

Greenacres Nursing Homes Limited







Woodville Residential Care Home

Inspection report

145 Burton road
Swadlincote
DE11 7JW
Tel: 01283 551501

Date of inspection visit: 12 August 2015
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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	

Overall summary

This inspection was an unannounced and took place on 12 August 2015. At our last inspection in August 2014 compliance actions were issued as we identified that improvements were needed regarding decision making when the person has not got the capacity for consent and records being up to date. At this inspection we found that improvements had been made in relation to both these areas.

The service was registered to provide accommodation for up to 46 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 45 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were protected from avoidable harm because risks to people's health and wellbeing were identified, and managed and the staff understood how to keep people safe. People's medicines were also managed safely.

There were sufficient staff to meet people's needs and they received training that provided them with the knowledge and skills to meet people's needs effectively.

People were supported to make decisions and where there was a lack of capacity to make decisions, people were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People were treated with dignity and respect and had their choices acted on. We saw staff were kind and caring when supporting people.

There was a good range of activities and social stimulation which people felt engaged in. People also know who to speak with if they had a concern and they felt it would be taken seriously.

There was a positive homely atmosphere at the service and the manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

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 safe.

People told us they felt safe living at the home., The staff knew about their responsibilities to protect people from harm. Medicines were managed safely and people received their medicines as prescribed. The staffing levels were matched to the needs of the people who used the service. This demonstrated people received care and support when they needed it.

Good



Is the service effective?

The service was effective.

People were supported by trained staff, with the knowledge and skills to provide the appropriate care and support People were supported to make decisions and where there was a lack of capacity the staff followed the requirements under the Mental Capacity Act 2005. People were supported to eat and drink and staff ensured people maintained their health and wellbeing.

Good



Is the service caring?

The service was caring.

People were treated with dignity and respect and had their choices were acted on. We saw staff were kind and caring when supporting people.

Good



Is the service responsive?

The service was responsive.

The staff encouraged people to enjoy the stimulation provided by the activities available. People were able to choose how they spent their time. People who used the service knew how to raise concerns and told us these would be taken seriously and responded to.

Good



Is the service well-led?

The service was well led.

The manager assessed and monitored the quality of care to ensure standards were met and maintained. The home had a homely atmosphere with an open front door, people and visitors could come and go freely. It provided a clean, environment which was safe.

Good



Woodville Residential Care 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.

This inspection took place on 12 August 2015 and was unannounced. Our inspection team consisted of two inspectors.

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.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We spoke with six people and four visiting relatives. We also spoke with four members of care staff, the cook, the deputy manager and the registered manager. We spoke with two visiting GP's who provided support to the home.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at other care records relating to the management of the service.

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.

Is the service safe?

Our findings

People told us they felt safe living at the home, one person said, “I feel safe here, staff are nice.” Staff knew how to keep people safe and protect them from avoidable harm. The staff we spoke with told us, “It’s a safe environment for people here.” We were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff said, “Management tell us, reporting any concerns is a good thing as it protects the person receiving the service.”

The manager reported safeguarding concerns appropriately to us and the local authority. The manager also demonstrated how concerns had been investigated and that learning from these concerns had been shared with staff to ensure people were supported safely. For example a new policy on supporting people had been developed in response to a safeguarding incident. Staff had read the policy and those we spoke with understood the new requirements and checks to ensure people remained safe. Information regarding safeguarding was seen on the notice board in the reception area, which was available to people and their relatives if they needed to raise a concern.

The risk assessments we looked at recognised any risks and provided information on how to minimise risks to people’s health and wellbeing. For example, one person with a specific piece of equipment had an assessment which provided staff with guidance on using the equipment but still maintaining the person’s individual needs to ensure the person was kept safe.

People who used the service told us that staff were always available to provide them with support when they needed it. One person said, “Its brilliant here they do a fantastic job.” Relatives we spoke with confirmed this. One relative said, “There is a regular staff group; they know my [relative’s] needs well.” The manager had recently reviewed staffing levels and we saw they provided enough staff to support people. Staff told us these changes had been successful.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Staff confirmed the relevant checks had been carried out before they had been able to start work.

We saw that some people managed their own medicines. One person told us “I have my own medication locked in a

cupboard in my room. “I have always managed my own medicines.” We observed medicines being administered at lunchtime. Staff checked the medicine were correct and accurate records were kept. One person told us, “I get my medicine on time, the staff are very good.” The member of staff checked with people if they required any additional medicine such as for pain relief. This showed that people were given a choice about managing their own pain levels.

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Is the service effective?

Our findings

At our last inspection in 19 August 2014 we found that the requirements for the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were not being followed. The provider did not follow the legal requirements for decision making when people were unable to do this for themselves. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that the required improvements had been made. Staff told us they had received training in the Act. During the day we observed staff asked for people's consent before they assisted them. "Would you like your cardigan on?" And, "Can I help you to get up?" Staff told us that some people could not leave the premises without appropriate support as they were unable to keep themselves safe. For those people who were assessed as lacking capacity to make decisions for themselves, a referral to the local authority was made to ensure the necessary safeguards had been put in place. A best interest assessment is completed by a professional from the local authority to support decisions when a person lacks capacity.

People and their relatives told us that staff demonstrated the skills and knowledge they needed when they provided care. Staff told us they received an induction when they started work which included shadowing an experienced member of staff, and training courses were tailored to meet the needs of people living at the home. We saw staff's skills were checked through recorded observations after they completed training. This process was on-going for all staff

to ensure the training was reflected in the staffs working practice. Staff told us they received supervision with their manager. One member of staff told us, "Supervisions are informal and I am able to discuss my training needs and personal development". The home had enrolled in the care certificate programme for all new starters and existing staff. The care certificate is a set of standards developed to cover all aspects of care delivery in the health and social care sector.

People told us, "It's great here the food is very nice." And "You get plenty to eat." We observed people having their lunchtime meal. Most people ate their meal in the dining room; however the option was available to eat in their bedroom if the person wished to do so. One person told us they had their breakfast in their room every day. Another person told us they had their tea in their room on a Sunday. People had a choice of meal and we observed additional options were offered to suit individual's preferences and specific diets. People ate at their own pace and staff waited for clear signals that people had finished their main meal before offering them dessert. For those who required support plate guards and assistance were offered in a dignified way. One relative said "My [relative] has put weight on since coming here, they support their tastes."

We saw that health care professionals visited the service regularly to ensure that people received appropriate care that met their needs. These visits were documented in the care plan and advice and guidance provided by these professionals was followed by the staff. For example a visiting GP said, "I do a regular ward round, the service call me in a timely manner and follow through on any instructions left to support the person." This showed that appropriate action was taken by the staff.

Is the service caring?

Our findings

We observed staff being caring. For example, one person was holding their head; the staff asked if the person was okay and offered support with regards a cold drink. Another person spilt a hot drink; the staff responded quickly by checking that the person was not burnt and then proceeded to clean up the spillage. People and their relatives told us staff treated them with respect and kindness. People said “Staff care about us.” And, “It’s nice here, I am fortunate to live here.” A relative said “It’s a lovely atmosphere with staff and people.”

Relatives told us they were welcomed at any time. One relative said, “I visit at various times, the service level never changes.” We observed visitors spending time with their relatives some sitting in the garden, the person’s room or one of the available lounges. This showed that the service respected people’s choices and encouraged their relationships.

People told us they could choose how to spend their time, and staff supported them to make everyday decisions. We

observed one person sweeping the garden and other people moving independently around the home, from the lounge to their room during the day. Some people attended the monthly church group and pastoral support was available on an individual basis from the local priest. This demonstrated people’s faiths were supported.

Staff knew people’s needs, including personal independence levels and their likes and dislikes. One person said, “I like what I am wearing, I love this colour, I choose my own things.” We saw the staff encouraged people to be independent with walking; but remained at a safe distance in case they were needed. We saw staff speak to people and ask their permission before performing support tasks. Staff told us, “We ask people and pick things out of the wardrobe to show them options.” And “People choose when to get up and go to bed, it’s up to them.” Staff knocked on people’s doors before entering, and announced themselves when they entered people’s rooms. A GP told us, “Staff really respect people here, they take them to their room when I need to examine them and ensure privacy at all times”

Is the service responsive?

Our findings

At our last inspection on 19 August 2014 we found that the requirements for care recording was not always completed quickly to ensure the person's needs had been identified. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that the required improvements had been made. The care recording and information needed were completed within a timely manner. This provided staff with the information they needed to ensure the person received appropriate care, treatment and support.

We saw that each person had completed the 'this is me' document. This document is designed to record the people's preferences, and important aspects about their life to support their individual needs and preferences. The staff used this document as a base to develop the persons care plan.

We listened to the staff handover which provided a daily update on any changes to the person's needs for that day or any permanent changes to the care plan. This meant that staff were aware of any changes in people's needs and could respond appropriately to the individual.

Relatives told us, "There is lots of stimulation, plenty to do here." People were enabled to participate in activities that met their preferences, supported by an activities coordinator Monday to Friday. In addition to this external entertainers provided music and sing-a-longs at weekends. The activities coordinator kept a record of the activities and asked people to reflect daily on their level of enjoyment. We observed staff supporting the activities coordinator and encouraging people to participate.

People and their relatives told us there was an open door policy at the home. Relatives told us they felt able to raise concerns and they were addressed swiftly. Records showed that complaints had been resolved appropriately. One relative told us, "I had a concern which was addressed straight away, rather than the, 'leave it with me' approach". People's concerns and complaints were encouraged.

Is the service well-led?

Our findings

People and relatives told us they are actively involved in the development of the service. For example an annual survey for people, their relatives and health professionals was carried out, and results were used to develop the service. The provider was looking at ways to share this information and use it to develop further improvements. For example a relatives meeting with a, 'you said we did' board and the opportunity to discuss the service and continued improvements.

People and relatives told us that the manager was visible and approachable. The manager had an understanding of their responsibilities to ensure that the home was well-led and that it complied with the regulatory requirements. The manager was supported by the provider through regular meetings. For example the manager told us she had requested additional administration support and this was being considered through the current recruitment plan.

Staff told us they were happy and they confirmed this by saying they were supported by the management team. Staff said, "I love it here it's brilliant, residents are happy."

And "We are asked rather than told." Staff told us they felt comfortable in questioning practice or in making suggestions about the service and felt these were always considered. Staff said, "We can go to management anytime." This showed that the manager encouraged a culture where openness and involvement was promoted. As part of the service improvement plan, they planned to promote advocacy to the people within the home. This will enable people to access support from an independent person.

There were a range of checks and audits carried out within the home, these were monitored by the manager and changes or improvements made and documented to reflect findings. The manager arranged for the maintenance of equipment and held certificates to demonstrate these had been completed. This showed there was a regular programme of ensuring the maintenance of the home.