

Mrs I Crosbie

# Woodhall Park Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection visit was unannounced and took place on 8 November 2016. At our last inspection visit on 8 December 2015 we asked the provider to make improvements across all aspects of the service we inspected. The provider sent us an action plan which explained the actions they would take to make improvements. At this inspection, we found improvements to some areas; however some aspects still required improvement. The service was registered to provide accommodation for up to 41 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 41 people were using the service.

There were two registered managers in post to support the running of the home. 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.

At our last inspection on 8 December 2015 compliance actions were issued in relation to staffing, medicine management, the need for consent and areas of good governance. The provider sent us an action plan in January 2016 explaining the actions they would take to improve. At this inspection, we found improvements had been made regarding consent and medicines management. Some improvements had been made in relation to staffing, however further consideration was needed to ensure consistency. We found insufficient improvements had been made in relation to the auditing of the service and recognising how to drive improvements.

The managers had not always understood the requirements of their registration. This resulted in us not receiving notifications about events at the home. Audits to monitor and evaluate the service were not always completed to reflect on quality and drive improvements. Information was not always clearly recorded to ensure people's needs would be met.

Staff felt supported and there was a warm friendly atmosphere. We saw people were supported for their needs, however there was not always a consistent level of staff. People felt safe, but not all the staff were able to provide us with the assurance they understood how to protect people from harm and the reporting process. There were no evacuation plans to provide guidance if the home needed to be evacuated.

People were able to make their preferences known, which had been documented in the care records. People were encouraged to be independent and make choices about how they spent their day. There was a complaints procedure and people felt able to raise any concerns. People and relatives felt the environment was warm and friendly.

People had established relationships with staff and felt cared for. People told us staff treated them with

dignity and respect. Relationships and friendship that were important to people were maintained. Support and compassion was provided when people neared the end of their life.

People's capacity assessments had been completed and when required best interest decisions had been made with the relevant people to support. Some people were deprived of their liberty and the appropriate safeguards and authorisations had been sought from the local authority.

We saw people had a choice of food and were able to make decisions about the menu and the meal experience. When required support and advice around health and nutrition had been considered. Staff received training to enable them to support people and to support specific health needs. Support from health professionals was requested and available when needed.

Medicines were administered in line with people's prescriptions and specific needs to support their health. Risk assessments had been completed and guidance provided. The provider ensured appropriate checks before people worked at the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not always safe  
People were supported with their care, however some periods in the day there were less staff available. . People felt safe, and most staff were able to tell us how to keep people safe. Other staff were not able to provide us with the assurance they understood how to protect people from harm and the reporting process. There were no evacuation plans to provide guidance if people needed to be evacuated. Medicines were administered in line with people's prescriptions and specific needs to support their health. Risk assessments had been completed and guidance provided. The provider ensured appropriate checks were in place before people worked at the service.

### Is the service effective?

Good 

The service was effective  
When needed people's capacity had been assessed and when required authorisation had been sought from the local authority. People enjoyed the food and had a choice. When required support and advice around health and nutrition had been considered. Staff received training to enable them to support people. Support from health professionals was requested and available when needed.

### Is the service caring?

Good 

The service was caring  
People had established relationships with staff and felt cared for. Staff treated them with dignity and respect. Relationships and friendship that were important to people were maintained. Support and compassion was provided when people neared the end of their life.

### Is the service responsive?

Good 

The service was responsive  
Care records reflected people's preferences and choices about

their care. People were encouraged to be independent and make choices about how they spent their day. There was a complaints procedure and people felt able to raise any concerns.

**Is the service well-led?**

The service was not well led  
Audits to monitor and evaluate the service were not always completed to reflect on quality and drive improvements. Some aspects of the registration were not understood and reported to us. Information was not always clearly recorded to ensure people's needs would be met. Staff felt supported and there was a warm friendly atmosphere.

**Requires Improvement** 

# Woodhall Park Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and team consisted of one inspector and a specialist advisor. A specialist advisor is a professional who has expertise in a specific area; our specialist had knowledge and expertise in care for people with dementia.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We spoke with five people who used the service and three relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with four members of care staff, two nurses, the cook, two visiting professionals, the training assessor and the two registered managers. We reviewed three staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to

meet each person's needs. We looked at the care records for five people to see if they were accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

At our previous inspection in December 2015 we found that the provider was in breach of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured people's safety around administration of medicines, and having adequate staffing levels to support people's needs. At this inspection we found that the required improvements have been made with regard to medicines. Some improvements had been observed in relation to the staffing levels, however further improvements were required to ensure a consistent approach to the support people needed.

During the inspection we saw staff supported people with their needs. One person told us, "There are just enough staff, I don't have to wait long when I press my buzzer." A relative told us, "Staffing levels are good." Since our last visit we saw the provider had introduced an additional member of staff from 8am to 4pm. Staff we spoke with felt this had made a difference. One staff member said, "There are enough most of the time, the new 8am to 4pm shift is really useful." The manager told us, "This new role took a while to settle, it now has a positive impact". We observed that when the staffing numbers were reduced by one after 4pm it did have an impact on the support people received. For example, in one lounge there was no staff present for periods of 15 minutes. People also complained the teatime had been delayed by half an hour as there were no staff available. On the day of the inspection the managers supported with the tea service. We spoke with the managers who confirmed they were only present to support the inspection, however they often assisted with the tea when they were present in the home at that time. The managers agreed to observe the staffing levels around teatime and consider how sufficient support could be provided.

People told us they felt safe when they received care. One person said, "They take care of your needs." Staff had received training in safeguarding. One staff member said, "It's important to keep people safe, if I have any concerns I would report it." However, other staff we spoke with were unable to explain how to protect people from harm and the methods of reporting. Some staff did not have English as their first language and found expressing their understanding difficult. We spoke with the managers about this and they offered us some assurance that the staff would know how to respond if required. They told us, "Some staff have received one to one training to support their language difficulties." However the manager confirmed they had not completed competencies to ensure they had understood the training they had received.

There were no plans in place to provide staff with information on how to support people in the event of an emergency such as a fire or any other incident that required the home to be evacuated. Many of the people living at the home would require assistance in an emergency. Staff had received fire safety training; however this did not cover individual's needs and how they would evacuate people with equipment if necessary. This meant we could not be sure people would be evacuated safely.

People received support with their medicine. One person told us, "They are very good, they never miss." We observed the medicines being administered to people; the staff took time to explain what the medicine was for and ensured the person had taken it before recording it on the medicine administration record. There



was written guidance in place relating to as and when required medicines, which was specific to each person's needs.

Some people received their medicine through a medical tube. We saw that training had been provided and written guidance was available to ensure administration was at the specified times. Throughout the day we saw these times were observed. One staff member said, "I enjoy this aspect of nursing, it's important we get the training as some people's needs are very complex." The nursing staff understood the varying needs of people's medicine. For example, one person required their medicine 30 minutes before a meal, this was given and appropriate recording made. We saw there were effective systems in place in relation to storage and the ordering and recording of medicines. One staff member said, "We all take responsibility to record and check the stock." This meant people received their medicine as prescribed to support their health needs.

We saw that risks to people's safety had been assessed. There were assessments in place to support people when they required assistance to move from one location to another.. For example some people required equipment to reduce skin damage and we saw staff knew which person required the equipment. We observed staff using equipment to transfer people, this was carried out safely with the staff member explaining each step and offering reassurance. For example during a transfer, a person was about to be moved when the staff observed the equipment's battery needed replacing. One staff member remained with the person and continued to talk to them and provide reassurance until the equipment was operational again. We saw other risks had been identified in relation to behaviours that challenge. The plans identified any triggers and how to support the person when this behaviour occurred. Staff we spoke with were able to discuss the action they would take to support people For example one person often became very emotional when receiving support, the guidance provided distraction options and things which comforted the person. This meant there was a consistent approach to managing the situation.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. All staff working during our visit had been with the service for over two years. This meant the provider took measures to ensure staff were safe to work with people.

# Is the service effective?

## Our findings

At our previous inspection in December 2016 we found that the provider was in breach of Regulations 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not made appropriate assessments when people lacked capacity or ensured that decisions made were in their best interest. At this inspection we found that the required improvements have been made.

The Mental Capacity Act 2005 (MCA) provides the 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 least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We saw that assessments had been completed which were specific to the activity or decision. Where people lacked capacity we saw that best interest decisions had been evidenced and the relevant people consulted in relation to the decision. Applications relating to DoLS had been completed to the relevant authority and reviewed within the timeframe. Staff had received training in the Act and understood the importance of giving people the opportunities to make choices where possible. We observed people being given choices about where to sit, what to eat, and the activity they wished to pursue.

Staff told us they received training to support their role. One staff member said, "On some recent courses I learnt a lot, good to have a refresher." We saw the records relating to training which enabled the management to identify when training was required. We spoke with the training assessor, they said, "Staff are keen to learn – informal and formal – never had or heard any staff complaining about training." They added, "The staff are always trying and looking to improve things."

The manager was implementing the new national care certificate which sets out common induction standards for social care staff and was introducing it for new employees. The certificate had been completed at the home. The training assessor said, "It's completed to a good standard and in good time. It benefits the staff and ultimately the residents." The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People told us they were supported to eat and drink. One person said, "You can have what's on the menu or they look for something else." A relative said, "They are encouraged to eat and given options." We saw that choices were available and a menu displayed the choices. At a recent meeting for the people who use the service they had made suggestions which had been implemented. For example liver and onions and the

meat loaf had been replaced with a beef hotpot. The cook was aware of the different dietary needs and ensured that there was a variety to meet varying nutritional needs.

We saw when there was a concern relating to people's nutritional levels or concerns relating eating a referral had been made to health care professionals. For example one person was at risk of choking when swallowing and we saw a referral had been made and the home had been provided with guidance and nutritional supplements.

We saw that referrals had been made to health care professionals in a timely manner and any guidance followed. One health care professional said, "They call me for any advice, and inform me if people need to be seen". We saw that the services from an advanced practitioner were received on a weekly basis; this had a link to the GP practice so people received the health care they required. The health professional told us, "I call weekly for my regular round, however if they need someone seen, I call on other days." A relative told us, "They have organised hair appointment, chiropody and GP." They also told us the staff had responded quickly following a health need in ensuring the person was seen by the GP and received the appropriate medicine.

## Is the service caring?

### Our findings

Our previous inspection found whilst the provider was not in breach of any regulations there were aspects of care that could be improved to provide a caring environment and ensure privacy and dignity. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements. For example one person had expressed they were feeling cold. The staff got the person a cardigan and supported them to put it on

People told us their dignity was respected. One person said, "First class, they look after you and take care of your needs." We observed staff taking time to ensure people were dressed in clothes of their choosing.. People had on jewellery and their personal items accessible to them. Following any transfer using equipment people's clothes were straightened and their comfort assured before leaving them.

People told us staff knew them well and had established relationships with them. One person said, "Absolutely brilliant." Another person told us, "Really great people, always got a smile on their face." One relative said, "There is genuine care from the staff." Another relative added, "I have not had any difficulties with anybody here I'm really pleased with how it's all gone." We saw people being greeted by their preferred name. There were laughter and friendly conversations on topics relevant to the person.

Relatives told us they felt welcomed and relaxed at the home. One relative told us, "I can call anytime and I am able to sleep here if needed, they even provide refreshments, so accommodating." Another relative said, "They are switched on here and in tune." We saw that people who mattered to the person had been included in discussions and decisions at their request.

Some people required the support of an advocate. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves. We saw that the advocate had visited the person to build a relationship so they could provide the support they needed.

We saw that when people were nearing the end of their life, they were supported with compassionate and individual care. Professionals had contributed to the plan and continued to provide ongoing support. One health care professional said, "They never leave a person on their own, that makes a real difference." They added, "They have continuity of staff and nothing is too much trouble. They try to accommodate people's needs and include people that matter to the person." We saw that the person received medicine to support their pain relief and this was monitored. A health care professional said, "We liaise with the specialist nurses and make sure we can manage the pain for this person as it can fluctuate." Another health care professional said, "They get the balance right and contact me if needed." We saw that the records reflected the person's wishes. Staff shared good knowledge of the person and showed a supportive, caring and empathetic approach.

## Is the service responsive?

### Our findings

Our previous inspection found whilst the provider was not in breach of any regulations, there were aspects of care that could be improved to reflect a personal approach to care and to support people's interests and hobbies. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements. For example the care plans now reflected people's preferences and there was a wide choice of activities on offer.

People and those important to them had been involved in identifying their needs. One relative told us, "I am involved in the planning of [person who used the service] care. They have included me in the decision making with regard to hospital admissions and health issues." We saw the care records contained information relating to individual's preferences and choices. There had been some progress in considering life histories. The manager told us, "We are working through the 'This is me' document to provide the information about people's life. Staff knew people well and was able to discuss individual's needs and daily life preferences. For example television programmes and their preference in music.

When people were initially considering a stay at the home relatives told us how they had been made welcome and not pressured to make a decision. For example offering short visits and enjoying a meal before making the decision to stay. One relative told us, "Staff took the time to provide me with reassurance, when my relative stayed for their first evening. The staff contacted me to say how they had settled." They added, "It gave me real peace of mind, you cannot buy that caring approach."

People were encouraged to be independent and had choices about how they filled their time. We saw that some people had a daily paper, others a crossword and music. One person had their own music player and headphones which they enjoyed. There was an activities coordinator who provided a range of interest and hobbies across the week. The manager told us, "The musical bingo has been so popular, it's now done twice a week." During our visit an instructor of physical sport provided chair exercises which were supported by several people who enjoyed the activity.

There was a complaints procedure in place; however the service had not received any to date. People and relatives felt able to raise any complaints. One relative said, "No complaints at all with them and I'm here most days." We saw many thank you cards of appreciation and thanks. One relative said, "I feel confident leaving [name] here, it's like another family."

## Is the service well-led?

### Our findings

At our previous inspection in December 2016 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not maintain effective systems to assess and monitor the service to improve quality. At this inspection we found that the required improvements had not been made.

The managers had not consistently completed audits to monitor the quality of the service. For example, when incidents had been documented there was no action recorded. No analysis had been completed to consider any trends or areas where action was required to reduce future risks. We saw the area of medicines had been audited and this had resulted in positive changes in practice. However other areas of the service had either not been audited or when an audit was completed any actions were not concluded with any urgency. For example records showed a person had lost weight. The action taken to support them was delayed as part of a 'things to do' on the audits. We saw other aspects of the audit had been delayed due to the disjointed nature of the documentation. We discussed this with the managers. They acknowledged that their system was sometimes confusing and they would review this process.

We observed there was no separate process for recording needs and care delivery for the person. For example repositioning needs, frequency of medical check, fluid level intake and any other checks the individual may require. This meant we could not be sure people had received the level of care and support they required.

In addition to this concern the handover information provided to the staff was provided from notes in a book. These notes were not always clear to identify the action or any follow on requirements. For example '[name] had a blood test'. There was no record of what the test was for or when the results were due. This meant we could not be sure people's needs were identified and followed up.

The maintenance of the home was not well maintained. We saw that repairs which had been identified to areas of the home had not been addressed for over two weeks. In addition the records of water checks was not available. This meant we could not be sure these had been checked and any required action taken. The managers told us they had a maintenance person who attends to this area of the home and that person held the records. This meant neither we nor the manager could reflect on the maintenance needs of the home to ensure they met the regulation requirements.

The managers met with the provider on a monthly basis to discuss the home. The meetings were recorded, however they did not reflect ongoing quality checks for the home to drive improvements. For example maintenance requirements, audits relating to the service and aspects of the running of the home.

This is a continued breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not notified us about important information affecting people and the management of the home. For example we had not been notified that a person had been subject to a safeguarding investigation and another person had been granted a DoLs. We discussed the notification requirements with the managers and it was acknowledged they had not sent us this information and they would review the guidance from us in relation to future notifications.

This demonstrates a breach of Regulation 18 (2) and 18 (4A) and (4B) of the Care Quality Commission (Registration) Regulations 2009

People and relatives told us they enjoyed living at the home. One person said, "It's relaxed and friendly." And a relative said, "It's homely, like the sign says, 'home from home'." Staff we spoke with also felt it was an enjoyable place to be. One staff member said, "It's really good we are like one big family, no one is better than anyone else." Another said, "Very nice, everyone works as a team."

People had received a survey about the home and the managers told us they were to repeat this process shortly. The home held quarterly meetings with the people who use the service and any items raised were considered. For example some people had asked for a salad bowl on the table and this had been implemented. Another suggestion was to prepare tea themselves; this was being supported once a week.

Staff felt supported by the managers and they received supervision and annual appraisals to support their role. One staff member said, "I get a lot of support, the management have helped me a lot." Staff felt able to raise any suggestions, for example they had introduced a counting sheet to record the medicine stock. They told us, "It works." We saw these formed part of the medicines audit. This meant staff were supported in their role.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating and offered the rating on their website

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider did not report significant events that occurred in the home. We had not received notifications from them for important information affecting people and the management of the home.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not established and operated effectively to ensure the quality and safety of the services provided was assessed, monitored and improvements made. Records were not updated to ensure the needs of people had been responded to and their on going needs supported. Maintenance of the property was not recorded to provide us with assurances these had been completed.</p>