Barchester Healthcare Homes Limited

Woodside House

Inspection report

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Ratings

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

Overall summary

The inspection took place on 7 July 2015 and was unannounced.

Woodside House is a nursing home that provides accommodation and nursing care to older people, people living with dementia, people with physical disabilities and younger adults. It is registered to care for up to 56 people. On the day of our inspection, there were 46 people living at Woodside House.

This service requires a registered manager. 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 registered manager left Woodside House on 3 July 2015. The deputy manager was performing the role of acting manager until a new permanent manager had been recruited. We saw that the provider was in the process of employing a new manager.

At the last inspection on 12 November 2014, we asked the provider to make improvements in relation to the care

Summary of findings

and welfare of people, consent, monitoring the quality of the service and the accuracy of records. The provider sent us an action plan to say that they would be meeting the relevant legal requirements by 31 March 2015. We saw that this action had been completed. However, during this inspection, we found that people's medicines were not always stored securely or managed safely.

Risks to people's safety had been assessed and actions taken to protect people from the risk of harm. The provider also had systems in place to reduce the risk of people experiencing abuse. When concerns were raised, the provider had investigated these thoroughly and action had been taken to protect people when necessary.

Staff were well trained and there were enough of them with the right skills and abilities to provide people with the care and assistance they needed. They knew the people they cared for well and treated them with kindness, compassion, dignity and respect.

Staff asked people for their consent before giving them care and the provider was meeting their legal obligations in respect of providing care to people who could not consent to decisions themselves.

People had access to plenty of food and drink. People who were at risk of not eating and drinking were monitored closely and offered fluids and food on a regular basis. People saw healthcare professionals for specialist advice when they needed to help them maintain their health.

People had access to activities that interested them and helped them follow their interests and hobbies. They also had a secure garden they could access when they wanted to.

People and relatives were listened to and their opinions were respected. Any concerns or complaints they had were fully recorded and investigated by the provider.

The service had an open culture where people and staff could raise concerns without fear of recrimination. People and their relatives were encouraged to give suggestions on how to improve the care they received and these were acted upon. The quality of the service was regularly monitored and the provider learnt from accidents and incidents in an attempt to reduce them from happening again.

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 consistently safe.

People were protected from the risk of abuse.

The premises where people lived was safe and the equipment they used well maintained.

There were enough staff to keep people safe and to provide them with assistance when they needed it.

People's medicines were not consistently managed safely.

Requires Improvement

Is the service effective?
The service was effective.

The staff were well trained and had the knowledge and skills to provide people with effective care.

Staff understood their legal obligations when providing care to people who were unable to consent to it.

People had access to a choice of food and drink and risks to their health were monitored. They were supported by the staff to maintain their health.

Good

Is the service caring?
The service was caring.

The staff were kind and compassionate and treated people with dignity and respect.

People's independence was encouraged and they were asked for their opinion on the care they received.

Good

Is the service responsive?
The service was responsive.

People's individual needs and preferences had been fully assessed and were being met.

People had access to activities to complement their hobbies and interests.

The provider had a system in place to investigate and deal with complaints

Good

Is the service well-led?
The service was well-led.

People, their relatives and staff were encouraged to suggest improvements on how to run the service.

Good

Summary of findings

There was an open culture where people and staff were listened to and where they could raise concerns.

The quality of the service was monitored and improvements made when shortfalls were discovered.

Woodside House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This inspection took place on 7July 2015 and was unannounced. The inspection team consisted of two inspectors and a specialist advisor whose specialism was in pressure care and nutrition.

Before the inspection we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding and quality assurance teams.

On the day we visited the service, we spoke with ten people living at Woodside House, four visiting relatives, two nursing staff, five care staff and two activities co-ordinators. We observed how care and support was provided to people. To do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at nine people's care records and seven people's medicine records. We also reviewed records associated with the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not consistently managed safely. Medicines such as tablets were stored securely within people's rooms. However, creams and liquid indigestion remedies were found to be unsecure within people's rooms. Therefore, there was a risk that these items could be tampered with or ingested by other people who lived in the service which could result in them experiencing harm. The manager told us that some people administered their own medicines and this was why they were not locked in medicine cabinets within people's rooms. Although it is positive that people were being encouraged to administer their own medicines, risk assessments had not been conducted to make sure that this was safe.

We observed on three occasions that a care staff member was asked by a nurse to give a person their medicine. The nurse signed the person's record to say that the medicine had been given. However, they did not witness this and therefore they could not be sure that the person had received their medicine. This is poor practice and not in line with current guidance on how to administer medicines to people safely.

The seven medicine records we checked indicated that people received their medicines as intended by the person who prescribed them. However, we observed that staff were using one person's prescribed thickener to thicken other people's drinks. There were clear instructions on the tin from the prescriber on how the person's drink should be prepared. Therefore, there was a risk that staff may thicken other people's drinks incorrectly and that the person whose thickener they were using, could run out. This is also poor practice and not in line with current guidance. People should only receive items that have been prescribed to them.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We told the manager of our observations. They agreed to take immediate action to make sure that all medicines and other potentially harmful substances were stored safely and administered correctly.

Some people received their medicine 'covertly'. This meant that their medicines were disguised in food or drink. We saw that the provider had acted in accordance with the legal requirements of the Mental Capacity Act 2005 when deciding to take this action in the person's best interests.

All of the people we spoke with told us they felt safe. One person said, "I have never thought about it but now you mention it I must feel safe as it has never crossed my mind." Another said, "The staff are kind and I have no concerns for my safety." A relative told us, "They seem to have got it right, I know mum is safe and nothing seems to be a problem."

All of the staff we spoke with knew how to protect people from the risk of abuse and told us that they received regular training on the subject. They understood the different types of abuse that could occur and how to report any concerns. We saw that any safeguarding issues at the service had been reported to the relevant authorities and had been thoroughly investigated by the provider where appropriate. There was information displayed in each nurse's station of what staff needed to do if they suspected abuse and who they needed to contact. We were therefore satisfied that the provider had taken steps to protect people against the risk of abuse.

Risks relating to people's safety had been assessed. These included areas such as falls, helping people to move, pressure care, the use of bed rails, choking and nutrition. There were clear actions documented within people's care records detailing what action staff needed to take to reduce the risk of harm. We saw that staff were following these actions.

The provider told us on their provider information return that incidents and accidents were recorded and investigated each month and we saw that this was the case. Trends were identified and action taken to reduce the risk of the person experiencing the accident again. For example, one person had fallen a few times, one of which had resulted in an injury. In response to this, the provider had arranged for the person to have their eyesight tested and had sought advice from a physiotherapist. They had also applied for extra support for this person to reduce the risk of them falling again.

Staff had a good understanding of how to assist people who became distressed. We observed one person who became distressed during their lunchtime meal which put

Requires Improvement

Is the service safe?

themselves and others at risk. The staff dealt with this in a calm and professional manner. One to one time was given to ensure this person was supported safely. We saw that the service had arranged extra support for people who became distressed on a regular basis to protect them and others from the risk of harm.

The staff we spoke with understood how to protect people from harm in the event of an emergency or if a person became unwell. They explained to us what action they would take and that they would call the emergency services if they were concerned about someone's health.

The premises and equipment were well maintained. On the day of the inspection, a fire safety officer was carrying out a routine inspection and confirmed to us that they did not have any significant issues with the premises. Equipment that was used to assist people to move had recently been serviced to make sure that it was safe to use.

The people we spoke with told us that there were enough staff to help them when they needed assistance. One person said, "Oh yes, there is always someone around." Another person told us, "They help me when I need them." The staff we spoke with agreed with this and we also observed this to be the case on the day of the inspection.

There was a core of very experienced staff on duty who had worked at Woodside House for a number of years. They supported staff who were new to the service. Staff told us that there were always experienced staff working so that safe care could be provided.

The manager explained that staffing levels were based on the individual needs of the people who lived at Woodside House. This was adjusted when people's needs changed or a new person came to live at the service. We saw that when people's care needs changed, extra staff were made available to provide more care.

Where staff called in sick or were on holiday, the provider had a bank of staff they could call on to cover the shortfall in staffing numbers. The manager told us they were continuing to recruit to the bank. The staff we spoke with told us this system worked well so that they were able to meet people's needs, even when regular staff were not working.

Good

Is the service effective?

Our findings

At our previous inspection on 12 November 2014, we found that the risks associated with people developing a pressure ulcer and/or of not eating and drinking were not being managed effectively. We also found that the provider was not acting in line with the Mental Capacity Act 2005 when providing care to people who could not make decisions for themselves. This meant that there had been a breach of Regulations 9 and 18 of the Health and Social Care Act 2008 (Regulated Activities) 2010 (corresponding to Regulations 12 and 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found that improvements had been made.

Clear plans of care were in place to guide staff on how to manage these risks and we saw that care was being delivered in line with these plans. For example, people who had a pressure ulcer were regularly having the ulcer re-dressed by the nursing staff. Actions were being taken to help the ulcer heal such as people being re-positioned regularly to take the weight off the affected area. Advice from specialists such as tissue viability nurses had been sought to guide staff on how they could provide effective pressure care. People who were at high risk for pressure ulcers were monitored closely and specialist equipment was in place to reduce this risk. We were therefore satisfied that the risk of people developing pressure ulcers was being managed effectively.

The provider told us on their provider information return that people who were at risk of not receiving enough to eat or drink were closely monitored and we found this to be the case. They were offered food and drink regularly throughout the day and the staff were clear about people's individual likes, dislikes and needs. Other healthcare professionals such as the local GP and dietician were consulted where concerns about people's eating had been identified. The staff followed healthcare professional's advice and made sure that people received a diet that was appropriate for their needs. Over the lunchtime meal, we saw that there were enough staff to provide people with assistance and prompting to eat their meal. We were therefore satisfied the risks associated with not eating and drinking were being managed effectively.

People told us they had access to plenty of food and drink and that they enjoyed the food. Our observations confirmed this. There were snacks available for people to help themselves to that were placed around the service and people could help themselves to hot and cold drinks when they wanted to. During the lunchtime meal, people were observed to enjoy the food and were offered alternative meals if they did not like anything on the menu. We saw that people had a choice of what main meal they wanted. Alternative methods of communication such as showing people the food were used when people found it difficult to make their own choice.

Staff had received training about the Mental Capacity Act 2005 (MCA) and had a clear understanding of their responsibility with regards to its requirements. In the nine care records we looked through, MCA assessments had been completed to find out whether people were able to consent to different aspects of their care and treatment. Some of these assessments had been recently reviewed and plans were in place to review all MCA assessments each month from the end of July 2015. The manager had assessed whether anyone living at the service required a DoLS authorisation. They had recently made some applications to the local authority for authorisation to deprive some people of their liberty in their best interests and these had been authorised. We did not see anyone being deprived of their liberty unlawfully during the inspection. Therefore, the provider had acted in accordance with relevant legal requirements.

The people we spoke with told us they thought the staff were well trained. One person said, "They [the staff] know what they are doing, especially those who have worked here a while." A relative told us, "The staff are fine and appear to know the people and their needs so they are able to offer the care required."

Staff we spoke with told us they felt fully supported with their supervision and training. There was a training coordinator working at the service who provided a variety of training during two days of the week. The staff told us that the training co-ordinator was quick to ensure that they did not miss training. We saw an example of a new training course using music and mirrors that had recently been completed by staff, to support people living with dementia to aid their memory.

The training co-ordinator was also responsible for monitoring staff competence to make sure that the training that had been received was understood. The staff told us they were regularly observed when providing care and that feedback was given to them quickly so they could improve

Good

Is the service effective?

if they needed to. We spoke with a new staff member who told us they had a thorough induction when they joined the service and that they could only work on their own when they were competent to do so. The nurses employed at the service were in the process of having their competency validated by an outside trainer based at the Norfolk and Norwich University Hospital. This demonstrated that the provider made sure their staff were well-trained and competent to perform their role.

Staff supported people to maintain their health. People told us they saw the GP when they needed to and staff confirmed that the GP visited weekly to carry out a surgery session in the home. Regular contact and visits were also made by other HCPs such as the continence advisor, tissue viability nurse, chiropodist, dentist and optician.

Good

Is the service caring?

Our findings

Comments from people about the staff were positive. One person told us, “Oh yes, the staff are very kind.” Another person said, “They [the staff] are very nice.” A relative said, “The staff are marvellous” and another told us, “Staff cannot do enough for you.”

Staff supported people in a kind and compassionate manner, holding people’s hands and giving them time to communicate with them. We observed that people who could not verbally communicate showed that they felt comfortable with the staff supporting them by smiling and showing positive body language when the staff member was near them.

Staff were knowledgeable about the people they cared for. This included their likes and dislikes and preferences such as what time they liked to get out of bed in the morning, their interests and their life history. Staff told us that this helped them develop a good rapport with people and that knowing their history enabled them to have conversations with people that were meaningful to them.

People we spoke with said that they were treated with dignity and respect. One person said, “They [the staff] are always kind to me.” Throughout the day we observed staff encouraging and offering people choices and respecting their decisions. For example, one person was asked by a member of staff if they would like to move to another area or if they preferred the room they were in. People were also asked where they would like to eat and if they were ready to eat. Kind, encouraging words were used to reassure people who were a little apprehensive. When a person’s dignity was compromised staff discretely dealt with the situation and helped the person to their room for assistance.

We saw that people’s independence was encouraged. For example, during the mealtime one person was encouraged to eat their meal without taking away their independence. Food was placed on the spoon and then staff encouraged them to lift the spoon, regularly telling them what was on the spoon and how good the food was. Another person was seen helping with the laundry and collecting towels which they told us they enjoyed.

The people who lived at the home and visiting relatives we spoke with told us they were listened to and that they felt involved in their own or their family members care. We saw that regular meetings were held with the people who lived at the service and their relatives in a group session for feedback on the care they received and that any recommendations raised by people were acted on. Regular reviews of people’s care also took place with the individual person and their relative if required. The manager explained they also invited relatives to attend assessments conducted by health care professionals such as speech and language therapists. This was so the family could increase their understanding of the care their family member received and why some care had to be given in a certain way to ensure the person’s safety.

No one living at the home required the use of an advocate as they were supported by their families or close friends. However, the manager told us they had access to an advocacy service that was run by Age UK should this be needed.

Good

Is the service responsive?

Our findings

During our observations we noted that staff were available to support people with activities. People told us they enjoyed the activities and that these enabled them to follow their interests and hobbies. For example, one person enjoyed painting and produced a picture during this inspection. Another was reading a paper and another told us, "I just like to wander around."

We saw that people who were unable to communicate verbally were taking part in several different activities including a craft session and using musical instruments. People also received sensory stimulation through items such as dolls, feeling different types of fabric and petting a puppy which regularly visited Woodside House. We saw that people were smiling a lot and enjoying these activities.

People told us they were able to access the gardens when they wanted to so that they could have some fresh air. One person said, "I really like to walk around the gardens." A staff member told us how they regularly took one person out shopping each day when they were providing them with one to one care which was one of their interests.

Within the care records we looked through, we saw that an assessment of people's individual needs had taken place. This included areas that covered their care, social, spiritual and cultural needs and also their individual preferences. People told us these preferences were met such as what time people liked to get up in the morning or where they wished to spend their day. There were clear plans of care in place that gave information on what care people needed to meet their needs. The care records had been reviewed monthly to make sure that this information was clear and up to date. This meant that staff had access to information about what care they needed to provide to each individual person. We saw staff regularly consulting and updating the care records during the day.

People and visiting relatives told us they did not have any complaints but that if they did, they would feel confident to raise the issue with staff. One person told us they had shared some concerns with the staff and although it had taken a little time, the issues were being addressed. Another person said, "I would talk to any staff member and they would sort it out for me."

The service recorded both written and verbal complaints. Three complaints had been received so far this year. We checked one of these complaints and saw that it had been fully investigated and a meeting had been held with the person who had made the complaint to discuss the outcome. We were therefore satisfied that people's complaints would be responded to appropriately if they were raised.

Good

Is the service well-led?

Our findings

During our previous inspection on 12 November 2014, we found that the provider was not monitoring the quality of the service effectively to make sure that people received good quality safe care and that some records were inaccurate. This meant that there had been a breach of Regulations 10 and 20 of the Health and Social Care Act 2008 (Regulated Activities) 2010 (corresponding to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014). At this inspection, we found that improvements had been made.

The quality of the service was regularly monitored through audits and observations of staff performance. Audits were conducted in areas such as medication, infection control, pressure care, record keeping, care records and the premises. The provider also monitored the service every three months from which they produced a report. We saw that identified shortfalls had been actioned to improve the quality of the service provided.

There were processes in place to monitor the accuracy of records. For example, senior staff checked each day that the food, fluid and re-positioning charts had been completed accurately. The records we looked at relating to people's care in the main were accurate and showed a good reflection of the care that people received.

The completion of staff training was also monitored by the provider and the manager to make sure that staff had the required knowledge and skills to provide people with safe and effective care.

The people we spoke with told us they found the manager at the service approachable and knew who they were. They added that they did not fear any recriminations if they raised issues that concerned them. The manager demonstrated to us through conversations that they knew the people who lived in the home well.

The manager had an 'open door' policy where people could go and speak to her when they wanted to. We saw that people who lived at the service and relatives went to the office or reception on various occasions to speak to the manager. A survey had recently been conducted to request feedback from people on their care. The comments received were in the main positive and the results were currently being compiled by the manager. This demonstrated that the service had an open culture in which it welcomed feedback from people and staff to help them improve the quality of the service that was being provided.

The staff told us they felt the morale at the service was good, that they were listened to by the nurses and manager and were happy working at Woodside House. They said they worked well as a team which felt like a 'family'. They explained that the communication between themselves, the nurses and the manager was good which enabled them to have a clear understanding of the care that people required. Information regarding complaints and compliments were given to them so they could learn from mistakes and have job satisfaction. Staff also told us they felt supported to gain further qualifications within the social care sector and that some had been promoted within the service which had made them feel valued. This demonstrated that staff felt involved and that there was good leadership in place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Medicines were not always managed safely. Regulation 12 (2) (g).**