

Charing Way Limited

Woodside Residential Care Home

Inspection report

Whitfield Hill
Dover
Kent
CT16 3BE

Tel: 01304825713
Website: www.charinghealthcare.co.uk/our-homes/woodside

Date of inspection visit:
12 October 2021
13 October 2021

Date of publication:
01 November 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Woodside Residential care home is registered to provide accommodation and personal care for up to 30 older people living with Dementia. At the time of our inspection there were 22 people living in the service. Accommodation is arranged over three floors.

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

Everyone we spoke with was positive in their feedback. Comments included; "Seeing the way they are with others who are more in need of help, makes me realise how good they are."; "They are very friendly and helpful; I've not found any problems."; "They are caring." And "Oh they are lovely girls."

People were safe at Woodside Residential Care Home. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider followed safe recruitment practices. There were enough staff meeting people's needs safely.

Medicines continued to be stored and managed safely by staff. There were policies and procedures in place for the safe administration of medicines, which staff followed. Staff training records confirmed staff had been trained in medicine administration.

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. For example, staff had the information they needed to support people to make choices. Staff knew people had the right to make unwise decisions.

The service continued to be well led. Effective quality audits continued to be in place and continuous improvement and learning were embedded in the service. This had been effective in identifying where improvements were needed and the registered provider actioned these.

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

Rating at last inspection:

The last rating for this service was Good (published 23 January 2019).

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. This enabled us to review the previous ratings.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodside Residential Care Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Woodside Residential Care 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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one 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.

Service and service type

Woodside Residential Care Home 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.

The service did not have a manager registered with the Care Quality Commission when we inspected. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, the nominated individual (The nominated individual is responsible for supervising the management of the service on behalf of the provider), director of care and operations, assistant to the director of care and operations, senior care workers and care workers.

We reviewed a range of records. This included three 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 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 told us they felt safe living at Woodside Residential Care Home. They said, "They are jolly good, they run around after us all." and "They help with anything you want, I am independent, but they don't mind helping me with anything if I need."
- Relatives we spoke with told us they felt their loved ones were safe living in the home. They said, "At Woodside, he is free and safe." And "From our point of view she is safe, we cannot see that she could come to any harm."
- Safeguarding processes continued to be in place. Risk of abuse had been minimised because staff were aware of safeguarding policies and procedures. Staff had access to the updated local authority safeguarding policy, protocol and procedure. Staff also understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "Safeguarding is protecting vulnerable adults from risk of harm. If I suspect abuse, I will go higher up and report."
- Staff told us they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "Whistleblowing is about if you see something not right such as if I observe people being mistreated or something untoward, I will raise it up by reporting it or go outside the organisation and I can also go to CQC."

Assessing risk, safety monitoring and management

- People told us staff knew how to support them safely. One person said, "I have arthritis and staff are helpful as they know when I am in pain. They manage me well, they do not rush me and let me go at my own pace. Staff have been in touch with my GP about this."
- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to the provision of care such as Alzheimer's; Asthma; Parkinson's, dementia, moving and handling and falls. Risk assessments were specific to each person and had been reviewed recently.
- Support was delivered as planned in people's support plans. Some people needed support to manage their mobility to reduce the risk of an incident or accident occurring. Plans to manage their falls and mobility were thorough, detailed and contained the information staff needed to support people safely.
- People were protected from risks from the environment. The environment and equipment were safe and well maintained and the appropriate checks, such as gas and electrical safety checks had been carried out. There was appropriate fire risk assessment and regular fire drills. There were window restrictors on the windows to ensure that people could not climb out and fall.

Staffing and recruitment

- The registered provider had carried out sufficient checks to explore staff members employment history to ensure they were suitable to work with people who needed support. Gaps in employment histories were fully explored. Two satisfactory references had been received before staff started work.
- Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records of checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- There were enough staff to support people. Staffing levels were provided in line with the support hours agreed with the placement authority and these were determined by the assessed needs of people when the provider accepted the package to provide the service. These were reviewed regularly with the placement authority. We observed staff taking time to spend 1-to-1 with people, they appeared to be having meaningful conversations and not rushed.

Using medicines safely

- Medicines were administered and stored safely. Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines in a safe manner. Staff completed training in medicines administration and their competency was checked to make sure they continued to practice safe medicines administration.
- We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed.
- PRN (as required) medicines protocols were in place. We observed medicine administration and found that before PRN medicines were administered, the senior staff asked people if this was required and if they were in pain. The reason for administering them was recorded within the MAR chart after giving the person. This showed staff followed the protocol in place.

Learning lessons when things go wrong

- Staff maintained an up to date record of all accidents and incidents. The registered provider monitored these so any trends could be recognised and addressed. Records evidenced that the provider had referred people on to the falls team if they had frequently fallen and this had been done through the GP. Crash mats (Crash mats are designed to run alongside the length of the bed to lower the risk of serious injury if a patient should fall out of bed) had also been provided after learning from incidents.
- The registered provider used the information to make improvements to keep people safe. This meant that people could be confident of receiving care and support from staff who acted on changes to their needs.

Preventing and controlling infection

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections. For example, visitors must have completed an LFT test (A rapid lateral flow test is a coronavirus test you do yourself. It shows you the result on a handheld device that comes with the test) before gaining entry into the home according to government guidelines. If not, the visitor will do a test on the doorstep and once it is negative, they can enter the home.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. We observed this practice throughout our inspection visit.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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; 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

- There was a management team responsible for Woodside Residential Care Home. This included the nominated individual, director of care and operations, assistant director of care and operations and head of care. At the time of our inspection, there was no registered manager in post. However, the registered provider had appointed a new manager undergoing registration with the commission and expected to start on 1 November 2021. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- At the time of our inspection, director of care and operations, assistant director of care and operations and head of care were responsible for the day to day management of the home. This showed that there was a robust management structure in place. A member of staff said, "We have managed so far. The Head of Care is here all the time to support staff. The director of care and operations, and the assistant director of care are here too. I feel supported in my role."
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.
- There were regular audits by the registered provider to check that quality systems were effective. There were systems in place to check the quality of the service including reviewing care plans, incidents, maintenance and health and safety. Medicines were audited daily and weekly to check stock levels with a full audit of medicines being undertaken monthly. Where actions were needed these were recorded and completed in a timely manner.
- The registered provider understood their responsibilities in respect of the duty of candour. The registered manager had been open and honest when things went wrong and had informed people, their families and where appropriate external agencies of any incidents or accidents.

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

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

- We asked people if there were any ways the service could be improved. One person said, "No, I can't think of anything that could be better, it's all pretty good."
- Relatives were involved in people's care. Where things went wrong or there were incidents relatives were informed where this was appropriate. They said, "I cannot fault them; they are very competent" and "Dad says he feels like he is living in a hotel, he is that spoilt."
- Staff told us that the management team continued to encourage a culture of openness and transparency. Members of staff commented, "Management is fantastic and senior is good as well. I can talk to them at any time," and "I am being supported. I can approach them."
- Communication within the home was facilitated through monthly general staff, housekeeping and cook, home managers, senior and relatives' meetings. People felt able to engage and were listened to. One person said, "They're alright, they are nice to talk to."
- The provider had systems in place to receive feedback about the home. The provider used an annual questionnaire to gain feedback on the quality of the service. These were sent to people living in the home, staff, health and social care professionals and relatives. Feedback received from people showed that they were satisfied with the service provided. The provider had not yet received feedback from others. Comments from relative spoken with included, "The girls in the office have been helpful." And "Dad is comfortable and content, he's had no falls or sickness since being at Woodside."
- People and their relatives were fully involved in the service. Records also confirmed that people's equality characteristics were considered when providing care and support. One person confirmed this and said, "I don't like the male foreign staff, I prefer it if it's just ladies and this was sorted immediately."

Continuous learning and improving care; Working in partnership with others

- The management team continued to keep up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers. They had registered with Skills for Care and kept abreast of developments and improvements.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management worked with funding authorities and other health professionals such as speech and language therapist team, dietician, district nurses and GP to ensure people received joined up care.
- The management had developed links with the local community. For example, with local churches and other relevant places of worship.