Contemplation Homes Limited

Woodlands Ridge Nursing Home

Inspection report

191 Woodlands Road
Woodlands
Southampton
Hampshire
SO40 7GL

Tel: 02380292475
Website: www.contemplation-homes.co.uk

Date of inspection visit:
15 September 2016
19 September 2016

Date of publication:
17 November 2016

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This service was inspected on 15 and 19 September 2016. The inspection was unannounced.

Woodlands Ridge Nursing Home is registered to provide accommodation and nursing care for up to 24 people. The home is set in wooded grounds on the edge of the New Forest and has accommodation on two floors, the upper floor being accessed by stairs or passenger lift. The home has a large light and airy lounge, a large dining room and pretty gardens. At the time of our inspection 20 people were living at Woodlands Ridge.

The service had a registered manager in post. 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.

People's needs were assessed before they moved in to the home. Care plans were written in a person centred way although some staff practices were generic, leading to care delivery that was not always person centred.

People said they felt safe. Staff received training in keeping people safe and told us they knew what to do if they had any concerns, including reporting these to outside agencies.

There were sufficient staff deployed to meet people's needs. New staff received an induction which included shadowing other staff which gave them time to get to know people they supported. On-going training was provided and staff were well supported through supervisions and appraisals.

Staff had a good understanding of people's health care needs. They sought and followed advice where necessary from health care professionals so people could maintain their health and wellbeing. Risk to people's health and welfare were regularly assessed and recorded and reviewed regularly.

People were offered a choice of food and drink and were assisted to eat and drink by staff where required. Specialist advice was sought where people had difficulties eating and drinking.

People were protected because staff were aware of and followed the principles of the Mental Capacity Act ((MCA) 2005. Consent was sought from people before care and support was given, although this was sometimes rushed. Where people did not have capacity to make their own decisions, these were made in their best interests.

People were supported to take part in activities they enjoyed. People and their relatives were encouraged to give their views and be involved in developing the service.

Quality assurance processes were in place to help to ensure the care and support provided remained of a good standard and that it met regulations.

We last inspected this home in July 2014 when we found one breach of regulation.

At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 said they were safely cared for and staff understood and took appropriate action regarding any suspected abuse.

Risk to people's health and wellbeing and risks within the environment were known and minimised where possible.

People's medicines were safely managed.

There was a robust recruitment procedure in place and staff were deployed in sufficient numbers to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support to ensure they met people's needs effectively.

People were supported to make their own decisions and staff had a good understanding of the requirements of the Mental Capacity Act 2005.

Liaison with health care professionals was good which helped to ensure people's healthcare and nutritional needs were met in a timely way.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew and understood their needs and preferences.

There was a culture of kindness in the home and people were encouraged to express their needs and wishes.

Staff respected people's dignity and privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plan's reflected people's needs and wishes. However, people were not always supported in a way that met those needs in a person centred way.

People were supported to participate in activities of their choice and follow their interest.

People and relatives knew how to make a complaint and felt confident to do so if they needed to.

Is the service well-led?

Good

The service was well led.

The home had an inclusive and open culture.

Staff felt supported by the registered manager and senior staff.

Quality assurance systems ensured the service identified areas for improvement and acted on these.

Woodlands Ridge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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. We also checked to see if they had made the improvements required from our last inspection.

This inspection took place on 15 September 2016 and was carried out by one inspector. The same inspector returned on 19 September 2016 to complete the inspection.

Before the inspection we looked at all the information we held about the service. This included notifications regarding significant events which the provider is required to tell us about and information contained within the previous inspection report. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during inspection.

During the inspection we spoke with eight people living at the service and five relatives who were visiting. We spoke with the registered manager, the deputy, six care staff and the provider's quality manager who was supporting the registered manager with the inspection. We also spoke with a visiting entertainer. We observed staff supporting people in communal areas. We looked at the care records for four people and at six staff recruitment and training records. We also looked at other records to gather evidence about the quality of the service provided, such as health and safety records, quality assurance documents and completed questionnaires. We were unable to obtain any detailed feedback from health professionals, although we received confirmation that there were no concerns.

Good

Is the service safe?

Our findings

People said they were safely cared for. One person said "I definitely feel safe here. There's always someone around." A relative told us "It feels safe here. It gives me peace of mind." Another relative said "I've never seen anything that's worried or concerned me. No-one's neglected."

Staff understood how to recognise and report any suspicion of abuse and would go straight to their manager or deputy manager if they suspected there was the risk of abuse or if abuse had taken place. Staff knew who to report concerns to outside of Contemplation Homes, such as Hampshire County Council and to the Care Quality Commission. This showed staff were following agreed protocols. Staff could tell us what the term whistleblowing meant and said they would not hesitate to raise any concerns they had. Whistle blowing is raising a concern by disclosing information about a wrong doing within an organisation.

There were sufficient staff deployed to care for people safely. Most people, relatives and staff felt there were enough staff on duty. Although we received some comments that weekends were not so well staffed, no-one had any concerns that this affected people's safety. Staff told us some shifts were more difficult, especially when agency staff were working as they did not know people so well. They told us they volunteered to work extra hours to cover shifts where possible. One staff member said "Sometimes weekends can be worst. We do feedback and say about it in staff meetings. They [Registered Manager] can only try. Sometimes the agency can't supply. It doesn't affect safety. I wouldn't do anything un-safe, it just takes time; it takes longer." We observed the registered manager and deputy manager worked alongside staff in the week and were additional to the core staffing. We looked at the rotas which confirmed they did not work at weekends, but the minimum assessed staffing levels of two nurses and four carers were met.

Recruitment records showed staff had been recruited safely and their files contained satisfactory employment references, employment histories and criminal records checks by the Disclosure and Barring Service (DBS). Nurses had also supplied up to date registration numbers which confirmed they were registered and fit to practice.

There were appropriate arrangements in place for the safe management of medicines, including ordering, storage and disposal. Staff had received medicines training and had guidance about when to administer PRN (as required medicines) such as for pain relief. People's records reflected what medicines they took, why they took them and any possible side effects. We observed staff were patient with people when assisting them with their medication and explained what the medication was for.

People's care plans included individual risk assessments which contained guidance for staff in how to minimise the risks to people. For example, the risk of falls, pressure ulcers or choking. These were regularly reviewed to ensure they remained relevant and up to date. Staff were knowledgeable about risks and were able to describe what actions they took to keep people safe. For example, how they supported one person who often became anxious and verbally aggressive towards others. A relative told us how their relative had been discharged from hospital following a fall and "Staff monitored her for a while just to check she was ok."

Environmental risks were identified and actions in place to minimise the risks. There were regular tests of fire equipment and people were reminded what they needed to do in the event of a fire. Each person had a 'Personal emergency evacuation plan' in place to guide staff about the support they would need in the event of evacuation the home. Health and safety notices were on display around the home reminding staff of safe practices, such as when transferring people around the home in their wheelchair.

Accidents and incidents were recorded and sent to the provider's head office for analysis. Action was taken depending on the nature of the incident. For example, if someone had a fall their care plans and risk assessments were reviewed. If staff had not delivered care correctly, such as unsafe hoisting, they received additional training to support them to improve their practice and knowledge.

Good

Is the service effective?

Our findings

People and relatives were complimentary about the standard of care they received. One person told us the staff at Woodlands Ridge were "Very good." A relative said "I cannot fault the staff. They are brilliant." Another relative said the staff gave "Good nursing attention."

Staff spoke knowledgably about people's healthcare needs and the specific support they required to maintain their health. People said they told staff when they were feeling unwell and received the help they needed, such as receiving pain relief. Relatives were pleased with the standard of health care. One relative told us their relative had been in pain and said the registered manager "Dropped everything and attended. I honestly can't fault them."

Information about people's health and any current appointments were discussed during staff handovers to ensure all staff were aware of any changes to people's health care needs. Handover records included key information for staff, such as when people had been prescribed antibiotics or shown signs of being agitated. This helped to ensure people were supported to maintain good health. Records included contact with health professionals, such as GPs, and any advice or treatment given. A relative told us their family member had been prescribed anti-biotics for an infection and that staff had kept them informed.

Staff received training to support them in their role. New staff received an induction which included key training, such as safeguarding adults and fire safety. They also shadowed established staff while they got to know people who lived at the service. They said they were given time to understand their role and responsibilities. New staff completed the Care Certificate which is a set of standards that social care and health workers must meet in their daily working life. Regular probation reviews took place which ensured staff were supported to achieve competence within their probationary period.

Staff confirmed they received on-going training which covered areas such as food hygiene, moving and positioning, first aid and managing medicines. Where required, senior staff held additional recognised qualifications such as a Leadership and Management level 4 in care services. Staff received regular formal supervision and observed practice which ensured they were competent and any areas for improvement were identified and addressed. Staff also received an annual appraisal which provided a formal opportunity to review performance and identify any training and development needs.

Staff received training in the Mental Capacity Act 2005. The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff demonstrated they had a good understanding of people's rights under this Act. We observed staff respected people's choices, for example if they refused support at a particular time this was respected. Staff ensured they had people's agreement to provide them with the care they needed.

The service was acting in accordance with the Deprivation of Liberty safeguards. The Deprivation of Liberty safeguards is the procedure prescribed in law when it is necessary to deprive a person of their liberty when they lack capacity to consent to their care and treatment in order to keep them safe from harm. Applications

had been submitted to the local authority for authorisation when required.

People had their nutritional needs assessed and staff had taken advice from specialist health care professionals when required. For example from the speech and language therapists to help them to support people who were at risk of choking. People's food was prepared in a way that met their specific needs, such as a soft or pureed diet. We observed the lunch meal on the first day of our inspection and saw that staff followed the advice given and assisted people to eat where they were unable to by themselves. People seemed happy with the food choices. One person told us "The food is brilliant. I choose what to eat. It always looks very good." A relative commented about the food, "[My relative] has a choice. They [staff] come around, there's food all day, little snacks, a choice of cakes, drinks." Another relative told us the staff encouraged their relative to eat and drink and monitored this as she was at risk of malnutrition and de-hydration. They said "[My relative] doesn't eat very much. If she doesn't like it they'll do something else. They keep a chart as she doesn't always drink enough and she has a nutri-drink as they're trying to build her up."

Good

Is the service caring?

Our findings

People and relatives thought the staff were caring and kind. Comments included; "The staff are lovely" and "They're very patient and understanding" and "They're friendly." One relative told us they were always made to feel welcome and could visit at any time. Another relative said "The staff are good. They take an interest in people."

People and relatives told us staff treated them with dignity and respect. One person said "They [staff] always respect my wishes." Staff told us how they ensured they preserved people's dignity and respected their privacy. For example, they explained they closed people's doors when providing personal care and showed us notices on bedroom doors that were turned around to inform others when personal care was in progress. We observed this to be the case most of the time although we saw on one occasion that a member of staff provided medical treatment to a person, which partly exposed them, without closing their bedroom door. We spoke with the registered manager about this and it was immediately addressed with the member of staff concerned.

Staff were kind and compassionate when people were worried, anxious or upset. On one occasion we observed a staff member bent down and made eye contact with one person who was crying out, as well as using gentle touch on their arm to reassure them. They quietly asked what was wrong and went to find a nurse to check on the person as they were complaining of pain.

Staff had a good understanding of people's preferences and knew how to interact with them in a meaningful way. We observed easy, friendly, chats between staff and people and staff seemed skilled at engaging people who were more withdrawn. Staff described clearly what people could do for themselves and what they needed prompting with. They knew and respected people's interests and encouraged and supported people to follow them, including their religious interests. For example, a relative told us how "The church comes to visit people" and one person looked after the house cat with help from staff and took a great deal of pride and interest in looking after it.

People were encouraged to remain in contact with friends and relatives. Visitors confirmed they were welcomed to the service and felt at home. One person told us their friends came to visit regularly and they were able to sit in their room and chat. A relative told us staff helped their family member celebrate their birthday and said "They had a sing-a-long, people came in, they were all friendly."

Staff assisted people to access advocacy support where this was needed, which helped to ensure people's interests, needs and wishes were properly represented. Staff knew people's end of life wishes and if it was the person's wish, and if possible, they would support people within the service when this time came.

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us the staff were helpful and met their needs. One relative said "Staff will do what mum wants. They're flexible." Another relative told us "The help and encouragement of the girls [Staff] is marvellous." Comments from people included; "I love it here. I have choices about what I want to do each day. They listen to me and ask me what I want" and "Staff are wonderful. Any way I need help, they do their best."

Although comments were positive, we found that some care practices were generic which meant people's care was not always tailored to their specific needs. For example, the registered manager told us everyone was routinely monitored for food and fluids and bowel movements and were also all checked every hour throughout the night. We saw from the care records we viewed that people who were not at risk of malnutrition, dehydration, constipation or getting into difficulty at night were still monitored. We raised this with the registered manager, deputy manager and quality manager as it was not a person centred approach to care. They said it was to make sure they identified problems early on if they occurred, such as constipation, even where there was currently no risk of this. They also told us "No one has said they don't want to be checked at night." We asked if people knew they had a choice or had been asked for consent, but were told they had not been asked.

We observed other practices which demonstrated care was not always delivered in a person centred way. For example, we observed one person asked to be assisted to the toilet just before lunch was served. A staff member approached the person, bent down and told them "It's lunchtime. I'm not allowed to take you now. Have your lunch first and I'll take you afterwards." This was not said unkindly but we found this to be an unacceptable response. Our inspector intervened and informed the registered manager who asked staff to respond to the person's request.

On the second day of inspection we spoke to one person at breakfast who was drinking out of a plastic, two handled beaker with a spout. They told us they had not been asked their preference for a beaker and said "They didn't ask. They just gave it to me. I can use a glass." At lunchtime we observed staff routinely giving everyone a plastic, two handled beaker to drink out of. We also noted the beakers were badly stained and unsightly. During a discussion with the registered manager, deputy manager and quality manager about this, they said would replace the beakers and also check why staff had given beakers to everyone. They later confirmed the staff member did not know why they had done this, and also said they had noted people also had cups and saucers at other times of the day. The deputy manager told us they gave people beakers for hot drinks as this was safer. However, this did not take account of people's individual abilities, needs or preferences. They told us they would address this.

The provider had not always ensured people received person centred care and treatment that was appropriate, met their needs, and reflected their personal preferences. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Person centred care.

The management team were responsive to issues raised. We identified other practices through our

observations which were discussed with the management team, and we saw these had been addressed with staff by the time we had completed our inspection.

People's needs were discussed with them or their relatives and assessed before they moved in to ensure their care and support needs could be met there. Once people had come to live at the home, people or their relatives had been involved in developing care plans. These were reviewed regularly to reflect people's changing needs.
People's care plans were detailed and contained information about their early life, documented their mental capacity to make specific decisions, and consent. They also contained information about people's health and care needs and explained what people needed support with and what they could do for themselves. Any changes to people's health and care needs were discussed during a daily staff handover so staff could follow up on any medical or other appointments made.

People said there were opportunities to pursue their interests. The home employed an activity co-ordinator who arranged puzzles, quizzes, and other activities to engage and stimulate people. They showed us reminiscence Bingo which matched items of food, clothing and household items from the 1950s, 60s and 70s. We observed a memory activity which people seemed to enjoy and saw that people spent time reading, watching TV and knitting. People and visitors enjoyed an indoor flying display from an owl sanctuary which they could actively take part in, and fly the owl, if they wished. The owl handler was excellent at engaging everyone and people were clearly interested and excited to learn about the owl and said they would like them to come again.

People and their relatives told us they would feel confident to raise any issues and said they were satisfied staff would respond positively to any concerns they raised. Any concern or complaint made had been responded to quickly in line with the service's complaints procedure. This was also available in pictorial format to aid understanding for people with dementia.

Good

Is the service well-led?

Our findings

People and relatives had confidence in the registered manager and thought the home was well run. They said they were visible and approachable and would listen if they wanted to talk about anything. A relative told us "They [registered manager] are always around." Another relative said "I don't think there's anything they [registered manager] could do better."

Staff morale was good. Although busy, staff said they enjoyed working at Woodlands Ridge. A staff member told us "This home, I see it as another family. It's a good team with good communication and management. I've not experienced that before." Other staff comments included "I love it. I'm happy here. The manager helps me and supports me" and "It's a really nice home. I've never worked anywhere like it. It's a really good team. They're hard workers." There was an open culture within the home. We heard consistently that the management team was approachable and staff felt listened to. Staff meetings took place regularly which enabled staff to discuss their ideas and receive updates to support them in their role. Staff told us they were well supported and felt valued. We also saw that staff had been nominated for care awards to recognise their achievement and commitment.

People and relatives were involved in developing the service. They told us they were asked their opinions through questionnaires but could give feedback to staff at any time. Their ideas and suggestions were taken on board and we were consistently told they felt listened to. The most recent completed questionnaire confirmed people were satisfied with the service.

The registered manager was supported by a good network of other senior staff and managers who were visible and involved with the running of the home, including the quality manager who had supported them throughout the inspection. This helped to ensure they, and their staff team were kept up to date with developments in the care industry. The registered manager attended local meetings with other nursing homes, GPs and community nurses to discuss local issues and ideas for improving joint working. For example, to reduce hospital admissions.

Regular audits were conducted by the quality manager and other senior members of the organisation which ensured the service maintained standards and was compliant with legislation. For example, systems for medicines, food hygiene and infection control had been checked and actions taken to address any shortfalls. The provider's nominated individual (the person with overall responsibility for the home) also visited the home to check that standards were maintained. The management team was responsive in providing information to us during the inspection. They were enthusiastic and proactive in their approach to developing the service and were keen to make further improvements. The management team was responsive to the issues we raised during the inspection and addressed a number of these at the time.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not always ensured people received person centred care and treatment that was appropriate, met their needs, and reflected their personal preferences.