

Regal Care Trading Ltd

Woodlands Nursing Home

Inspection report

38 Smitham Bottom Lane
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Tel: 02086459339

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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

This inspection took place on 31 August 2018 and was unannounced. Woodlands Nursing Home is a residential care home that provides accommodation and nursing for up to 18 older people, some living with dementia. At the time of this inspection 15 people were living in the 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.

At our last inspection in March 2017 the service was rated requires improvement overall. We rated the key question 'Responsive' requires improvement because there were limited opportunities for people to participate in activities or leave the home. We also found that the provider's systems to assess and monitor the quality of care people received were not as effective as they needed to be. After the inspection the provider sent us an action plan detailing how and when the required improvements would be made. These actions have been completed.

The home had a registered manager in post. 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.

People remained safe at the home. People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse. Staff had been trained in how to follow these procedures. Risk assessments were conducted and risk management plans were in place which enabled people to receive care with minimum risk to themselves and others.

The provider recorded and monitored accidents and incidents in order to identify trends, and put systems in place in order to minimise recurrence. The home was clean and free of unpleasant odours. People were protected from the risk and spread of infection because staff consistently followed the provider's infection control procedures. Equipment used to support people was clean, in a good state of repair and was regularly serviced.

Staff were recruited through a rigorous process which was consistently applied. Appropriate checks were carried out before staff were allowed to work with people alone. There were sufficient numbers of staff to meet people's needs. Staff received regular, relevant training as well as supervision and appraisal. This helped to ensure they had the skills and knowledge to support people effectively. Staff were caring and treated people with respect. They knew people well and understood how to meet their needs.

People's rights were protected. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People had been consulted about their care and support needs which were assessed before they moved into the home. Care plans and risk assessments included information and guidance for staff about people's needs and how they preferred their needs to be

met.

Staff supported people to maintain their independence. People were enabled to maintain relationships with their family and friends; visitors were made to feel welcome. People had the opportunity to participate in organised activities and to go out on trips.

There were appropriate arrangements in place to ensure that people received their medicines safely. People were supported with their nutrition and hydration needs and people who required support at mealtimes had the support they required. People were supported to maintain their health and had access to a variety of healthcare professionals.

The home was well-managed. The registered manager communicated effectively with staff and relatives. They sought the views of people using the service, their relatives and friends through residents' meetings and satisfaction surveys. The provider had a complaints procedure in place and people said they were confident their complaints would be listened to and acted on. The registered manager had effective systems in place to regularly assess and monitor the quality of the service provided to people.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's care and support needs. People received person-centred care.

People were supported to take part in activities they enjoyed and to maintain contact with friends and family.

Is the service well-led?

Good ●

The service was well led.

The registered manager understood her responsibilities. The registered manager and staff worked well as a team to provide consistently good care.

A variety of audits and quality assurance checks were conducted regularly to identify any shortfalls and ensure good practice was maintained.

Woodlands 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 checked 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 31 August and was unannounced. The inspection was conducted by a single inspector.

Before the inspection we reviewed the information we held about the service including the Provider Information Return. This is information we require providers to send to 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 also looked at reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During the inspection, some people were unable to share their experiences with us due to their complex communication needs. In order to understand their experiences of using the service we observed staff carrying out care and support and the way they interacted with people. We spoke with three people using the service, one relative as well as the registered manager, two nurses and four care assistants. We also spoke with the cook. We looked at six people's care records, four staff files, medicines administration records (MAR) for five people and other records relating to the management of the service.

Is the service safe?

Our findings

People felt safe living in the home. They told us, "I feel safe here and I know I'm safer than being at home", "I am safe" and "They keep me safe." A relative told us, "I am very confident [the person] and everyone here is safe. I've never seen or heard anything to make me think they are not."

People were protected from abuse. Staff had received training in safeguarding adults. They knew how to recognise and report abuse. There was information displayed on a notice board in a communal area of the home which gave people, staff and visitors information on how to report any concerns. People and relatives knew how to make a complaint and told us any issues they raised had been dealt with to their satisfaction.

Risk assessments were carried out to identify any risks to people and appropriate management plans were in place. For example, how staff should support people when using equipment to reduce the risks of falls and reducing the risk of pressure sores. Staff were aware of the content of people's risk management plans. This helped ensure staff provided care and assistance for people in a consistently safe way.

There were suitable systems to protect people from the risk of infection. Records showed that staff had assessed, reviewed and monitored that good standards of hygiene were maintained in the home. We found the home was clean and free of unpleasant odours. Staff had been trained in infection control and food hygiene. They recognised the importance of preventing cross infection and were aware of good practice when it came to food preparation and storage.

Appropriate equipment was in place to meet people's needs including call bells, hoists, and pressure mattresses. Equipment and the lifts were regularly serviced and in a state of good repair. The records for portable appliance testing, gas safety and electrical installation were all up to date.

There were sufficient numbers of staff on duty to keep people safe. The registered manager told us that staffing levels were based on people's dependency needs. Our observations confirmed call bells were responded to by staff in a timely manner. Staff were not rushed and supported people at a pace that suited people. Cover for sickness and annual leave was provided by other members of the team.

We looked at the recruitment records of staff and found they had been recruited in line with safe recruitment practices. This included the provider obtaining references, proof of identity and evidence of fitness to work, as well as Disclosure and Barring Service (DBS) checks being completed. Staff who had been employed by the provider for many years had DBS checks at regular intervals in accordance with guidance on good practice. Such checks helped the provider to ensure that only people suitable for the role of providing care were employed.

Medicines were stored securely and administered safely. We checked medication administration records (MARs) and found people were all clearly identifiable, with identification photographs in use for each person living at the service. There were no missing signatures on the MARs, and there was a system of regular audits to check that the remaining balance of medication tallied with the amount which had been administered.

This system helped to identify whether there had been any medicine administration errors, and that all medicines had been administered and signed for. Where medicines, such as creams, liquids and ointments had been prescribed, these were stored in accordance with the prescriber's guidance and staff had clearly marked the date of opening. Prescribed thickeners were stored in a locked cupboard, which was in accordance with a national patient safety guidance regarding the safe storage of thickeners. Clear protocols were in place for 'as required' medicines, such as pain relief.

Accidents and incidents had been recorded and action had been taken to prevent them from happening again. For example, one person's falls risk assessments had been reviewed and updated after a fall and action had been agreed with them and their GP to reduce the risk of them falling again. This included changing their footwear and increased checks by staff during the day and night.

Is the service effective?

Our findings

People's needs were assessed before they began to use the service with their and/ or their relatives input. The assessments considered people's physical, mental and social needs in line with national guidance such as the Department of Health guidance on care and support planning. People's pre-admission assessments formed the basis of their care plans. Staff had regular discussions about people's needs and effective handovers which meant that changes in people's needs were immediately communicated and met.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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.

We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited relevant people for example, family members to be involved in best interests meetings. These meetings had been documented and the records confirmed that people were involved in this process. People told us that staff respected their wishes and they could make their own decisions. We saw that people chose what they wanted to wear and what they wanted to eat. We discussed with staff what needed to happen if a person could not make certain decisions for themselves. What they told us demonstrated they had good knowledge of the principles of the MCA.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where applications had been made to the local authority for DoLS, staff kept detailed records of the applications made, those returned to the service and when the authorisations were due for review.

Staff received appropriate support from the provider. Staff who had been employed by the provider for more than twelve months had participated in an annual performance review. Staff also had regular supervision meetings where they were given the opportunity to discuss issues affecting their role, their training needs and receive guidance on good practice. Staff received regular training in areas relevant to their role such as dementia awareness and safeguarding adults. The provider encouraged and supported staff to obtain further qualifications relevant to their roles. The support staff received from the provider in the form of training, supervision and appraisal enabled staff to provide effective care.

The provider continued to support people to maintain their health. People were weighed and had their vital signs monitored monthly. People's healthcare needs were clearly recorded including evidence of staff interventions and the outcomes of healthcare appointments. Staff proactively engaged with external

healthcare professionals and acted on their recommendations and guidance to maintain people's health. Staff had a good working relationship with a local GP surgery with which everybody was registered.

Each person had their nutritional needs assessed and met. Care plans included a nationally recognised nutritional assessment tool to ensure staff knew who was at risk of poor nutrition and dehydration and the action to take to avoid this. Everyone we spoke with was complimentary about the food and drink provided. People commented, "I enjoy most meals", "I like the food" and "They give us a lot to eat." A relative told us, "The food portions are big enough and [Family member] seems to enjoy it." The cook and staff knew people's preferences. People from other cultures had the opportunity to eat the type of food they preferred. We observed that during lunchtime people were relaxed, not rushed by staff and able to eat at a pace that suited them. This not only made mealtimes enjoyable but also encouraged good nutritional intake.

Is the service caring?

Our findings

People described the staff as kind and caring. They told us, "The staff are so nice", "I like the staff. They treat me well" and "The staff are lovely." A relative told us, "I think the staff do an amazing job."

We observed that people were comfortable with staff and there was a relaxed atmosphere in the home. We saw many instances of staff providing compassionate care in a gentle manner and in a way which maintained people's dignity. For example, a staff member discreetly made a person aware that their trousers were soiled and assisted the person to the bathroom without drawing the attention of other people. The interactions we saw throughout the inspection were kind and respectful with staff giving people their full attention and not rushing them at all.

Staff understood the importance of respecting people's privacy. People who preferred to spend time in their room alone were enabled to do so. People told us their personal care was provided in a way which maintained their privacy and dignity. For example, staff ensured their bedroom door was closed and that people were not unnecessarily exposed whilst being assisted with personal care. People were well-dressed and well-groomed which helped to maintain their dignity and self-confidence.

Staff encouraged people to maintain their independence. Care plans stated the tasks people were able to do for themselves and the tasks that people needed support with. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths. One staff member explained, "I encourage people to do what they can because it helps them hold on to their independence."

People were involved in planning their care as far as they were able and in making decisions about their care. People decided what they wanted to eat; when and where they wanted to eat their meal or if they wanted to join in with activities. We observed staff had a good understanding of how to effectively support people with dementia. Staff were supportive and reacted sensitively to sudden changes in people's behaviour.

Staff supported people to maintain relationships with relatives and friends which helped to avoid people becoming socially isolated. Several relatives visited the home during our inspection. Staff knew them well and were welcoming.

Is the service responsive?

Our findings

At our previous inspection in March 2017, we found that there were limited activities available for people to participate in during the day and people were not supported to be involved in the community.

During this inspection we found that a lot of planning had gone into creating a new activities schedule which gave people the opportunity to be engaged in activities inside the home as well as to leave the home. The registered manager told us the aim of the activities offered were that people had fun and the activities were also to help maintain their health and well-being. During the inspection we observed that people were participating in a yoga session which they were clearly enjoying. The activities on offer reflected people's interests. People were satisfied with the variety and frequency of the activities available. They told us, "There is always something to do. I thoroughly enjoy it" and "I like arts and crafts." A relative told us, "They [Staff] do as much as they can to keep people occupied. They had a lovely BBQ recently." During residents' meetings people had the opportunity to feedback on the activities available and suggest new activities. We saw that based on people's feedback an action plan had been drawn up for arrangements to be made for children and pets to come into the home more often.

People's care plans were comprehensive. They contained clear detailed and personalised information about people's needs and how staff should support them. This included how to recognise and support people when they became anxious. Staff had the information they required to provide person-centred care. Such as, a person's morning routine and where they preferred to eat breakfast, where a person preferred to take their medicines and whether they preferred a shower or a full body wash.

Staff knew people well and understood how to meet their needs. People liked living in the home and were satisfied with the care they received. They told us, "I'm happy here", "It's a nice atmosphere here" and "I like it here." A relative told us, "[The person] is very happy here. I think they do a good job." People's care plans were reviewed monthly or in response to changes in their support needs.

The provider used technology to support people to receive prompt care. There was a call bell system in place at the service which people could use when in their bedrooms to request assistance from staff. We observed call bells were placed within easy reach in people's rooms. People told us and we observed that staff responded to call bells in a timely manner. One person told us, "They come quite quickly when I use the call bell." We observed that staff attended promptly to assist a person who had suddenly become unwell. They knew what they had to do and their actions had an immediate impact on the person's well-being.

The provider continued to have an appropriate procedure for recording, investigating and responding to complaints. Complaints were used to review current practice and where appropriate adjust people's care and support accordingly. People felt able to complain. Staff were aware of their responsibility to support people to make complaints and how to record and escalate complaints.

At the time of our inspection, nobody was receiving end of life care. However, staff had received training in end of life care. People's choices for their future care was recorded where they chose to do so.

Is the service well-led?

Our findings

At our previous inspection in 2017, we found that the systems in place to assess and monitor the quality of care provided were not as effective as they needed to be.

During this inspection we found that the registered manager had introduced many new systems and strengthened existing systems to monitor and assess the quality of care people received. These included audits of people's care plans, risk assessments, daily notes, staff training, supervision and accident's and incidents. Staff also completed medicines balance checks to ensure people were managing their medicines safely. Where audits identified that improvements were required, the registered manager devised action plans and the actions were completed within the deadline set. The provider sought the views of people, relatives and staff on the quality of care provided. This information was used to develop the service and improve the support people received. The systems in place were now effective in monitoring and improving the quality of the service.

The registered manager was enthusiastic and committed to the continuous improvement of the service. A deputy manager supported the registered manager in the day to day running of the service. We received positive comments from staff and relatives in relation to the way the service was organised and managed. People told us, "I'm very happy with the way things are run" and "Everything seems to be well-organised." A relative said, "I think the manager is doing a good job." Staff commented, "The home is much better managed now" and "The manager listens to us and we all work as a team."

The registered manager and provider worked well together to develop and improve the service. They also worked well with external organisations to introduce training, policies and procedures for staff to follow in order to improve the quality of care people received. The registered manager had also established good working relationships with the local GP surgery and pharmacy.

The provider submitted statutory notifications promptly. Statutory notifications contain information providers are required to send us about significant events that take place within services. Statutory notifications are important as they allow the CQC to monitor risk within a service.

People's personal and confidential information was securely stored. Records relating to people's care were detailed, accurate and up to date. We requested a variety of policies and records relating to people, staff and management of the service. They were all well-organised and promptly located,