

## Barchester Healthcare Homes Limited

# Woodgrange

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Woodgrange is a nursing and care home located in Bourne, providing personal and nursing care to 55 people aged 65 and over at the time of the inspection. The service can support up to 64 people across three separate areas in the service. The three separate areas specialise in providing care to people living with dementia, people who require nursing care and who have residential care needs.

### People's experience of using this service and what we found

Staff understood their responsibilities to keep people safe. Safeguarding concerns had been identified and other agencies had been informed. Risks associated with people's care had been identified and managed. There were systems in place to monitor and analyse accidents and incidents. People were supported by enough staff. Medicines were managed safely. Measures had been taken to reduce the risk of infection.

People's needs had been assessed prior to admission to the service. Staff received on-going training and support. People with a range of dietary needs were supported to maintain a well-balanced diet. Staff worked in partnership with other agencies to provide timely care for people. The service design met the needs of people living in the service. People had access to healthcare services. People's capacity had been assessed.

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

Staff knew people they were supporting well and interacted positively with people. Staff considered people's equality. People felt they were treated with dignity and staff were kind.

People had care plans in place which were personal to them. There were several resources available to support people with their communication. People were supported to take part in activities and maintain hobbies. Complaints were handled in line with the organisations complaints policy. People's end of life wishes had been recorded.

There was an open, positive culture in the service. Relatives and staff highly commended the registered manager. People felt the registered manager was approachable and dedicated. There were robust systems in place to monitor quality in the service. Feedback was sought regularly to improve care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 27 July 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Woodgrange

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team was made up of one inspector, a Specialist Advisor (SPA), who was a registered nurse 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

Woodgrange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service, 10 relatives and two visiting healthcare professionals about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, senior care workers, care workers, activities manager and a nurse. We used the Short

Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service was safe. One person told us, "Oh yes, I feel very safe here."
- Staff had received training in relation to safeguarding and understood their responsibilities to protect people from potential abuse. Information about safeguarding and how to raise a concern where available to staff.
- Safeguarding concerns had been identified and referrals had been made to relevant authorities.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care had been identified and measures had been taken to reduce the risk of harm.
- There were effective systems in place to report, record and analyse accident and incidents. Information would be reviewed monthly to enable the registered manager to identify themes and trends.
- Where incidents had taken place in the service, lessons had been learnt to support staff to reduce the risk of reoccurrence.

Staffing and recruitment

- The registered provider continued to carry out appropriate pre-employment checks on new staff to ensure their suitability to work with people. This included obtaining references and checking their criminal record.
- People told us they were supported by enough staff to meet their needs and records we reviewed confirmed this. One person told us, "I think there are plenty of staff here, I always get the help I need."
- Some staff working with people who have residential care needs felt rushed and did not have enough time, especially during mealtimes. This was discussed with the registered manager who took immediate action to identify extra support in this area at busy times of the day.
- People's dependency was monitored monthly and this enabled the registered manager to calculate safe staffing levels for the service.
- Some people required one to one support due to an advanced health condition, such as dementia. This was planned on the rota.

Using medicines safely

- Medicines were managed safely and were stored in a clean, organised environment.
- Staff wore an apron when administering medicines which requested that they not be disturbed. This meant that they were given protected time to administer the medicines safely which reduced the risk of errors.
- There was a regular audit of controlled medicines by managers in the home. This enabled them to identify

short falls in a timely manner.

- Pain and depression management tools for people living with dementia were in place, which were reviewed monthly. This was to enable staff to identify changes to people's mood and behaviour.

Preventing and controlling infection

- The service was clean and odour free. Staff had good knowledge around how infections were spread and how they could reduce the risk of this.
- Staff received training around infection control and personal protective equipment (PPE) was available to them. We observed staff using this during meal service, medicine administration and to use cleaning products.
- There were hand washing facilities available to staff, people and relatives to reduce the risk and spread of infection in the service.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs continued to be assessed prior to admission to the service, to make sure the service could meet their needs and care plans were developed to ensure staff supported them correctly.
- Care plans detailed people's care needs, their preferences, likes and dislikes and communication needs. Protected characteristics under the Equality Act had been considered, for example, people's religious and cultural needs and lifestyle preferences.
- Equipment was available to enhance people's care and promote their independence. For example, mobility aids, pressure relieving equipment and adapted cutlery.

Staff support: induction, training, skills and experience

- New staff continued to receive an induction which included; online training, face to face training and shifts to shadow an experienced member of staff.
- Staff told us they received on- going training and new opportunities to develop in their roles. Records reviewed confirmed this. A senior care assistant had completed their Care Practitioner course and was being supported to access training to become a qualified nurse.
- Staff told us that if they found external training they were interested in; the registered provider would support them to do this and fund it.
- Registered nurses received support from the service's management team and the registered provider with their revalidation of their nursing pin.

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

- People were supported to eat a well-balanced diet and meals they enjoyed. One person told us, "The food is marvellous since the new chef started a few months ago. It's much better and there's more ideas. The lunch choices are good but I can still have an omelette if I wish."
- Some people had swallowing difficulties and required a modified diet. This included textured meals and thickened fluids which were prepared in line with Speech and Language Therapy (SALT) guidance.
- Meal choices were available to people and presented in different ways. For example, for people who were living with dementia, staff used show plates, meals were presented visually on a plate to enable people to choose their meal.

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

- Staff worked with other agencies and healthcare providers to enable timely care for people.

- We spoke to a visiting professional who had worked with the service and they told us, "The nurses are great, when they contact us they have all the information ready including observations (for example, temperature and blood pressure). This allows us to make clearer judgements without seeing the patient face to face."
- People had access to on-going healthcare services such as a visiting optician, who visits every three months. The optician service also offers hearing tests for people.
- Staff considered oral health needs and people had access to the local dentist. The service had access to a National Health Service (NHS) dentist who would visit people who are unable to access the community.

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

- The service design and decoration met people's needs. Since our last inspection the service had recently undergone a large refurbishment.
- The signage in the service supported people living with dementia to find their way around and increased their independence.
- People were encouraged to make their bedrooms personal to them. Many people had chosen to decorate their bedrooms with photographs of family, furniture from their home and ornaments which were special to them.
- Outdoor areas were secure and accessible to people with different needs. For example, the gardens were wheelchair friendly.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack 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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and were being met.

- People's mental capacity had been assessed and where people had been assessed as lacking capacity to make certain decisions, we saw best interest decisions had been recorded. Professionals, family and other interested parties had been consulted.
- The registered manager had sought the appropriate authorisation in relation to DoLS and staff understood how to gain people's consent and had good knowledge of the key principles of the MCA..

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 continued to be cared for by staff who were kind, caring and knew people well.
- Staff addressed people by their preferred name and this was observed throughout the inspection.
- Relatives told us that their loved ones liked the staff who supported them. One relative said, "My mum can't communicate too well, but she shows how happy she is with the staff by raising her arms up to them when they come in."
- Occasions and achievements were celebrated. On people's birthdays the kitchen team made them a birthday cake to mark the occasion. On significant birthday's, parties were held in the service for people and their relatives.

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

- Some people had signed consent to care and treatment records in their care plan. Where people were unable to do this, best interest meetings and legal representatives had been consulted.
- People told us they were given a choice on what they would like to do during the day. One person commented, "I like to watch the activities but don't take part out of choice. I get told every day what is on. In the good weather I get taken to the shops and can sit out in the garden."
- Staff were passionate about making sure people achieved their goals. For example, one person expressed the wish to 'smell the sea and feel the sand', however, they were too unwell to travel to the beach. The activities manager arranged for the sensory bus to visit and it was decorated with a sea side theme. The person enjoyed fish and chips out of newspaper and was able to feel the sand again.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's need and wish for privacy. One staff member said, "We always make sure people have privacy as this is not a choice, it is a human right."
- Staff respected that people may not want to be reminded that they were living in a nursing home and so described each area of the home as a separate community to limit distress to people and support their wellbeing.
- We observed a nurse administer a person's medicine via injection. The person chose to remain in the communal area. The nurse protected the person's dignity by using a cover so others could not see this episode of care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans, which detailed the care and support people wanted and needed. This made sure staff had the information and guidance required to provide support for people.
- Records showed people had been offered choices in relation to their care, including whether they preferred a male or female carer.
- During the inspection people expressed a wish to receive a weekly activity planner for their own perusal. We discussed this with the registered manager and they told us it would be addressed immediately.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service provided information for people in various ways to enable them to communicate, socialise and make decisions.
- The registered provider has a communications team who sourced information for people in different ways. For example, people received a welcome pack when they moved in to the service, this was available in several different languages and in braille.
- Information was available to people in larger print and picture form and audio books were available to people who had impaired vision to enable them to continue their interest of reading.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain their hobbies and interests. People were offered group activities and engagement on a one to one basis where required or wanted.
- Staff supported people to go on outings and to make memories with their loved ones. One person and their family were supported to attend an air force museum as this related to their younger years. Staff respected their privacy whilst on the outing, so they were able to spend quality time together.
- People were supported to follow their chosen faith and staff sought visits for them from different religious leaders. Where people had a special diet in relation to their faith, the kitchen staff prepared meals in line with guidance and choices.

Improving care quality in response to complaints or concerns

- The registered provider had a robust complaints policy and process to guide the registered manager to

handle and deal with complaints.

- The registered manager was passionate about ensuring all complaints were responded to appropriately and told us, "I take my time when investigating complaints. Everyone deserves a good response to their concerns."
- People, staff and relatives told us they could approach the registered manager to raise concerns. One relative commented, "I wouldn't think twice about raising a concern with [name of registered manager] and I know it would be dealt with straight away."

End of life care and support

- People's end of life wishes were recorded and advanced care plans had been developed in line with these.
- Staff received training in end of life care and were passionate about ensuring people had the best care possible during this time. A member of staff told us, "Our end of life care is good, and our nurses are lovely."
- Relatives commended the end of life care at the service. One relative described their experience and said, "The staff were lovely, so respectful and put a flower on [person's name] when they passed. They didn't put pressure on me or to hurry us out, they explained every part of the process. I couldn't have wished for a better group of people who provided care that [name of person] deserved at the end of their life."

## Is the service well-led?

### Our findings

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was highly commended by staff and relatives of the service. One relative referred to their leadership as 'inspirational' and another told us, "[Name of registered manager] is kind, compassionate and dedicated."
- There was a clear leadership structure in the home which enabled staff to receive the right support and guidance to care for people well.
- We continued to find robust processes in place to monitor the quality of the service. Action plans were created when short falls had been found and were being completed by senior staff.
- Staff felt the registered was approachable and supportive. One member of staff told us, "[Name of registered manager] is approachable, caring and will always do the best they can for us. They really are amazing."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open, positive culture in the service and staff were passionate about achieving good outcomes for people.
- The registered manager had a clear vision for the service and had high expectations around the care and support being delivered to people. They commented, "To make sure people and relatives are happy is my priority."
- Staff understood the importance of individualised care. One member of staff told us, "I love it here. We give good, person centred care which is all about that person only."
- People's care needs were under constant review from senior staff in the service. Where people's needs had deteriorated, specialist equipment was purchased to enhance their quality of life. For example, personalised wheelchairs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was open, honest and transparent. Following incidents in the service, they had followed the duty of candour and ensured a written letter of apology was issued to the appropriate people.
- There was a clear organisational culture to encourage services to continually learn and improve care.
- Staff, relative and resident meetings were held regularly to discuss developments, obtain feedback and to look at ways of improving. Meetings were also used as a communication tool between departments. For

example, each morning a short meeting took place with someone from each department. One member of staff told us, "Stand up meetings are good and keep us all up to date."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to engage in the service. There was a 'you said, we did' on display where action had been taken following comments made.
- The local nursery and school visited the service regularly. The activities manager told us this had a positive impact on people and they 'loved it'.
- The service had hosted a variety of community groups and the activities manager had organised a 'builders' brunch' and a 'dementia coffee morning'.
- There was the role of a 'resident ambassador' in the service which gave people responsibility and enabled them to help other people. The activities manager told us, "The family of one particular resident thanked us for giving their loved one this role. They said it gave her purpose again."