

## Wood Green Nursing Home Limited

# Wood Green Nursing Home

### Inspection report

27 Wood Green Road  
Wednesbury  
West Midlands  
WS10 9AX

Tel: 01215560381






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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Wood Green Nursing Home provides accommodation, personal and nursing care for up to 40 people. On the day of the inspection 32 people were in residence.

Wood Green Nursing Home is situated on two floors which are accessed by stairs or a passenger lift. Bedrooms and bathrooms were located on both floors. Communal areas were located on the ground floor and people had access to a garden.

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

The potential risk to people were identified but prompt action to mitigate them was not always taken. Risk assessments and safety checks relating to the environment was not always carried out in a timely manner to ensure people's safety. The management of medicines needed to be reviewed to ensure people receive their medicines safely. The provider's governance was ineffective to assess and monitor the quality of service provided to people.

People were protected from the risk of potential abuse. People were cared for by sufficient numbers of staff who were recruited safely. Hygiene standards were maintained to reduce the risk of cross infection. Lessons were learned when things went wrong, and remedial action was taken to avoid a reoccurrence.

The assessment of people's needs were carried out to identify their preferences. People were cared for by skilled staff who were supported in their role by a senior staff member. People were always provided with a choice of meals and had access to snacks and drinks at all times. People were supported by staff to access healthcare services.

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 were kind and attentive to people's needs. People were actively involved in decisions about their care and support needs. People's right to privacy and dignity was respected by staff.

People were involved in their assessment before they moved into the home. Information relating to lesbian, gay, bisexual, and transgender and those questioning their sexuality (LGBTQ) was displayed in the home. People had access to social activities outside and within the home. People could be confident their concerns would be listened to, taken seriously and acted on. Staff had received palliative care training to ensure they have the skills to care for people at the end of their life.

People who used the service, visitors and staff were aware of who was running the home. People told us the registered manager was very friendly and approachable. Staff told us they felt well supported by the

management team. The registered manager worked with other organisations in providing a service for people.

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

The last rating for this service was Good (published 22 March 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Wood Green Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 was carried out by two inspectors and one assistant inspector.

#### Service and service type

Wood Green Nursing 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 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 this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with seven care staff which, included nurses, care staff, ancillary and a catering staff.

We also spoke with the registered manager and one of the directors for the home.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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. We looked at staff training matrix.

After the inspection

We continued to seek clarification from the provider to validate evidence found. On 26 September 2019, we spoke with the deputy manager about information relating to one person's care.

# 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 now deteriorated to Requires Improvement.

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

### Assessing risk, safety monitoring and management

- We observed that people had access to alcohol located in a bar. The registered manager told us this had not been risk assessed. This meant there were no safety measures in place to monitor people's alcohol intake. This was also of concern for people living with dementia and those who had been prescribed medicines.
- We observed that personal emergency evacuation plans (PEEP) were in place. These provided staff with information about the level of support a person would require to evacuate the building in an emergency. However, we found that one PEEP provided conflicting information relating a person's physical ability. Conflicting information meant the person may not receive the relevant support in an emergency.
- With regards to the same person, their records showed they had sustained a number of falls. The person had been referred to a falls' clinic. However, the advice provided by the healthcare professional in December 2018, had not been included in their care plan. The registered manager was unable to demonstrate that appropriate action had been taken to reduce the risk of further falls.
- Risk assessments identified the potential risk to people. However, control measures were not always in place to mitigate the risk to the individual.
- We saw a report relating to an asbestos survey dated January 2018. This showed some low risk asbestos was present and regular visual inspections should be carried out to ensure the material remained intact. There was no evidence these inspections had been carried out and the registered manager acknowledged this.
- The local authority had carried out an inspection of the home on 3 September 2019, where they identified the fire risk assessment had not been reviewed since August 2017.

### Using medicines safely

- People were supported to take their medicines by skilled staff. However, on two occasions throughout the day we observed the medication trolley left unattended and medicines were accessible to people.

This is a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people had been prescribed 'when required' medicines, a written protocol was in place to support staff's understanding about how to manage these medicines safely.
- One person told us, "I am sometimes in pain and staff give me my painkillers when I need them."

- Medicines were stored appropriately in accordance to the pharmaceutical manufacturer's instructions.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the home. One person said, "I feel safe because there are lots a people around me and the staff are so friendly."
- Another person told us, "I can do what I like, I am not restricted and that makes me feel safe."
- Staff demonstrated a good understanding about various forms of abuse and how to safeguard people from this.
- We observed posters around the home informing people, staff and relatives of contact details for the local authority safeguarding team.
- The registered manager was aware of when to share information of abuse with the local authority to ensure people were safeguarded from the risk of further harm.

#### Staffing and recruitment

- People told us that staff were always nearby if they required support and we observed this.
- One person told us, "I don't have to wait a long time when I press my buzzer (nurse call alarm)."
- The provider had a dependency tool in place to determine the number of staff required to meet people's needs safely.
- The provider's recruitment process ensured that safety checks were carried out before people started to work in the home.

#### Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. The appropriate use of PPE helps to reduce the risk of cross infections.
- The provider was in the process of redesigning the laundry to have a dedicated dirty and clean zone to eliminate the risk of cross contamination.
- We observed that all areas of the home were clean and tidy.

#### Learning lessons when things go wrong

- Information received from the provider prior to our inspection visit showed when an incident had occurred, the person's risk assessment and care plan would be reviewed. For example, it was noted that one person often sustained a fall during the staff handover period. The staffing level was increased during this period to provide additional observation and support where needed.



# 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 remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- We observed that one person's teeth were decayed, and they did not eat their breakfast. Their care plan did not contain an oral health care plan and the registered manager acknowledged this. The registered manager told us the person had not been seen by a dentist for a while. However, their weight was consistent.
- The registered manager told us that staff had recently received oral healthcare training and this was confirmed by the staff we spoke with.
- The registered manager assured us that all care plans would be reviewed to ensure information relating to oral health is included.
- People told us they had access to healthcare services when needed and this was confirmed by the relatives we spoke with. One person told us about their health condition and said the staff were arranging a physiotherapist appointment for them.
- People told us they were supported by staff to attend their medical appointments.

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

- People and the relatives we spoke with confirmed the undertaking of assessment to find out people's care and support needs.
- One visitor told us that someone from the home visited their relative to carry out an assessment before they moved into the home. They told us their relative was fully involved in their assessment.
- The care records we looked at contained evidence of assessment by the provider and other healthcare agencies.

Staff support: induction, training, skills and experience

- Staff told us they were provided with an induction when they started to work at the home. A staff member told us their induction entailed working with a senior care staff until they felt confident to work alone.
- The staff we spoke with said they had access to regular training relevant to their role and responsibilities and the training matrix we looked at confirmed this.
- People were cared for by staff who received one to one supervision sessions. One staff member told us that access to supervision enabled them to discuss any concerns or difficulties they may have. They said, "I also receive feedback on my performance."

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

- People were provided with a choice of meals. We observed that alternative meal options were displayed in the dining area.
- We observed one person return their meal to the kitchen and an alternative meal was offered to them.
- A relative told us, "The food is fantastic, and they cater for all people's dietary needs."
- We observed where people required support to eat their meals, this was done in a dignified manner. For example, we observed a staff member who sat and chatted with the person whilst they encouraged and supported them with their meal.
- Snack trolleys were located throughout the home and people told us they had access to drinks at all times.
- Staff told us that care plans contained information about suitable meals for the individual.
- Staff told us that people had access to specially adapted crockery and cutlery to enable them to eat and drink independently.

Staff working with other agencies to provide consistent, effective, timely care

- Discussions with people who used the service and the care records we looked at confirmed that the provider worked with other agencies to ensure people received the appropriate care.
- On the day of the inspection we observed the involvement of a social worker. The provider also liaised with the local authority safeguarding team and GPs.

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

- The home was situated on two floors and was accessed by stairs or a passenger lift.
- Grab rails were situated throughout the home to assist people with reduced mobility.
- Assisted showers and baths were in place for people with limited mobility.
- We observed that some people had been equipped with a nursing bed and pressure relieving equipment to assist with their care needs.
- The registered manager told us that all but three bedrooms were equipped with an en suite

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All the staff we spoke with had a good understanding of the MCA.
- Staff told us about how they supported people to make decisions. For example, showing them two meals to enable them to choose what they want.
- We spoke with four people who told us they were able to make their own decisions and staff respected their choice. One person told us, "I make my own decisions and staff help me if needed."
- Records showed that 12 people had an authorised DoLS in place. We saw the undertaking of mental

capacity assessments. These assessments ensured the application for the DoLS was appropriate.

- Records showed when DoLS were required to be reviewed and when an extension had been applied for.

# 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

- One person told us, "The staff are brilliant and friendly. When I am unwell they really look after me. They make me feel so comfortable."
- Another person said, "The staff are so nice, we are not just old people to them. Every day is a special day. I wake up and I'm glad to be alive."
- We observed that when staff entered a room they acknowledged people and took the time to chat with them.
- A visitor told us that their relative always looks nice, "Staff always take the time to paint their nails and ensure they go to the hairdresser."
- Staff told us they had access to care plans that supported their understanding about people's care and support needs.
- The care plans we looked at did not include information relating to equality, diversity and human rights. However, people told us they were treated fairly.

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

- People told us they were involved in planning their care and staff often asked if they were happy with the service they received.
- Staff told us that care plans were reflective of people's care and support needs.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their right to privacy and dignity.
- One person told us that staff always knocked their bedroom door before entering and we observed this.
- The staff we spoke with were able to demonstrate various ways in which they ensured people's dignity and privacy were maintained at all times.
- We spoke with three relatives who told us they were able to visit the home at anytime and staff always made them welcome.

# 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 not always met.

### 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 staff we spoke with were unaware of AIS. However, they were able to tell us about various methods used to assist people to communicate their needs. For example, one staff member told us, "We sometime use flash cards and photograph to help people to tell us what they want. We also ensure that information is simplified to make things easier for them."

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

- Assessment of people's needs were carried out by different healthcare agencies which identified the care and support the individual required. For example, the NHS with regards to a person's medical history.
- A visitor told us their relative was involved in their assessment before they moved into the home. This ensured the provider was aware of the person's specific needs.

### 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

- We observed equality diversity and human rights information was displayed in the home and was accessible to people who used the service, staff and visitors.
- A lesbian, gay, bisexual, and transgender (LGBT) awareness event for care providers was advertised in the home.
- People were supported by staff to maintain contact with people important to them. One staff member told us how they supported a person to maintain contact with their friend and provided them with support to visit them.
- The provider was involved in the 'postcard of kindness.' This is where people in care homes over the country have a pen pal. One person living in the home had developed a friendship with a person in a care home in Wales.
- There was a nominated staff member who assisted and encouraged people to partake in social activities. They said, "People are asked what they would like to do, and we organise it." They told us that each month people were supported to go to the local cinema.
- A visitor told us their relative often went out for meals, they had also visited the local museum and were

going out for a meal on the day of the inspection.

- Photographs of people partaking in social activities were displayed in the home. It showed people gardening and taking part in animal therapy.
- One person said, "We play games, bingo and I am going out today for lunch. We go out on lots of trips."
- Another person told us, "I enjoy watching the television and sometimes I go into the lounge to talk with other people."
- A staff member told us, "The activities here are great, people are always supported to go out. People have access to exercise classes, flower arranging classes and games. We have good links with the local schools who visit the home during the festive season and Easter."

Improving care quality in response to complaints or concerns

- People told us if they had any concerns they would be confident to share this with the staff or the registered manager.
- A record was maintained of complaints which, showed what action had been taken to resolve the concern.

End of life care and support

- At the time of our inspection the registered manager told us three people were receiving end of life care.
- We observed end of life care plans were in place.
- Staff told us they had received end of life training and the training matrix we looked at confirmed this.

# 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 Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's governance was not entirely effective to assess, monitor or to review the quality of the service provided. For example, audits did not identify that recommendations made by a healthcare professional in 2018, to reduce the risk of one person falling had not been followed.
- The provider's governance did not identify that the fire risk assessment had not been reviewed since 2017, and that safety inspections of asbestos had not been carried out since 2018.

This is a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One of the directors for the home told us they were in the process of introducing a new medicines system. This system would highlight if medicines had been missed which would enable the registered manager to take immediate action.
- There was an infection, protection and control audit in place to assess and monitor the cleanliness of the home.
- All the people and staff we spoke with were aware of who was running the home.
- Staff told us they felt supported by the management team. One staff member said, "The registered manager's approach is open and positive."
- Meetings were carried out with the staff team. A staff member told us that the registered manager listened to their views and opinions. For example, concerns were raised about staffing levels during the morning. The registered manager increased staffing levels to ensure people received the relevant support during this period.

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

- All the people we spoke with told us they were happy with the service provided. Relatives were also complimentary about the care and support provided. One relative said, "If I need care in the future, I would like my kids to place me here."
- Staff told us if the needed care and support in the future they would be happy to live in the home.

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

- The registered manager understood the duty of candour. For example, they had taken the appropriate action when they had concerns of potential abuse by sharing this information with the local authority safeguarding team.

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

- Meetings were carried out with people who used the service and their relatives. This gave the provider the opportunity to inform people of any forthcoming changes and for people to express their views and opinion about the service provided.
- One visitor told us, "The registered manager often asks me if I am happy with the service provided to my relative."
- We observed 'You said, we did' information in the home. This is where people had highlighted where improvements were needed. For example, people told the provider that one lounge was cold. The information board showed action had been taken to address this.
- The provider's rating was displayed on their website and within the home.

Continuous learning and improving care

- The registered manager was very enthusiastic about providing a good standard of care. Although we identified some shortfalls that could have an impact on the quality of care the individual received.

Working in partnership with others

- The provider worked in partnership with other agencies. Discussions with the registered manager and records we looked at evidence the involvement of the local authority, healthcare professionals and local places of worship and schools.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People's safety had been compromised because the fire risk assessment was out of date and recommended safety asbestos inspections had not been carried out. Recommendations had not been followed to reduce the risk of a person falling. The management of prescribed medicines were not entirely safe. Where risk to people had been identified, control measures were not always in place.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not taken sufficient action since the last inspection to improve their governance to ensure people received a safe and effective service. The governance was ineffective to assess, monitor and improve the quality and safety of the service provided to people.</p>