

Cedar Care Homes Limited

Woodside Nursing Home

Inspection report

Bathwick Hill
Bathwick
Bath
Somerset
BA2 6EN

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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

Woodside Nursing Home provides care and support for up to 49 older people. At the time of our inspection there were 38 people living at the service. The service is situated in a residential area of Bath. It is located over three floors with communal lounges, dining rooms and access to garden and woodland areas.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staffing levels were kept at the safe assessed level by the provider. However, feedback about staffing levels was mixed from people and staff. Recruitment procedures were followed to ensure staff suitable to the role were employed. Staff had effective induction, training and supervision.

People told us staff were kind, caring and respectful. Staff had developed positive relationships with people. People's independence was encouraged and supported.

People had access to the outdoor garden and woodland area. People told us how they enjoyed this space and the views they had from communal areas of the service. The service was well signed. Furniture and décor had been thoughtfully considered so it was bright and homely whilst supporting people's needs.

The service facilitated meaningful activities. Activities for people to get involved in on an individual or group basis were displayed within the service. These were also communicated to people and relatives in a monthly newsletter. Regular outings occurred.

Medicines were administered safely. Risk assessments identified risks to people and gave guidance about how people could be supported safely. People's health needs were met. People enjoyed the food provided. People were supported appropriately with food and fluid requirements.

Infection control policies were followed and the service was clean, tidy and well maintained. Regular checks of fire safety equipment and procedures were completed.

Care plans were person centred and described people's preferences and routines. People's individual interests, cultural and spiritual requirements were catered for.

Staff felt supported by the provider. There was a positive atmosphere at the service. Systems were in place to monitor and review the quality of the service.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good,

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Woodside 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.

This inspection took place on 06 November 2018 and was unannounced. The inspection was carried out by two inspectors, an assistant 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

Some people at the service were not always able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with ten people living at the service and two relatives. We also spoke with ten members of staff including the manager and regional manager. We reviewed seven people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Yes, I feel safe and very comfortable here." Another person said, "I definitely feel safe. It's the people around. The carers are very nice."

We reviewed staffing rotas from the previous four weeks. Staffing levels were kept at the level deemed safe by the provider and in accordance with the staffing dependency tool used. We received mixed feedback from people and staff about staffing levels, which we fed back to the provider. One person said, "Yes, enough staff and yes they give me time." Whilst another person said, "Definitely not enough staff. Call bells are not always answered quickly." One staff member said, "We do need more staff." However, another staff member said, "I would say we are always well staffed."

People reported that medicines were administered safely. One person said, "The medication is safe and I'm happy with this." Another person said, "Medication is very good, it is always prompt." Medicine Administration Records (MAR) had been completed to show people received their medicines as prescribed. Medicines that needed storage in line with legal requirements had been stored appropriately. Guidance was in place on how people preferred to take their medicines and for medicine that was taken as required.

The service had identified and sought external advice as the room temperature where medicines were stored was consistently high. The temperature was often recorded as being above the manufacturer recommendations and the provider's medicines policy guidance. The temperature was above these levels on the day of our inspection. This had been reported in line with the services' procedures. The provider said this area would be reviewed.

Staff had received training in safeguarding adults. Staff were knowledgeable in regard to the provider's safeguarding and whistleblowing policy and the process they should follow should a concern arise.

We observed staff adhere to infection control procedures. One relative said, "Yes, [staff wear] protective clothing every time, gloves and aprons." Systems in the laundry ensured cross contamination risk were minimised. People and staff told us the service was clean and well maintained. One person said, "Definitely clean enough. Extra clean."

Regular safety checks were completed on equipment and the environment. For example, fire equipment, gas and electrical safety and mobility equipment. Individual evacuation plans were completed to ensure people were supported in an emergency.

Care plans contained risk assessments for areas such as falls, malnutrition and skin integrity. Plans provided clear guidance for staff on how to keep people safe, whilst maintaining independence. For example, when people used aids to support their mobility. One person's plan had been reviewed as their mobility improved.

Accidents, incidents and near misses were recorded. Records detailed what had occurred, the actions taken and who had been informed. People's well-being was monitored at times after an event to ensure the

appropriate action was being taken. Forms included pictorial symbols to aid a person describe how they were feeling and if they were experiencing any discomfort.

The provider followed appropriate recruitment process before new staff began their employment. Staff files showed two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

Is the service effective?

Our findings

People told us they received effective care and support. People commented that staff were skilled and competent. One person said, "Yes, they [staff] are well trained." Staff received an induction when they began at the service, regular training and training specific to people's needs. This included areas such as fire safety, dementia awareness and health and safety. One staff member, "We have good training. I feel able to do my job." Another staff member told us, "The pre-assessments used ensure we can meet people's needs, they might highlight training needs. We had one person who was using [a device to assist with breathing]. We had training before they moved in."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied where appropriate for DoLS. An overview monitored applications and notified the local authority of any changes if an authorisation was in process.

People told us that consent for care and support was sought. One person said, "Yes, they [staff] do ask permission." We observed staff asked people should they wish to wear a clothes protector at mealtimes and respected people's decision. We highlighted to the provider when capacity assessments and subsequent best interest decisions had been made. Some did not record the same amount of detail as others in regard to least restrictive options that had been considered. The manager said this would be addressed,

The environment and outdoor space had been considered to enhance people's well-being and was safe and accessible. One person said, "I can go out if I want to." People commented how pleasant the outdoor space was. The service overlooked a woodland area and had a walkway winding through it, with seating placed throughout. There was also a patio area, with seating and fixed umbrellas. One person said, "Outside is marvellous." Another person said, "The garden is the best bit, lovely."

Furniture and décor within the service had been thoughtfully considered. It was homely yet practical. Seating was bright and colourful and had been arranged in different ways. For example, some seating was by the television, whilst other seating looked out into the garden and woodland area. A person said, "The views are lovely, and I like the inside. I'm very comfortable." There was clear signage throughout the premises to orientate and direct people.

People were supported with their nutritional and hydration needs. Food and fluid records were completed where appropriate. We observed people receiving support in line with their care plan. Catering staff were knowledgeable about people's needs. The dining experience for people was relaxed and sociable. Music played quietly in the background. One person said, "The food is quite good. Choice, yes. Enough, yes and enough to drink. Yes, you can have food outside of meal times."

People had had access to ongoing healthcare. The GP visited weekly. One staff member said, "We can call the GP out in between if we need to." Healthcare records showed appointment outcomes. One relative said,

"Yes, definitely satisfied they would request further healthcare if needed."

Staff told us and records confirmed that staff received regular supervision. Supervision is where staff meet one to one with their line manager to discuss their performance and development. We highlighted to the provider about supervision being personalised. The manager said this would be addressed.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. One person said, "Yes, I like the staff. I'm well looked after and happy." A relative said, "The staff are very kind to [Name of relative]."

People told us that staff were helpful. One person said, "The staff are so helpful. They are brilliant. Nothing is too much trouble." People said staff listened to them and responded accordingly. One person said, "Oh, yes they [staff] do listen."

Staff had developed positive relationships with people. We observed staff chatting with people throughout the day and asking how people were. One staff member commented to a person, "Your hair looks nice." Staff spoke to people politely and with respect. A relative said, "Staff are competent, well trained and polite."

The atmosphere at the service was calm and friendly. One person said, "Definitely a good atmosphere. They do all they can to help you". People were comfortable in the presence of staff. A relative said, "There is a lovely atmosphere. Residents are at the at the fore of everything they do. There is a lovely cared for feeling."

People's privacy and dignity was maintained. One person said, "They knock on my door before they come in. Privacy and dignity are respected."

People were supported to remain independent. For example, we observed a member of staff enabling a person to walk without assistance but being on hand if needed, as they preferred to be independent. Another person had been assessed and supported to administer their own medicines. Therefore, retaining their independence in this area. One person said, "As far as they can, they encourage me to be independent."

During a mealtime staff were attentive and supportive. A staff member asked a person, "Would you like me to help you cut that up?" Staff checked that people were enjoying their meals and offered alternatives if people wished.

Visitors were welcomed at the service. One person said, "My family can visit. They are always very welcoming to visitors. Always offered tea and coffee." A staff member said, "Visitors can come when they like."

Staff were clear about their responsibilities around confidentiality of information. For example, keeping information safe and secure and when and with whom it was appropriate to share information. One staff member said, "Not to give out private information."

The service had received compliments, which were displayed in the service. One compliment said, 'Your efforts are greatly appreciated. The care and kindness was second to none. We can't thank you enough, you were all wonderful.'

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. People said there was variety of activities to participate in if they wished. Activities were displayed on a noticeboard in an accessible format and communicated within the newsletter, which enabled relatives to also be involved. People and relatives spoke positively about the activities co-ordinator, who facilitated group and individual activities. Regular outings and trips were organised, for example to a hotel for afternoon tea. One person said, "Plenty of activities. Yes, I take part. I like exercises in the chair. Yesterday was a quiz. Something most days." We observed people baking cookies for Remembrance Day. People enjoyed themselves. The activity also encouraged the use of people's speech, dexterity and concentration. One staff member said, "It is very good for activities here."

Care plans were person centred and included details of people's choices and preferences for how they wished to be supported. People's life histories, interests and routines were documented. For example, in one person's care plan it was written, "Likes to listen to classical music to relax before going to sleep" and, "Likes a strong cup of tea on waking."

Care plans detailed how the service supported people as individuals including, equality, diversity and human rights. For example, one care plan said, "Likes to be smart. Can choose own clothes but needs help to shave." Care plans identified people's spiritual and cultural requirements and how people preferred for these to be met. One person said, "We have a religious service once a week my needs are met." Another person said, "Yes, cultural and spiritual needs are met if you want them to be."

Care plans had specific guidance around people's health conditions and communication needs. These directed staff on actions they should take and strategies to support people effectively. It was highlighted to the manager that care plans did not always indicate the correct setting for people's air mattresses and we found two set at the incorrect level. This was addressed.

Advanced care plans and end of life plans were in place. These included information for staff on people's choices of support at the end of their lives. Care plans had been regularly reviewed and people had been asked for feedback about their care and support.

The service had received nine complaints since January 2018. Complaints were audited to identify any patterns or trends. One person said, "I have no complaints." Another person said, "I'm comfortable speaking with the staff and management if I have any concerns."

People told us they staff were responsive to their choices. For example, where they wanted to spend their time or what they wished to do. One person said, "Yes, I choose when I get up, go to bed, have a shower."

Is the service well-led?

Our findings

The service was well-led. Systems were in place to regularly monitor the quality of the service. This included audits of areas such as infection control, accident, incidents and falls and the building and environment. The manager said that audits would now be completed of call bell responses due to the feedback received about staffing levels.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had recently left the service and a new manager was in post.

The new manager was currently being supported by the provider in their induction period. They had not yet registered with the Commission. People commented, "Yes, met the manager, approachable," "A very nice manager" and "The manager would be approachable if I wanted them to be." However, one person said, "The manager is new. They change them often." A staff member said, "Woodside is well managed in general."

Systems were in place to communicate within the service, with people and relatives. Staff received daily handovers. A monthly newsletter was produced which shared news and events of the service. A relative said, "Communication is effective."

Staff had regular meetings. One staff member said, "We have staff meetings every month. And we have heads of department meetings daily." Meetings had been held with people and families on a six-monthly basis. One person said there was, "Occasional meetings". A survey was currently being undertaken with people and relatives. The previous survey and actions taken from this was displayed in the foyer. The provider acknowledged the recording of meetings could be improved to demonstrate how people, relative and staff had been engaged and involved with feedback and changes at the service.

The service involved people in a variety of fundraising activities for charities. Links with three local churches had been established. People were offered outings in the local community.

Staff said they felt supported by the provider. One staff member said, "[Provider] is a good company to work for. If we need anything, like equipment, we just ask and we get it." Another staff member said, "[Provider] are good employers. They really care about the residents. All the management team always say hello when they come here." A staff reward scheme was in place. Staff were recognised for long service.

The provider had displayed their rating on their website and within the service.