HC-One Limited

Woodcross Mental Nursing Home (Highfields)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on 10 August 2017. Woodcross Mental Nursing Home is a home which provides accommodation, nursing and personal care for up to 44 people. At the time of our inspection 39 people lived at the home that had mental health needs.

There was 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 told us they felt safe. Staff understood their responsibility to report any concerns about people's safety. People were supported to manage their risks by staff who were aware of the need to protect people from avoidable harm. There were sufficient numbers of staff available to meet people's needs. The provider recruited staff safely. People received their medicines as prescribed and there were systems in place to ensure medicines were managed and stored safely.

People were supported by staff who received training to ensure they had the skills and knowledge to meet people's individual needs. People were asked for their consent before care was provided. People's capacity to make decisions had been assessed and staff understood the principles of the Mental Capacity Act. Staff ensured people had enough food and drink and received support from relevant healthcare professionals when required.

People received support from kind and caring staff. People were encouraged to make their own choices and decisions which were respected by staff. People were supported to maintain their independence and staff supported people in a way that respected their privacy and dignity.

People were involved in the planning and review of their care. Staff were aware of people's individual preferences and choices in how their care was delivered. Information about changes to people's care needs was shared with staff to ensure people received support that met their needs. People had access to a wide range of activities and hobbies which met their individual interests. People knew who to contact if they were unhappy about any aspect of their care. The provider had systems in place to manage complaints effectively.

People felt the service was well-led and were happy with the support they received. People and staff felt confident to share their ideas and the registered manager used these to make improvements. Staff were aware of their roles and responsibilities. There were effective quality audit systems in place to monitor the quality of service people received.

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 and were supported by staff who knew how to keep people safe from harm or abuse. Risks to people were assessed and managed. People received support and care from staff when needed. People received their medicines as prescribed and systems to manage medicines were safe.

Is the service effective?

Good

The service was effective.

People received support from staff who had the skills and knowledge to meet their needs. Staff received training relevant to their role. People were asked for their consent before receiving care. People were supported to maintain a balanced diet and to access healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring. Staff understood people's needs and preferences. People were supported by staff in a way that promoted their independence. People's dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

People were involved in the assessment and planning of their care and support. People received support that was tailored to their needs and took into account their preferences. People knew how to complain if they were unhappy with the service they received. The provider had an effective complaints process in place to manage and investigate complaints.

Is the service well-led?

Good

The service was well-led.

People and staff told us the service was well-led and the registered manager was approachable. Staff felt supported in their roles. There were effective systems in place to monitor the quality of service people received and this was used to make improvements when required.

Care Quality Commission

Woodcross Mental Nursing Home (Highfields)

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.

The inspection took place on 10 August 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

When planning the inspection we looked at the information we held about the service. This included notifications which the provider is required to send us by law such as events and incidents that occur. Before the inspection the provider 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 also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus on in the planning of the inspection. We used the information we had gathered to plan the inspection.

During the inspection we spoke with 15 people who use the service, nine members of staff and the registered manager. We observed the care and support provided to people in the communal areas of the home. 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 to us. We reviewed a range of records about people's care and how the service was managed. These included five people's care records, three staff files and three people's medicine records. We also looked at a variety of records used for the management of the service which included records used for monitoring the quality of the service provided.

Good

Is the service safe?

Our findings

At our previous inspection in June 2016 we rated the provider as "requires improvement" under the key question of "Is the service safe?" This was because we saw an incident where a person was at risk of harm and staff had not taken adequate steps to protect the person from the risk of harm. We found staff were busy focussing on tasks rather than people's needs. We found during this inspection improvements had been made.

All the people we spoke with said they felt safe and secure at all times because staff were always available should they need help. One person said, "I've been here for a long time and I have always felt safe." Another person said, "I feel safe living here, the staff are very good and the building is secure. I feel it is a good place to live and I am happy." Staff we spoke with were clear about their responsibilities to report any concerns they might have about a person's safety. They were able to explain the different types of potential abuse or harm people might face and how they would respond to protect people from these risks. One member of staff told us, "If I saw someone was at risk of harm or abuse I would make sure they were safe and report it straight away to the nurse or the registered manager." Another member of staff said, "Abuse comes in different forms [for example] physical, verbal, emotional abuse if I saw something I would report it to the manager." Staff told us they were confident any issues they raised in relation to a person's safety would be taken seriously by the registered manager and the appropriate action would be taken to keep people safe. The registered manager was aware of their responsibilities in raising and reporting any potential harm or abuse to the local safeguarding authority. Records we looked at confirmed this. This meant people were supported by staff who knew how to protect them from harm and keep them safe.

People we spoke with told us they were involved in developing their risk assessments with staff. One person said, "I have to use a wheelchair and I like to get around by myself but [staff] will help me they know when I can't do something by myself." Staff we spoke with were aware of people's individual risks. A member of staff told us, "I know what [people's] individual needs are. Some people require their food to be softened or we need to encourage [people] to chew their food so they do not choke." We looked at a risk assessment for a person who was at risk of choking and saw it was reflective of the person's needs and of the care we saw given by staff. This showed staff understood people's individual risks and how to minimise them. Staff knew how to report accidents and incidents and we saw appropriate action was taken by the registered manager to ensure people remained safe. For example, referrals were made to healthcare professionals. This showed incidents were monitored and action taken to minimise risks to people.

People said there were enough staff to meet their care and support needs. One person told us, "Staff are always close by if you need them." Another person said, "Yes I think there are enough staff you don't have to wait and they always have time for you." Staff told us staffing levels were sufficient to meet people's needs. One member of staff said, "I think there are enough staff we cover shifts if we need to and we have time to support people properly." We discussed staffing levels with the registered manager. They said staffing levels were calculated based on people's individual levels of dependency. We saw staffing levels were sufficient to ensure people's needs were met. We saw there was adequate numbers of staff on duty to assist people with their care and support throughout the day.

Staff told us they had been interviewed and pre-employment checks had been completed before they started to work at the home. One member of staff said, "I completed an application form, had reference and Disclosure and Barring Service (DBS) checks completed before I started work." Three staff records we looked at confirmed pre-employment checks had been obtained before employment commenced, such as references from previous employers and Disclosure and Barring Service checks. Disclosure and Barring checks help employers to make safer recruitment decisions and prevents unsuitable people being recruited. This showed the provider had a safe recruitment process in place which meant people were cared for by staff that had been recruited safely.

People told us they received their medicines as prescribed. One person said, "The staff always make sure I get my medicine on time, which has helped me feel a lot better." Another person said, "Staff give me my medicine when I need them I do not have any concerns about how my medicines are managed." Staff we spoke with who administered medicine said that they felt confident with this and said their competency had been checked by the registered manager. One staff member said, "I feel confident administering people's medicines." We looked at how people were given their medicines by staff. Some people had medicine that was to be taken 'as required'. Staff demonstrated they understood when these medicines should be given to people. We saw information was available for staff why the medicine would be needed, how much and when. This helped staff to administer the medicines appropriately. We looked at the medicines against the Medicine Administration Records (MAR). We found people received their medicines as prescribed. Medicines that were received into the home were stored and disposed of safely.

Good

Is the service effective?

Our findings

At our previous inspection in June 2016 we rated the provider as "requires improvement" under the key question of "Is the service effective?" This was because we could not be assured people's rights were always protected. We found during this inspection improvements had been made.

People told us staff sought their consent before providing care and support. One person said, "Staff always check with me first that I am happy and if I say no they respect me." A member of staff said, "I always seek people's consent before providing support. If someone says no I will try to encourage or try again later but I would respect their wishes." Staff said they allowed time for people to make choices and we saw staff listened to people and waited for them to respond before attending to their needs. This showed people's consent was sought.

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 capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether staff were working within the principles of the MCA and found that they were. We saw assessments of people's capacity had been carried out to assess whether or not people lacked capacity to make certain decisions. Staff we spoke with demonstrated an understanding of people's individual capacity and were able to share examples of decisions people were able to make for themselves. Care records reflected best interest meetings had taken place to ensure decisions made about people's care and support were in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us where people were felt to lack mental capacity to make certain decisions assessments had been carried out and meetings were held to identify care in the person's best interests. We found five people currently living at the home had a DoLS authorisation in place. Staff and the registered manager had a clear understanding of DoLS and what it meant in practice for people who had been deprived of their liberty in their best interests. Staff told us they had received training in the MCA and all were aware that it was unlawful to restrict people's liberty unless authorised to do so.

People told us staff had the skills and knowledge to meet their care and support needs. One person said, "Staff know me well they know how to care for me and what my needs are." Staff told us they had the skills and knowledge to meet people's needs and said they felt confident providing the appropriate care to people. Staff told us they had access to a number of different training courses to meet people's varying needs. One member of staff said, "I have done a lot of different training since working here. I have done moving and handling, health and safety, safeguarding and the Care Certificate." The Care Certificate is a set of national minimum care standards to provide staff with the skills and knowledge to work in care services.

New staff told us they received an induction that included shadowing more experienced members of staff and getting to know people living at the home. They told us they felt supported in their roles and the management team were always available to offer support. This demonstrated staff were being supported by the registered manager to achieve the relevant skills and knowledge to support the people living at the home.

People told us they had a choice of meals which they enjoyed. One person said, "I always look forward to lunchtime I really enjoy the food." Another person commented, "The food is cooked well and you get a choice, I enjoy the food offered." We saw throughout the day hot and cold drinks were offered to people. Staff we spoke with told us about people's individual choices, and of their nutritional needs such as softened food. They explained what additional support and monitoring people needed in order to ensure they had adequate food and drink to remain healthy.

People were supported to see healthcare professionals when required. One person said, "If you need to see the doctor [staff] will sort it." Staff we spoke with had an awareness of people's health conditions. A member of staff said, "I would speak to the nurse if a person was not well and if needed other [healthcare professionals]." People's health records showed they had been supported to access a wide range of healthcare professionals including dieticians. This demonstrated that people had access to appropriate healthcare professionals as and when required to maintain their health and well-being.

Good

Is the service caring?

Our findings

People told us staff were approachable and friendly. One person said, "I've lived here for 12 years and it's been good. I like the nurses because they always make me laugh whilst they take care of me." Another person said, "The staff are good, we get on well and they always do anything I ask." Throughout the day we saw people were supported by all staff, including the registered manager in a kind and caring way. For example, we saw staff spending time talking to people and making sure they were okay. Staff approached people in a friendly and respectful way addressing people by their preferred name. They checked if people needed support and provided reminders about what was happening during the day, ensuring people had adequate information to make a choice about what they wanted to do for example with their time.

People told us they were involved in making day to day decisions about their care and we saw staff spent time explaining choices to people. One person said, "I have been involved in all aspects of my care needs." Four people told us they had made individual requests about their care and said they were listened to by the staff and were happy with the response the received. People confirmed they made their own choices in relation to how they spent their time, clothes they wore and when and what they ate and drank. One person invited us into their bedroom and we saw it was personalised and decorated to reflect their taste. We saw people had access to independent advocacy services if they required. Advocates are people who are independent and support people to make and communicate their views and wishes. A member of staff told us, "We involve people in making their own choices and decisions and respect their wishes." This showed people were involved in decisions about their care and their choices were respected by staff.

Staff encouraged people to be as independent as possible. For example some people accessed the community regularly and enjoyed visiting the shops or leisure activities such as social clubs. One person told us, "I enjoy going out. I also make my bed and tidy around. Staff encourage me." Another person said, "Staff always encourage me to do things and keep my room tidy, but they will always help if I can't do something." A third person said, "I have always been encouraged [by staff] to do things for myself and this has prepared me to be independent." One person told us they enjoyed cooking for other people living at the home and this was supported by the staff. Staff told us they would encourage people to do as much as possible for themselves. One member of staff said, "Some people have their own key to their rooms, others tidy around or cook. We try to encourage people to be as independent as possible." Records we looked at provided staff with information about what people could do for themselves, this enabled staff to support people in a way that promoted their independence.

People told us they were supported in a way that protected their privacy and dignity. One person said, "Staff always knock and wait until I invite them into my room." Another person commented, "Staff respect my dignity and privacy all the time, my room is my room and they respect that." Staff shared examples of how they treated people with dignity when supporting them with personal care, for example closing curtains and not rushing people when providing support.

Good

Is the service responsive?

Our findings

People told us they were involved in making decisions about their care and support. They said they had contributed to their assessment for care and were involved in the development of their care records. One person said, "Staff ask me what support I need and they are there to help when I might need it." Another person said, "We have meetings and I am listened to." Staff we spoke with had a good understanding of people's needs, routines and preferences. They were able to explain how people preferred their care to be delivered. Information was shared with staff at the start of each shift during handover. Staff said this provided an opportunity for them to discuss information about people's care so people received continuity with their support. We looked at care records and saw these were up to date and reflected the care we saw people received from staff. The Provider Information Return (PIR) stated care records were focussed on the outcomes for people. We saw care records gave details of people's choices, abilities and preferences and reflected the care we saw people received from staff. This meant staff had access to up to date information which ensured people received consistent care that was appropriate to their needs.

We looked at the arrangements for supporting people to participate in interests and hobbies. One person said, "We discuss what we want to do with the staff; we go on day trips, we went to Lichfield and go to the disco. All different things really you can do what interests you some people spend time in the activities room others just read." Another person said, "We have monthly meetings with staff and we discuss ideas for events and trips out." People told us the provider employed activities staff who organised a number of different activities across the home. They continued to say the registered manager had brought a pool table which was enjoyed by people living at the home. The Provider Information Return (PIR) stated the service had an activities co-ordinator who worked alongside other staff to ensure the activities programme responded to people's needs and choices. We saw throughout the day staff encouraged people to take part in a number of different interests such as cooking, listening to music, writing and reading. This showed that people were able to spend their time in activities that were meaningful to them.

The provider had a number of ways in which they gathered people's feedback. For example, people told us staff spoke with them daily for example, in relation to the quality of food. They also said they attended meetings and completed questionnaires which gave them opportunity to express their views about the care they received. This showed the provider sought people's views and people felt confident to share their opinions about the service they received. People told us they felt listened to and felt confident to raise any concerns they might have with the staff or management team. One person said, "I would speak with [staff] if I was not happy. I don't have any concerns." Another person said, "I would speak to any staff if I needed to complain." A third person said, "We have meetings if I have any issues I would speak in these or to the staff. Things always get sorted." The provider had a clear system in place for receiving and handling complaints. Records we looked at identified concerns or complaints that had been received had been dealt with promptly and in line with the provider's complaints procedure. This showed people's complaints would be listened to and addressed appropriately by the provider.

Good

Is the service well-led?

Our findings

People told us the service was well run and the registered manager and staff were friendly and approachable. One person said, "The [registered manager] is very good he always walks around the home and chats with people making sure everyone is okay." Another person said, "[Registered manager] is good he is always around should you need him." Since our last inspection a new registered manager had been appointed. We spoke with them about the changes they had made since they had been in post. They said since they had started to work at the home they had worked hard to create a culture that focussed on personalised care to people and ensuring staff had the skills and knowledge to support people's varying needs. They said they encouraged staff to undertake a range of training to develop their skills which meant people received care from staff who were well trained. They also said they used various methods to gather people's views about the quality of service people received. For example, meetings, resident of the month, questionnaires and computerised systems. They said based on people's feedback about food and drink the menu had changed. This showed people's views were sought and were used to improve the service. Our inspection findings supported this.

Staff told us they had access to information which enabled them to be clear about their roles and responsibilities. Staff told us the registered manager was very approachable and had implemented a number of positive changes since arriving at the home. For example, introducing a supplementary booklet for each person detailing people's individual needs and any changes in care for staff to refer to. A member of staff said, "[Registered manager] is very approachable and very good with people." Another member of staff told us, "I feel very supported in my role the registered manager is very good." Staff said they felt confident any concerns they raised with the management team would be listened to and dealt with appropriately. Staff members said they were aware of the provider's whistle blowing policy and would be confident in using this if required. Whistle blowing means raising a concern about a possible wrong doing within an organisation. Staff we spoke with confirmed that they attended regular one to one and team meetings with the management team to address any issues of concern or to share information.

The home had a clear management structure in place and everyone we spoke with knew who the registered manager and provider was. People told us the registered manager was in the home on a daily basis. During our conversation with the registered manager they demonstrated a good understanding of people's needs and their responsibilities as a registered person. They explained how they ensured they kept up to date with current national developments by attending training events and meetings. They said they were currently working towards a leadership award. The registered manager said they were supported in their role by the provider who they said were always available to them for guidance should they need it. We found the provider had met their legal obligations relating to submitting notifications to CQC when certain events occurred, such as allegations of abuse. We also saw that the provider had ensured the service's previous inspection rating was displayed prominently as required by the law.

The Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. We found the registered manager was working in

accordance with this regulation. We found them to be open and honest in their approach to the inspection and co-operated throughout.

The provider and registered manager carried out regular quality checks of the home. All aspects of people's care and the environment were reviewed regularly. For example, health and safety, medicine, people's care records and incident and accidents audits were completed and where required improvement plans were developed. Information supplied by the provider in the PIR was consistent with what we observed and found in the home. For example, we found the provider had systems in place to identify and manage risks to the safety, health and welfare of the people living at the home. We saw changes to people's care and any associated risks were monitored and recorded for patterns and trends. For example, accidents and incidents were recorded and analysed for possible trends, and this information was used to identify actions required to improve people's safety. The registered manager also completed other checks to monitor the quality of care people received. For example, observations of staff and night spot checks. Where improvements were found to be required improvement plans were developed and appropriate action was taken. The registered manager had implemented a number of systems since being appointed to the role. For example, an 'on call' folder containing information such as emergency contact numbers, people's care needs, authorised DoLS and staff rotas should information be required in an emergency. This showed effective quality monitoring systems were in place to improve the quality of service people received.