

Greenacres Nursing Homes Limited

Woodville Residential Care Home

Inspection report

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Date of inspection visit:
26 November 2018

Date of publication:
11 January 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

Woodville Residential Care Home 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.

Woodville Residential Care Home is registered to provide personal care and accommodation for up to 46 people. At the time of our inspection 45 people were using the service. The service accommodates people in one building over two floors and had adapted facilities to meet people's needs. This included two lounges, one with a dining area, a separate dining room and a conservatory. An enclosed rear garden was also available that people could access.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not available on the day of the inspection.

At our last inspection in September 2017 the provider had been in post at the home since August 2017 and we found that the fundamental care standards were not being fully met. This resulted in the service being rated as requires improvement. This was because the staffing levels in place at that time were not sufficient, medicines were not managed safely, social opportunities for people to participate in activities were limited and quality monitoring systems were not in place.

At this inspection improvements had been made in these areas but further improvements were needed. Quality monitoring systems were in place and this included the recording and analysis of falls. However, further improvements were needed to ensure patterns and trends were identified. This was to enable actions to be taken, to minimise risk and keep people safe. We have made a recommendation about the management of falls.

The staffing levels had increased but the deployment of staff required improvement to ensure sufficient numbers of staff were available in all areas of the home. Although improvements had been made to the social opportunities provided to people; further improvements were needed to ensure opportunities were available throughout the day to enhance people's well-being. We have made a recommendation for the provider to review the current guidance on meaningful activities for older people.

Improvements had been made in the management of medicines. We saw these were managed safely and people received their medicines as required. Staff understood what constituted abuse or poor practice and knew how to report concerns. Thorough recruitment checks were done prior to employment to ensure the staff were suitable to support people.

Staff understood people's care and support needs to enable them to support people in their preferred way. Staff received support from the management team and were provided with the relevant training to ensure people's needs could be met.

Plans to respond to emergencies were in place to enable staff to support people in accordance with their needs, in an emergency situation. People had the equipment they needed to enable staff to assist them safely. The provider checked that equipment was regularly serviced to ensure it was safe to use.

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 and their representatives were involved in their care to enable them to make decisions about how they wanted to receive support in their preferred way. People received a balanced diet that met their preferences and assessed needs. People were supported to access healthcare services and received coordinated support, to ensure their preferences and needs were met.

People were treated respectfully by the staff team and the practices in place enabled people to maintain their dignity. People were supported to maintain relationships with those who were important to them; such as family and friends.

People and their representatives were involved in the planning of their care. There were processes in place for people and their representatives to raise any concerns about the service provided.

People and their representatives were consulted and involved in the ongoing development of the service. Staff understood their roles and responsibilities and felt supported by the management team. The provider understood their responsibilities around registration and worked in partnership with other agencies to meet people's needs.

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 ●

People were supported by staff that understood their responsibilities to report any concerns. Risk assessments were in place and updated as needed. People were supported to take their medicines in a safe way. Sufficient numbers of staff were employed to meet people's personal care needs and recruitment procedures checked staff's suitability to work with people. The systems to manage infection control and hygiene standards were effective. There was evidence of organisational learning to improve practices, such as the improvements in medicines management.

Is the service effective?

Good ●

The service was effective.

People received supported from trained staff and were supported to make decisions. People received a diet that met their requirements and preferences. The staff team worked with health care professionals and people's health was monitored to ensure any changing needs were met.

Is the service caring?

Good ●

The service was caring.

People received support from staff who treated them with consideration and respect. People's privacy and dignity was promoted and they were supported to be as independent as possible. People's right to maintain relationships with those who were important to them was respected and promoted.

Is the service responsive?

Good ●

The service was responsive

People received individualised support that met their preferences. People were provided with opportunities to be

involved in events but further opportunities for daily activities, would benefit people's social wellbeing. People were supported to share any concerns they had and their preferences on how they wished to be cared for at the end of their life were sought, to ensure their wishes were incorporated into the support they received.

Is the service well-led?

The service was not consistently well led.

Systems were in place to monitor the quality and safety of the service but improvements were needed to the analysis of falls to reduce the number of falls some people were experiencing. People and their representatives were consulted and involved in the development and improvements of the service. The provider understood their responsibilities of registration. The management team had resources available to them; including partnership working with other agencies.

Requires Improvement 

Woodville Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 26 November 2018 and was unannounced. The inspection was carried out by 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.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

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. The inspection was also informed by other information we had received from and about the service. This included statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also received feedback from the local authority who commission services from the provider. We used all this information to inform our inspection plan.

We spoke with nine people that were using the service and five people's visitors. We also spoke with the area manager, deputy manager, four care staff and the cook.

We looked at three people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited and the training records to check the training provided to staff. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

At the last inspection there was insufficient staffing levels in place which led to people not receiving support in a timely manner or in their preferred way. At this inspection the staffing levels had increased and people confirmed that in general there was enough staff available to meet their care needs. One person said, "When I use the call bell a night they usually come quite quickly unless there is some sort of calamity with someone else." However, one relative told us, "I know that at night [Name] sometimes has to wait a while for someone to help them go to the bathroom. Even in the day this can happen once resulting in an accident." Although we didn't observe people having to wait to use the bathroom, we identified that the deployment of staff across the home needed to be assessed. This was because most of the care staff on duty, during the day worked in the older part of the home where most people spent their day. In the newer part of the home were fewer people sat, two care staff were on duty. This meant that when a person required two staff to support them to use the bathroom, the lounge area was left unattended. We saw that this happened regularly throughout the day. We discussed this with the area manager who confirmed they would look at the redeployment of staff, to ensure sufficient staff were available to people in this part of the home.

At the last inspection some people's risk assessments had not been updated and conflicting information was seen. This meant we could not be assured people were supported in accordance with their needs. At this inspection we saw that risk assessments reflected people's current needs. One relative told us, "I think because I see [Name] every day, I tend to think they're okay. They use a trolley walker but lately they have had a few falls. The care plan has been reviewed as they need more care and watching. This seems to be happening." Staff were clear on people's risks and how to support them and equipment was in place to support people with their mobility where this was needed.

At the last inspection, no individual emergency evacuation plans were in place to ensure people could be supported safely in the event of an emergency. At this inspection personal emergency evacuation plans were in place to guide staff on the support each person needed in the event of an emergency. Staff confirmed they had received training and undertook evacuation practices to ensure they knew the procedure to follow.

At the last inspection the medicine practices in place did not ensure people received their medicine in a safe way and medicine administration records were not always completed accurately. At this inspection we saw improvements had been made to ensure people received their medicines in a safe way. Accurate records were maintained, to demonstrate that people received their medicine as prescribed and if not, the reason why. We saw that when people were being supported to take their medicine, this was done at the person's own pace and in a considerate and respectful way. The senior member of staff administering the medicine stayed with the person until they had taken their medicine and then signed their medicine record to demonstrate they had been given.

At the last inspection there were no protocols in place for 'as required' medicines. Protocols give clear information on the signs and symptoms someone might show when they require these and when to give

this medicine. At this inspection we saw that protocols were in place for 'as required' medicines. This meant staff had guidance in place to ensure as required medicines were given when needed.

People told us they felt safe. One person told us, "I feel quite safe and comfortable here." Another person said, "When I got here, I was right nasty. I didn't want to be here. I felt I'd been dumped. Everyone here was so lovely and gradually I changed. I'm happy here and I feel safe." A relative said, "The staff are marvellous with [Name] I am completely confident that they look after [Name] well." Although this person's relation was unable to verbally confirm what their relative had said, they smiled and put their thumbs up to show they agreed. Another relative told us, "I am here every day, this place is my second home and I have never seen any poor practice. The staff are lovely, very attentive." People told us they felt they were treated fairly and were free from discrimination. They were able to discuss any needs that were associated with their culture, religion and sexuality. Staff understood their responsibilities to protect people from harm, and were aware of the safeguarding policy and procedure to follow if needed. They could describe the actions they should take, and were confident to report any concerns.

The home was kept clean and we saw that housekeeping staff were on duty throughout the day to maintain the hygiene standards at the home. We saw and staff confirmed there was personal protective equipment available to them and used when needed; such as disposable gloves and aprons. The home had been rated a five star by the food standards agency in January 2018. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff wore personal protective equipment to ensure hygiene standards were maintained.

Monthly infection control audits and medicine audits were completed to identify where improvements could be made and ensure standards could be maintained.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

Is the service effective?

Our findings

People confirmed that they were happy with the support they received and felt the staff were well trained. One person told us, "I am well looked after. The service I need I get." A person's relative told us, "I can't fault the staff, they seem to know what they're doing. I've watched them when they are moving people in the hoist and it is always done with care."

Staff told us they received the training they needed to support people. One member of staff said, "All the training is classroom based which I prefer to on line training. The first aid training was brilliant, much better than any first aid training I've had in the past. I learnt a lot."

Staff new to care completed the care certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. One member of staff told us, "I have done some basic induction and I've had moving and handling training. I am just about to start the care certificate."

Staff confirmed they received supervision and appraisals. One member of staff told us, "We get supervision every three months. The deputy manager does mine but I can go to her at any time if there is anything I need to discuss."

People told us they enjoyed the food. One person said about their lunch, "It's very good I always enjoy the meals." We saw that two choices were available at the lunch time meal and people told us that they could request something different if they preferred. Staff were aware of the need for people to have snacks and drinks at regular intervals and we saw that people were supported to do this throughout the day. The cook told us, "Cooked breakfasts are available for any one that wants one. Everything is home made using seasonal fresh vegetables sourced locally and our meat is from the local butchers. Currently we don't have anyone that is vegetarian but if we did I would cater for them. I have a list of everyone's preferences and any special diets." The cook confirmed they catered for a person on a low-fat diet and said, "They prefer a particular low-fat spread, so I go out and purchase that for them." This demonstrated that people's individual needs and preferences were catered for.

Care plans included an assessment of people's nutritional requirements and their preferences and we saw their dietary needs were met and specific diets were followed in accordance with their care plan. We saw that assessments and weights were monitored so that any changes were identified and managed. Where needed people had been referred to the appropriate health care professional. For example, to speech and language therapists when people had difficulty swallowing or were at risk of choking.

People told us and we saw they had access as required to health care professionals. One person said, "If I am unwell the staff get the doctor out." On the day of the inspection a person became unwell and we saw the staff acted promptly to get emergency healthcare for them. The management and staff team worked well with healthcare professionals to ensure people's health care needs were met. People were supported to

access chiropodist, dentist, optician, physiotherapists and district nurses. People's health care needs were monitored and we saw that referrals were made to the appropriate health care professionals when needed.

People were protected under the Equality Act. This was because the barriers that people faced because of their disability had been minimised to ensure they were not discriminated against. This varied from call systems that enabled people to call for staff support and accessible facilities, to enable people to move around the home.

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 saw that assessments had been completed with best interest decisions where the person lacked capacity to make the specific decision, such as the support the person needed to ensure their personal care needs were met.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Applications relating to DoLS had been referred to the relevant authority and reviewed in relation to the timeframe. At the time of the inspection no authorisations had been made. We saw staff continued to support people in their best interests whilst awaiting the outcome of their applications. Discussions with staff demonstrated they had an understanding of the Act and DoLS and we saw they had received training.

Is the service caring?

Our findings

People told us they were treated with consideration and respect by the staff team. One person said, "All of the staff are lovely. They are always checking with me that everything is alright. I have only been here for a short time and to be honest I wasn't looking forward to coming to a care home but I have been pleasantly surprised. It is very nice here." Another person said, "It makes a change for me to be looked after. I enjoy the care and attention and not having to worry about anything. The carers are lovely and keep you cheerful." A relative told us, "The care and consideration shown to my relative and to us as well, has been excellent." We saw that the staff had a lovely rapport with people which promoted a homely and friendly environment.

Staff knew people well and had a good knowledge about the things that were important to them. For example, staff knew how people liked to spend their time, their preferred beverages and we saw staff chatting to people about their families. One member of staff told us, "The best bit of my job is chatting with people. I love getting to know them and all about the things they've done; it's so interesting and really does help me to get to know people and what they like and don't like."

People's cultural and diverse needs were incorporated within their initial assessment and care plans to ensure their needs could be met. People and their relatives confirmed they were involved in these. One relative told us, "We have been fully involved since day one and before that actually when [Name] was assessed before they came here." Another relative told us that their relation had initially stayed at the home for respite and said, "They liked it and wanted to stay and there was a bed available so it worked out well. We were involved in the initial assessment and in the care reviews."

Communication plans were in place to guide staff on how to communicate with people at a level and pace they understood. Information within communication plans included details regarding people's vision, hearing and any aids they used.

People told us that staff respected their dignity and privacy. One person said, "The staff are very respectful when they are helping me to wash and dress. They make sure the curtains are drawn and the door is closed." Another person said, "If you want time alone in your room you can have it. No one makes you stay in the lounge. I like the company, so I prefer to sit in the lounge but everyone is different I suppose." People confirmed they were asked if they had a preference regarding the gender of staff to support them with personal care. One person told us, "We were asked right at the start whether [Name] would be okay with a male carer. We both said not for bathing and this has been maintained."

People were supported to be as independent as they could be. We saw throughout the day that staff encouraged this. For example, aids were provided at meal times to support people to eat independently, such as plate guards which provide a barrier to stop food sliding off the plate.

People told us they were enabled to follow their preferred daily routine. One person said, "It's easy living here. It's like a home from home." Another person told us, "I go to bed when I want to. I was never an early

riser but here I'm okay getting up if it's not before 7am."

The area manager confirmed that people were supported to make decisions using independent advocates when needed. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. At the time of the inspection no one was supported by an independent advocate.

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One relative told us, "We are here every day and we are always made welcome and provided with drinks. You can say for meals too if you want. The staff are very accommodating."

We saw that care records and staff's personal files were stored securely and computers were password protected. This meant that confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. There was Close Circuit Television (CCTV) in operation in some communal areas such as corridors. Although this CCTV was visible, the provider had not placed any signs up to inform people that CCTV was in operation. The deputy manager confirmed after the inspection that this had been addressed.

Is the service responsive?

Our findings

At the last inspection social opportunities for people to participate in were limited. At this inspection people told us that events were organised. For example, Royal wedding celebrations had taken place and a Halloween party, a Remembrance Day celebration and a McMillan fundraising event. A Christmas Fayre was being organised and we saw raffle prizes were on display to encourage people to purchase raffle tickets. People told us they enjoyed these events. One person said, "The staff put quite a bit of effort into theme days like Halloween and there was a Unicorn day." A visitor told us, "I know that staff arrange things like themed days and singers and a choir to come in. They do a lot in their own time. The staff went to so much trouble for the Halloween day."

On a day to day basis activities were provided by the care staff on duty. On the day of the inspection we saw these were limited. For example, in the afternoon some people were playing dominoes and a small group of people were playing a game with a member of staff. One person's relative told us, "There is a cupboard with games in that you can use, we sometimes get a game out." We saw relatives playing table top games with their relations during the afternoon. Although people and their relatives spoke positively about the events organised several people told us they would like more activities on a day to day basis. For example, one person told us, "If there was more structured exercise available I would do it. I don't know that there is." A visitor said, "I don't think there's enough interaction here. They have outside entertainment and theme days and a choir all good, but not interaction routinely."

We recommend that the service considers current guidance on meaningful activities for older people.

We saw that information gathered prior to the person moving to the home, was used to develop people's care plans and identify their needs, preferences and interests. This information included the person's support needs, their health and emotional well-being. This was done in consultation with people's families where possible, to gather a picture of the person's life and what was important to them. People's cultural needs were incorporated within their initial assessment. Staff understood about respecting people's rights and supported them to follow their faith. Monthly church services were provided for people to participate in.

We discussed the Accessible Information Standard (AIS) with the area manager and deputy manager. The AIS was introduced by the government in 2016 to make sure that people with a disability of sensory loss are given information in a way they can understand. We saw that signage was provided on bathrooms and toilets to assist people and an activities board was on display. Photographs were in place of people on their bedroom doors to support people in finding their bedrooms. These also contained some easy read pictures regarding each person's interests.

People confirmed they would feel comfortable telling the deputy manager or staff if they had any concerns. One person told us, "I don't have any complaints but I would tell [deputy manager] if I did." Another person said, "If I have any issues I talk to the managers or the seniors. In fact, there isn't anyone I wouldn't go to." A relative told us, "I have never needed to complain. I think it's because we are fully involved in [Name's] care,

so we are always kept informed of everything." The staff confirmed that if anyone raised any concerns with them they would inform the deputy manager. A complaints procedure was in place and guidance was available in the entrance to the home on how to express a concern or raise a complaint. A system was in place to record the complaints received and the actions taken and outcome.

Arrangements had been made to respect each person's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care at the end of their life. There was information about any agreed funeral plan and the contact details of the person's relatives or representatives. At the time of this inspection the provider was not supporting anyone with end of life care, so therefore we have not reported on this in detail.

Is the service well-led?

Our findings

At the last inspection information in care plans had not been reviewed and audits were not in place to monitor the service and drive improvement. The new provider was in the process of setting these up. At this inspection we saw that people's care plans reflected their current needs and were reviewed on a regular basis. Audits were in place and we saw they identified areas where improvements were needed. In general, we saw improvements had been made. For example, in medicine practices and where people's nutritional intake was limited, referrals had been made to the appropriate professionals.

Prior to the inspection visit we reviewed the notifications sent to us by the provider and identified that there had been several falls at the home. At this inspection we looked at the accident and incident logs and saw that there had been more falls than we were aware of. This is because provider's only have to notify us, if a fall has resulted in a serious injury. Overall most falls had not resulted in a serious injury to the person involved.

We looked at the provider's falls analysis to see if there were any patterns or trends identified; such as if the falls were happening at certain times of the day. Although the monthly analysis of falls stated that no patterns or trends had been identified; we could see that a higher percentage of falls had occurred at night. We discussed this with the area manager who told us they had also identified this. They discussed the actions they had taken and were putting in place to reduce the number of falls that people were experiencing. For example, they had looked at the layout of people's bedrooms to ensure furniture was placed in a way to minimise the risk of falls. This was also confirmed by a person's visitor who told us that since their relative had fallen, "They've reorganised (Name's] room, they have had a new mattress and a sensor mat by the bed." We saw a procedure was in place to ensure referrals were made to the falls team and equipment such as sensor mats were in place. These alerted staff if a person got out of bed in the night. The area manager told us they were also going to assessing the lighting throughout the home; as this can contribute to people falling.

Although we saw people were encouraged to maintain their mobility; the number of falls at the home was of concern. We did observe on several occasions one person, who was prone to falls, walking around the home without their walking aid. The staff team were continuously reminding this person that they needed to use their walking aid when walking and we saw them take this to the person to minimise the risk of them falling.

We recommend that the service considers current guidance on the prevention of falls and takes action to update their practice accordingly.

People and their relatives knew who the registered manager was and confirmed that they could speak with them and the deputy manager when they needed to. One relative told us, "All of the staff, including the management are friendly and approachable. It's a lovely home and we have seen improvements over recent months. There is more staff which has made a big difference."

A team of support was in place for the management team at the home; this included the area manager, senior care staff, care staff, catering and housekeeping staff and maintenance support. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at the service. One member of staff said, "I love it here. There is a good team of staff and we all work well together." Another member of staff told us, "I haven't been here that long but I love it. The staff are so lovely; they have made me feel really welcome and have been so helpful. The people we support are so interesting to talk to, it's a great job."

Staff understood their right to share any concerns about the care at the home and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. Staff knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority.

People's views were sought through meetings, reviews of care and satisfaction surveys. We looked at the results of the last survey and saw that overall people were happy with the services and support provided. The survey showed that 46% of people that responded to the survey, felt that the activities provided were good or outstanding. We saw that a 'knitter natter' group had been organised and commenced, as feedback from people was that this activity was enjoyed previously. A new television had been purchased for the small lounge following feedback from people and monthly church services has commenced at people's requests. 100 % of people that responded to the survey said they would recommend the home.

The provider understood their responsibility around registration with us and we had received notifications when significant events had occurred within the service. This meant we could check appropriate action had been taken.

It is a legal requirement that a provider's latest CQC inspection report 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 conspicuously displayed their rating in the home and on their website.

The management team and staff team worked in partnership to ensure people received the relevant support from other agencies as required; such as community health care professionals.