

Mr & Mrs J R Mansell

Needwood House Nursing Home

Inspection report

58-60 Stafford Street
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Tel: 01543275688

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05 March 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Needwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Needwood House provides accommodation, personal and nursing care for up to 33 people some of whom are living with advanced dementia. At the time of the inspection, 32 people were using the service.

People's experience of using this service:

We completed an unannounced inspection at Needwood House on the 05 March 2019. There was a registered manager in place who was present at the time of the inspection. 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.'

During our inspection we found, whilst people told us they felt safe we found people were not always protected from the risk of harm.

People were not always supported in a consistently effective way. We found people at high risk of choking and dehydration were not receiving timely review and risk assessments were not reflective of their needs. There were not effective systems in place to safely review the quality of the care being provided and highlight areas of risk.

Whistleblowers were not always supported to confidentially raise concerns regarding the service and the service did not always promote a culture of openness. Whistleblowing is the term used when someone who works for an employer raises a concern about risk or wrongdoing which creates a potential for harm to people who use the service, colleagues or the wider public.

People were treated in a caring way and staff had a good knowledge of the people they supported.

People were 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. People were supported to be involved in decisions regarding their care where possible.

There were sufficient staff to support people. People did not have to wait for care to be delivered and when needed, people were supported on a one to one basis in accordance with their needs.

Staff were provided with training and supervision. Training was reviewed and additional training offered based on the needs of people living at Needwood House.

People were supported to receive their medicines in a safe and timely way by trained staff.

People were supported in a clean environment where good infection control practices were consistently applied.

People had access to adaptive equipment to maximise their independence and promote their dignity.

People were encouraged and supported to engage in social activities of their choosing both inside and outside of Needwood House.

Rating at last inspection:

At our last inspection on the 24 March 2016 we rated the service "Good". At this inspection we found continued improvements were needed to ensure a consistent quality of care and the rating has declined to "Requires Improvement". The service met the characteristics of "Requires Improvement" in the key questions of "Effective" and "Well led" and "Good" in "Safe", "Caring" and "Responsive". This is the first time the service has been rated 'Requires Improvement' overall.

More information is available in the full report below.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Needwood House Nursing Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 the 05 March 2019 and was unannounced.

Inspection team:

The inspection team included two inspectors 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.

Service and service type:

Needwood House Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, both were looked at during this inspection. The service had a registered manager who was in post at our last inspection.

What we did:

Before the inspection we reviewed the information we held about the service and the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for the service. Notifications are information about important events the service is required to send us by law. We also reviewed information we had received from the general public and professionals visiting the service.

We spoke with four people who used the service and four visitors to gather their views about the care they received. We looked at five people's care records. We checked recruitment, training and supervision records

for staff and looked at a range of records about how the service was managed. We also spoke with the registered manager, the general manager, the provider and six staff in a range of roles in the service. After the inspection we received feedback from a professional who had visited the home.

Following the inspection we requested the registered manager send us their safeguarding policy, fluid audit charts and an updated choking risk assessment for a person using the service. The registered manager sent us this information within 24 hours of the inspection as requested.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us, "Of course I'm safe here" and a relative told us, "[person] is safe here, the care is second to none". There was a safeguarding policy in place and staff had an understanding of how and when to report safeguarding concerns.

Assessing risk, safety monitoring and management

- We saw people had personalised risk assessments in place which were reviewed regularly, however these were not always reflective of people's needs. We saw risk was not always identified and action plans were not always completed to support staff to reduce risk. We have reported further on this in 'Effective'.
- We saw some people using the service had complex needs and staff had sought guidance from external professionals such as their GP and mental health team to support when they presented with behaviour which challenged others. We saw evidence of re-direction and distraction used by staff to offer reassurance to people to good effect. We saw people were offered time and space when they needed it.

Learning lessons when things go wrong

- Whilst the service recorded when things went wrong, as we could not be assured all potential risks were reviewed and risk assessments updated to reflect this, we could not be assured that lessons were always learned and potential future risks reduced.

Staffing and recruitment

- Safe recruitment practices were followed. The provider had made Disclosure and Barring Service checks and requested references. These are checks which are completed to ensure newly recruited staff are of good character to work with vulnerable people.
- Staffing levels were needs led and reviewed regularly. A relative told us, "we had a review of [person's] care and [they] still need one to one." We reviewed staff rosters, which showed there were sufficient staff on duty to meet people's needs and during our inspection we saw people did not have to wait for care to be delivered.

Using medicines safely

- Staff received training to administer medicines and had their competence checked following training. One relative told us, "[name of person] always have [their] medicines on time". Medicines were stored safely and we saw nurses and nursing assistants administer people's medicines in a safe way. We checked people's medication administration records (MAR) and found that medicines were recorded correctly. Where people needed "as required" medicines there were instructions for staff to ensure these were given when people needed them. The service was clear about its responsibilities in relation to medicines and people received

their medicines as prescribed.

Preventing and controlling infection

- The service managed the control and prevention of infection well. One person told us, "it's always clean and tidy here". Staff wore personal protective equipment, such as gloves and aprons when needed and understood the principles of infection control. A planned deep clean was taking place on the morning of our inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were not always supported in a timely way to access support with their health and wellbeing. There was evidence of people having access to healthcare services, such as their GP however the service did not always consider referring people to external professionals to review dietary risks. For example, a person using the service had choked whilst eating. The registered manager did not consider a referral to speech and language therapy (SALT) to review the person following this and the risk assessment in place was not reflective of this incident. Furthermore, staff had not considered changes to this person's diet. We raised this with the registered manager who provided an updated risk assessment following our inspection.

Supporting people to eat and drink enough to maintain a balanced diet

- We could not be assured the service sufficiently monitored and managed the risks associated with poor hydration. During the inspection we raised concerns around the recording of fluid intake as documentation did not detail recommended daily amounts and there was not a robust audit in place to identify concerns. Following the inspection, the registered manager sent us an update of the fluid audit document and advised that they had sought immediate medical review for one person we had raised concerns about.
- The dining environment was pleasant and we observed people being offered choice about food and drinks. There were picture menus on the walls and a relative told us, "[person] has enough to eat and drink, [they] eat more than [they] did at home which is good". We saw where people had been assessed to take specialised diets, such as soft food, these were presented in an appetising way.
- We saw people were able to sit where they wanted to take their meals and many people were supported on a one to one basis. We observed staff offering assistance to people whilst eating in a way which promoted their dignity and privacy.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- Staff had a good knowledge of the MCA and we saw DoLS had been applied for and authorised where

appropriate. We saw assessments had been completed to support that care was delivered in people's best interests when required. We observed staff seeking consent prior to completing care and trying to maximise people's ability to make decisions.

- Staff had training in restraint and had an understanding this was only used when a personalised risk assessment had been completed to keep people safe from harm and deliver critical care. We saw incident forms were completed following restraint being used however we did not see evidence of these being reviewed to reduce the risk of restraint being required again in the future.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had personalised care plans which followed good practice guidance, for example the National Institute of Clinical Evidence (NICE). People's needs were assessed before admission to the home. These assessments included input from people and their family and covered people's physical and mental health needs as well as their background.

Staff support: induction, training, skills and experience

- People were supported by staff that had received an induction, training and competency checks. Staff told us training was "good" and additional training was given when new needs were identified. Staff received supervision and they felt the registered manager listened to them. Staff received appraisals as part of the supervision process.

Adapting service, design, decoration to meet people's needs

- The environment met the needs of people living in the home. People had access to outside space and quiet areas when they wished to be alone. There were signs on the doors to support people's orientation around the home and adaptive equipment was available to people, such as ceiling hoists to support people to have a bath.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion in their day to day support by regular staff. One relative told us, "They've always been good to [person]...I can relax when I go home, knowing, [person] is safe here". Another relative told us, "They know [person] well and look after [person] nicely".
- Staff were knowledgeable about the people they were supporting. They knew their likes, dislikes and preferred routines. For example, we heard staff addressing people by their preferred names.
- Staff were respectful of people's religious and sexual preferences and we saw examples in documentation of people being supported to actively practice their preferred religion. For example, a person living at the home was supported to attend the church in their home town weekly.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to direct their own health and care where they were able. We saw people had made advance decisions and these were part of their care plans. We saw examples of where people were not able to be involved in decision making their families and other professionals had been involved.
- People were supported to have as much choice and control as possible on their lives. We observed people deciding how to spend their day, being offered choice of where they wished to eat their lunch and whether they wanted to wear an apron.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity maintained. We saw staff close doors and curtains during personal care and staff told us it was important for people to maintain their appearance, with people being offered a shave daily. We saw people being offered choices of clothing and being supported to change their clothing if these had become soiled during eating.
- People's independence was promoted. For example, we saw staff encouraging people to eat independently at lunchtime and people were happy to be able to achieve this.
- People's right to confidentiality was respected and we saw information about people was stored securely. Staff had an understanding of the boundaries of confidentiality and worked within these.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw people were involved where possible in planning their care. For example, one person was supported to maintain relationships with their support network outside of the home. Care plans were personalised and covered areas such as personal histories and preferred routines and were reviewed monthly.
- The service supported people to follow their interests and encouraged them to take part in social activities. We observed a range of activities including themed seasonal events. Staff told us people were encouraged to spend time doing things they enjoy and many of people in the home accessed the local community. One person told us, "[staff] come in their own time to take us out on trips. We go to the pub or out for lunch, to the cake shop, every week we do something". The registered manager told us they had good links with a local school and church.
- Staff supported people to maintain relationships which mattered to them, such as family and social links. The registered manager told us people's family were encouraged to spend time within the home and there were no specified visiting times. The registered manager also told us they held a valentines, Christmas and birthday parties for family to attend.
- We saw examples of alternate forms of communication used, such as picture boards and staff knew how each person communicated. For example, we saw staff using visual prompts, ensuring eye contact and offering patience to people.

Improving care quality in response to complaints or concerns

- People living at Needwood House told us they were able to raise concerns with staff, for example a person told us, "If I had a problem I'd take it to one of the more senior staff and I know they'd sort it out for me". A complaints process was in place and we saw where complaints had been made these had been dealt with in a timely way. For example, a relative raised a person's property had gone missing, this was found and returned. There were no ongoing complaints at the time of our inspection.

End of life care and support

- There was no one currently receiving end of life care at the home however we saw examples of discussions with people's family where people were not able to communicate about their end of life wishes.

Is the service well-led?

Our findings

At our last inspection in March 2016 in the key question of "Well led" we rated it as "Requires Improvement." Following this inspection, we found improvements were still required and the rating remains "Requires Improvement".

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

- The leadership, governance and culture at the service did not always support the delivery of high-quality, person centred care. The service had a registered manager in place and this was the same person who managed the service during our last inspection when we asked the provider to make improvements to the quality monitoring systems. At this inspection we found there continued to be a lack of oversight in relation to the quality of service provision. Whilst the registered manager carried out checks, they lacked depth and did not always adequately identify areas in need of improvement. For example, audits of fluid charts had not identified people at risk and risk assessments had not been updated following incidents. When this was discussed with the registered manager we could not be assured they would be proactive in sharing information with external professionals to reduce the risk of reoccurrence. Investigations at times lacked the full rigour needed for learning to be applied consistently.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager did not always create a culture which promoted openness and transparency and we could not be assured that staff were able to raise concerns confidently. Prior to our inspection whistleblowing concerns were raised with CQC and the registered manager was asked to investigate and inform CQC of any action they planned to take. Whistleblowing is the term used when someone who works for an employer raises a concern about risk or wrongdoing which creates a potential for harm to people who use the service, colleagues or the wider public. The registered manager had actively sought to identify the whistleblower and as such we could not be assured the registered manager understood their role in protecting whistleblowers.

A failure to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service and to monitor and mitigate risks to people was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems for gathering feedback from people using the service, staff and others. These including sending quality satisfaction surveys and staff meetings. We saw that people were given support by staff to complete these.

Working in partnership with others

- Whilst we found the service did not consistently work collaboratively with other agencies, we saw positive examples of where external health and social care professionals had been consulted or kept up to date with developments in people's care. For example, regular reviews were held with the mental health teams to review people's mental health needs.

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	Regulation 17 HSCA RA Regulations 2014 Good governance A failure to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service and to monitor and mitigate risks to people.