staff needed to provide safe care .Where there was staff absenteeism this had been also been planned for and cover was in place. This meant people received care from a consistent team of staff.

People's needs were assessed and risks identified in relation to their health and wellbeing. These included risks associated with moving and handling, falls, nutrition and pressure area care. Woodside Nursing Home

was also part of a falls prevention project. This meant the service was focussed on helping people to avoid harm from falling. Risk assessments were reviewed monthly. One person's falls risk assessment identified the need for closer observation and extra safety equipment. This had been acted upon on a sensory mat was now in place to alert staff if the person fell.

People received their medicine when they were prescribed. The service used a mix of monitored dosage system and administering medicines from packages and bottles. Medication records included people's photographs and the medication administration records were complete and accurate. We saw the registered nurses giving people their medicines and they did this by following a safe procedure. They checked they were giving the medicines to the right person. They also signed the medicine charts after they had given each person their medicines.

Medicines were stored safely and the trolley was locked away inside a locked cupboard with the rest of the medicines. Medicines that required additional security were regularly checked by staff. We saw accurate stock checks and remaining balances of medicines which had been administered. The provider kept daily records of the fridge and room temperatures to ensure medicines were stored at the temperatures needed to maintain their effectiveness. There were guidelines in place for people who had medicines prescribed to be taken as and when required. Staff were able to describe when 'take as required' medicine would be given, for example to help people manage their pain. Body maps were in place to guide staff when to apply creams and lotions. This helped to ensure people were given their medication correctly.

The provider had a recruitment procedure in place that helped reduce the risk of unsuitable staff being recruited. New staff were only employed after a number of checks had been completed. These included references, proof of identification and criminal records checks. Staff we spoke with told us they had undertaken these checks. Disclosure and Barring checks were carried out on all the staff and the provider had systems in place to check whether it was suitable to offer the person employment. We found proof of identification in the form of passports, were also checked for all staff.

There were systems in place to minimise risks from cross infection. Care staff, housekeeping and laundry staff helped maintain a hygienic environment. Housekeeping staff had a colour coding system in place for their cleaning equipment. This minimised the spread of potential infection. For example, cleaning equipment used to clean toilets was not used to clean bedrooms and communal areas. Care staff and nurses wore protective plastic gloves and aprons when giving personal care. This was to minimise the risks of cross infection

Health and safety systems were in place to minimise risks from the environment and from the equipment used. For example, a fire safety risk assessment had been undertaken and appropriate contracts were set up with external companies to check fire fighting equipment and fire detection systems. Moving equipment such as hoists were regularly checked and maintained in good condition by external contractors. This meant people had safe equipment to support them with their mobility needs.

Good

Is the service effective?

Our findings

People we spoke with were positive about how they were being assisted at the home.
One person told us "They are marvellous they are so attentive and they will do anything that I ask." Another person said " They come and see me and they help me to get up , they always ask what time is best for me " A further comment was "They know what I need before I even have to call for them, they are one step ahead of me ".

A GP who visited the home regularly and had done so for a number of years spoke positively to us about the quality of care that was provided. They said there was good communication between the nursing staff and the GPs at the surgery. They also said that the nurses and other staff knew the people they cared for very well.

The staff provided people with effective and skilled support with their care needs. This was evident in a number of ways. Staff used mobility aids correctly and they talked through what they were doing with the person and asked for consent. This was to reassure the person when they supported them. The staff assisted people to have a shower or a bath and to get up .We saw that staff sat people in a comfortable position before they had meals and drinks and also when they were in bed. The staff assisted people who were being cared for in bed. We saw them encourage people to eat and drink enough. Staff checked on people regularly and helped people who needed support to move to be comfortable in bed so that their skin did not break down. Staff were meeting people's needs and were following what was written in each individuals care plan

Staff had a good understanding and awareness of the needs of people they assisted. The staff told us about people's preferences and daily routines. Staff also told us they were allocated a small number of people with their care needs. Staff explained this helped them get to know people and what sort of care and assistance they needed. They also told us caring for people in small teams was a good way of ensuring they received an individualised service. This was because staff got to know people very well.

The staff ensured that monitoring charts were also completed to record any staff intervention with a person. For example, these recording when and how much people had eaten and how much fluid they had consumed. Records were also in place for people who needed assistance to be moved so that their skin did not break down.

Peoples physical and health needs were monitored. A GP from the local surgery visited the home regularly and saw people when needed. Arrangements were in place for people to receive the services of opticians, dentists and chiropodists. A chiropodist came to the home to see people for appointments during our visit. People's care records noted when they saw the dentist and we saw appointments were made for people when required.

People were mostly happy with the food and told us they were always offered choices at each mealtime. We saw that people were sometimes offered a glass of wine with their meals. People told us "The food is not too bad" Another person said "It's pretty bland to be honest." This had been discussed with the manager at a

recent residents meeting

When meals were served, we found that the atmosphere was calm and relaxed in dining rooms. Tables were set with linen tablecloths and there was specialist cutlery and plate guards in place for those who needed them. This was to maintain independence and allow people to eat meals without staff support.

Some people chose to eat in the lounge area in lounge chairs. We heard staff offer people a choice of where to sit for their meals. People were discreetly encouraged to eat their food. When needed staff sat next to people and helped them eat their meals discretely. We heard staff talk with people and tell them what the food was. The staff were organised and they communicated among themselves to ensure everyone had their meal in a timely way. There were menus available in pictorial format and to help people make a choice from the meals to be served. We observed a choice of water and other soft drinks were available in the lounge and people were offered tea and coffee throughout the day.

The catering staff understood people's different nutritional needs and told us special diets were openly catered for. They said they were given information from staff when people required a specialised diet. Catering staff also kept nutritional records to show when people had any specialist needs or dietary requirements. For example, diabetic needs. The chefs also gave people who needed to increase weight a fortified diet with butter, cream and full fat milk as part of their diet.

There was information in the care records that explained how to support people with their nutritional needs. An assessment had been undertaken using a recognised assessment tool. This is a five-step screening tool to identify adults, who were malnourished, at risk of malnutrition or obesity. People's care plans clearly showed how to assist them with their particular dietary needs. For example, certain people needed a diet that was of a certain softer texture. We saw this was provided for them.

Staff understood how to obtain consent and ensure peoples' rights were upheld before they offered them care and support. The staff we spoke with said they asked and then explained what they were about to do before carrying out care. We saw staff asking people before they carried out any part of their care. Peoples care records showed they had signed consent to care where able to do so. Families were involved when people were not able to sign their care plans and be involved in planning their care.

Staff had gone on Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 is a legal framework to support decisions to be made in the best interests of adults who do not have the capacity to make an informed decision. There was guidance available about the Deprivation of Liberty Safeguards Law (DoLS). This information meant staff could get hold of guidance, if needed to ensure safeguards were in place to protect people in the least restrictive way. This information also helped to inform staff how to make a DoLS application. There were 31 DoLS applications in place on the day of our visit.

People were cared for staff who were suitably qualified and experienced to meet their needs. There was an effective system of staff supervision for monitoring the team's performance and their development. The staff told us they met with their named supervisor to review how they were performing. They also explained that at each meeting the needs of people were discussed with them. This meant people were assisted by staff who were well supervised and motivated in their work.

Staff were provided with a thorough induction programme before they began working at the home. The induction programme included learning about different health and safety practises and procedures, the needs of older people, safeguarding people from abuse, and correct moving and handling. They were also

inducted about the needs of people who lived at the home and how to meet them. We spoke with recently employed staff who told us they had completed an in-depth induction programme and this had included working alongside experienced staff learning how to provide good care.

Training records showed there was regular training available for staff. Sessions staff had been on included nutrition, wound care, and medicines management. This was to ensure they had the skills and knowledge to effectively meet people's needs.

Good

Is the service caring?

Our findings

People told us they liked living at the home and enjoyed warm relationships with the staff. Comments included; "Every single one of them is like that they are all so kind and caring" and "The staff are kind and come to me straight away". Another comment was "They are all so endlessly patient, they treat people with courtesy and respect." Another person told us "I am very happy here we all have a laugh and they come and see me for a chat."

We saw people were consistently treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff spoke with people in a gentle and caring way whilst providing care or assisting them with their meal.

Some people preferred not to socialise in the lounge areas and spent time in their rooms. Staff supported people in their rooms. We saw they popped in on them regularly to see how they were. One person said, "They are always popping by to say hello to me and have a little chat."

People told us that visitors were always made welcome in the home and this meant people could see their friends and family when they wanted.

We observed staff interacting with people in a kind, respectful and personalised way. This was evidenced to us in a number of ways. For example, one staff member sat beside someone's chair while talking and gently laughing with the person. Another staff member was observed comforting someone who had become agitated, speaking gently with the person and gently touching their arm. Staff we spoke with told us they felt it was a caring service. One staff member said, "I think we provide very good care here." Another staff member told us, "We always treat people like they are family."

People had their own bedrooms and this meant that people were able to spend time in private if they wished to. The bedrooms we viewed had been personalised with some of the person's belongings. We saw people were able to bring photos and small items of furniture in to them to look more homely. There was also a quiet lounge that people could use to meet with visitors.

One person told us about staff respecting their privacy. They told us "They are always so polite." Staff we spoke with described and gave examples of how they treated people with respect. One staff told us, "I always make sure people are covered up if I am helping them have a wash." People's dignity and privacy were respected.

We saw staff knocking on bedroom doors before entering people's rooms. When staff were providing personal care people's doors were closed and these actions promoted their dignity. We saw how staff spoke to people with respect using the person's preferred name.

Each person had an identified keyworker, a named member of staff. They were responsible for ensuring information in the person's care plan was up to date and they spent time with people individually.

Staff knew what the idea of person centred care was. They told us it meant to put the person at the centre of how care was planned for them. It also meant making sure people were cared for in the way they preferred. For example, choosing what time they got up, what gender of carer supported them with intimate care, and what choice of meals they wanted.

Care records included plans that were in place for end of life care. These plans were reviewed regularly and they included people's preferences and wishes for preferred place of care and specific funeral arrangement. Staff we spoke with knew peoples wishes. Some staff had been on end of life training. This meant staff knew how to provide care to people who were nearing the end of their life.

Good

Is the service responsive?

Our findings

People knew how to raise concerns and were confident actions would be taken to resolve them. One person told us "If I was not happy I could speak to any of the staff and they would help me". Another person told us "I've had no reason to complain but I would talk to one of the nurses". Staff told us they would assist people to complain. One staff told us "I would listen to them and ask if they wanted to speak to me or see if they would like me to take it to the manager". The complaints policy was displayed and contained guidance for people on how to complain. We looked at the complaints folder and saw complaints had been dealt with promptly in line with the provider's policy.

The home was built in a wood of very large trees that can be seen from every floor. A number of people told us how they liked where the home was located, as well as the views from their windows of the woods and wildlife .There was a purpose built specially adapted stairway that included seating at the end of it. People were able to sit there and enjoy the country views.

There was a designated activities co-ordinator who organised a varied activities programme. A number of people commented to us about how energetic, warm and friendly the activities organiser was. People told us they had enjoyed recent arts and crafts activities and we saw a social afternoon take place with tea and cakes. Other activities included visits from external entertainers and outings during the warmer weather. Church services were held regularly which helped to ensure certain people's spiritual needs were met.

Each person's care records contained details of an initial assessment carried out when people came to live at the service. There was also an up to date person centred care plan in place for each person. Staff were knowledgeable about peoples individual care needs and were able to explain how they used the care plans to ensure care was given in the way the person preferred. Care plans were comprehensive and personalised. Plans had details of people's likes, dislikes and preferences. These included how often and when they wanted support with personal care, and their bed time and morning routines. Care records were being reviewed regularly where possible with the involvement of the person who they were written about. People's care records contained detailed information and reflected how each person wished to receive their care. Care records also gave guidance to staff on how best to support people.

People were actively encouraged to give their views about the service. For example, people were asked for their suggestions for activities and the menu choices. The service produced a newsletter for people using the service and their relatives. The most recent issue included updates on events that had taken place at the service, dates of meetings and outings, new staff joining the service and birthday celebrations.

Relatives meetings took place at the service. The staff told us although these were well advertised they were not always well attended. We saw dates of future meetings scheduled at different times and days of the week including weekends to make it convenient for relatives to attend

Good

Is the service well-led?

Our findings

People and staff told us that the registered manager was open and accessible in their approach with them. They spent time with people who used the service and with the staff during our inspection. The staff told us the new manager was "Helpful" and "Always around." They said the manager would drop any tasks they were doing if staff needed help at any time. This was evident during our visit when we saw the manager offer people and staff assistance and support and make plenty of time for them.

The manager was able to keep up to date with current matters that related to care for older people by going to meetings with other professionals who also worked in social care. They told us they shared information and learning with the staff at team meetings. We also saw that they read online articles and journals about health and social care matters and made sure useful information was on display for staff to read about.

Both of the managers demonstrated an open and transparent approach. They clearly explained to us how they were aiming to improve the service even more. For example, they told us their own audits checks had picked up the need for care plans to be updated. This had now been actioned when we visited and care plans were up to date.

Staff meetings took place regularly and the staff told us they were easily able to make their views known to the manager. We saw records of recent minutes of staff meetings. These were used as an opportunity to keep staff informed about changes and about how the home was run. Staff were also given plenty of time to make their views known. This showed there was an open management culture.

The quality of service and overall experience of life at the home was being well monitored. Areas being regularly checked included the quality of care planning processes management of medicines, staffing levels and training. When shortfalls were identified, we saw the managers had devised an action plan to address them. For example, social activities' had recently been reviewed to ensure that people were satisfied with what was provided.

Accidents and incidents which involved people living at the home were analysed and learning took place. The manager told us how learning took place and when any trends and patterns were identified, action was taken to minimise the risk of re-occurrence. For example, we read about one person who had fallen from their bed. We saw guidance was in place from other health and social care professionals to offer the person specialist advice. There was sensor equipment in place for people who fell more frequently. This was to alert staff if people moved without assistance when they were at risk of having a fall. Consent had been obtained before these actions were taken.

The staff had an understanding of the provider's visions and values. They knew they included being person centred in their approach with people, supporting independence and respecting diversity. The staff told us they aimed to make sure they always used and followed these values when they assisted people with their care. For example, staff said they helped people to make choices in their daily life in the way they preferred.