

HC-One Limited

Woodcross Mental Nursing Home (Highfields)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This unannounced inspection took place on 7 June 2016. At our last inspection in January 2014, we found that the provider was meeting the regulations that we assessed.

Woodcross is registered to provide accommodation, nursing or personal care for up to 44 people, who have a mental health condition. At the time of our visit 37 people were using the service.

The manager was registered with us as is required by law. 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 told us they felt safe and happy living at the home. Risks to people's health conditions were assessed to minimise them; staff were aware of people's individual risks. People were supported by adequate numbers of staff however at times staff were very busy. People received their medicines safely and they had their nutritional and health needs met.

People's consent was sought before staff provided care. There was a lack of understanding from staff about the Mental Capacity Act and what this meant for people living at the home. Staff were undertaking a variety of training to meet people's needs. People were relaxed and comfortable around staff and had their dignity and privacy respected. People were supported to be as independent as possible. People had been involved in developing their care plans and were supported to follow their interests and hobbies. People told us if they had any concerns they had been dealt with appropriately.

The registered manager had established quality systems to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service. People and staff felt listened to by the registered manager and found them to be approachable and friendly.

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 consistently safe.

People told us they felt safe and were able to talk to staff if they had any concerns. There were adequate numbers of staff to support people however at times staff were very busy with care tasks. Risk assessments were in place to support people to live safely at the home. People were involved in managing their own risk assessment. People's medicines were administered safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People had their rights to consent to care respected. Staff were not always aware of the MCA to ensure people's rights were protected. Additional training had been arranged to support people's specific needs. People were supported to have a varied diet and their health care needs were met when required.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us the staff were kind and caring. People's dignity, privacy and independence were promoted by staff. Staff respected people's choices.

Good ●

Is the service responsive?

The service was responsive.

People were involved in the planning and review of their care. People were supported to follow their interests. People felt able to raise concerns and we saw that complaints had been handled appropriately.

Good ●

Is the service well-led?

The service was well-led.

There was a new registered manager in place. People and staff spoke positively about the leadership and approachable nature

Good ●

of the registered manager. People told us they were happy with the quality of service they received. Audit systems were being developed to ensure people received a quality service.

Woodcross Mental Nursing Home (Highfields)

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.

The inspection took place on 7 June 2016 and was unannounced. The inspection team consisted of one inspector, one specialist nurse advisor 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.

When planning the inspection we looked at the information we held about the service. This included notifications which the provider is required to send us by law such as events and incidents that occur. We also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus on in the planning of the inspection. We used the information we had gathered to plan the inspection.

During the inspection we spoke with sixteen people who use the service, eight members of staff and the registered manager. We observed the care and support provided to people in the communal areas of the home. We reviewed a range of records about people's care and how the service was managed. These included reviewing nine people's care records, three staff files and seventeen people's medicine records. We also looked at a variety of records used for the management of the service which included records used for monitoring the quality of the service provided.

Is the service safe?

Our findings

People told us the service was safe. One person said, "I feel safe here, everyone is lovely." People told us that they would speak with a member of staff if they were upset or worried about anything. A person told us, "I feel safe living here. I can talk to the staff." We saw throughout the day occasions where people approached staff to discuss worries or concerns. We saw people acted confidently around the staff which demonstrated that they felt relaxed with the staff at the home.

However, we saw an incident where one person was at risk of harm. Staff had not considered that this incident may be an indication of abuse or avoidable harm and had not taken steps to protect the person. We spoke with the registered manager about this. They said they were arranging training for staff in relation to mental health awareness. This would enable staff to recognise situations where people might be at risk of harm and provide them with techniques to keep people safe. For example de-escalation skills. The registered manager also said they were going to introduce a system into communal areas of the home to ensure staff were present at all times which would reduce the potential risk of conflict between people to keep them safe. The registered manager informed us that they would report this incident to the local safeguarding authority.

Staff we spoke with said they would report any concerns to the registered manager. One member of staff said, "I have completed safeguarding training. It's protecting people and making sure they are safe. I would tell the manager straight away if I had any concerns." Another member of staff said, "I would inform the senior nurse or the home manager, if the situation was not addressed I would report it myself to safeguarding and the CQC." The registered manager had a good understanding of their responsibilities to keep people safe. Records showed that they understood their responsibility to refer any allegations of abuse or harm to the local safeguarding authority.

People we spoke with told us they were involved in developing their risk assessments with staff. Staff we spoke with were aware of people's individual risks. For example, providing a soft food diet for people at risk of choking. For those people where there was a risk of malnutrition the registered manager had introduced a weekly meeting with the chef and key staff to discuss possible reasons why people were at risk of weight loss. The registered manager worked with staff to develop ways to encourage people to eat a balanced diet which included the chef fortifying certain foods in order to help people maintain a healthy weight. We saw that the registered manager referred to external healthcare agencies for guidance and advice such as the person's community psychiatric nurse (CPN) or the speech and language team (SALT) where required to manage specific risks. This showed that people had the appropriate support to reduce any risks to their health or well-being.

Accidents and incidents had been appropriately recorded and the registered manager had a good understanding about their responsibilities in maintaining the safety of people. We saw when incidents or accidents had occurred they had been analysed and steps taken to reduce the risk of re-occurrence. For example, introducing a sensor monitor into a person's room who was at high risk of falls.

People told us there were enough staff to meet their individual needs. One person said, "I think there is enough staff both day and night." Another person said, "Always staff around, I think there are enough staff." Staff did not think staffing levels were unsafe but we did receive some comments suggesting that staffing could be improved. One member of staff said, "I don't think there are enough staff." While another staff member said, "The staffing levels are ok we manage but it would be better if we had another carer working the shifts." They said people's care needs were met but sometimes people had to wait for support if staff were busy with other people. We saw that the number of staff working was adequate to meet people's needs. Although at times it appeared that staff were very busy. We discussed with the registered manager how they ensured there were enough staff to meet people's needs and keep them safe. The registered manager was new to the home and said that staffing levels were based on people's dependency needs. They said people's needs would be reviewed to ensure there were enough staff to support people safely.

Staff were recruited safely. One member of staff said, "I completed an application form, had an interview and a number of checks were completed before I started my job here." We viewed three staff files and saw pre-employment checks had been completed. This included Disclosure and Barring Service (DBS) security checks and references. DBS checks can help employers make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People told us they had no concerns about their medicines. One person said, "Yes I get my tablets." Another person said, "I have painkillers when I need them." We observed staff supporting people to take their medicines safely. We saw one member of staff explaining to a person what their medicine was for. We looked at seventeen people's medicine administration records (MAR) and saw these were completed appropriately. We found where people required medicines on an 'as required' basis (PRN), such as for pain relief, there was individual PRN guidance in place for staff to refer to. Medicines were stored appropriately to keep them safe and maintain their effectiveness and they were disposed of safely when no longer required.

Is the service effective?

Our findings

People told us staff sought their consent before providing care or support. One person said, "Staff ask for my agreement." One member of staff said, "I would talk to the person about it and discuss any issues and if they refused I would try again later." This showed people's consent was sought.

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 checked whether the home was working within the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us they had submitted applications to the local authority for authorisation to deprive people of their liberty to keep them safe.

We found that the MCA were not always being implemented appropriately where there were concerns about people's human rights being deprived due to their lack of capacity. We found that there was no evidence that people's capacity had been assessed where there was a reasonable belief they lacked capacity. Staff told us that some people had the number of cigarettes restricted for example due to financial consideration. We looked at people's records we saw no evidence of these arrangements being agreed by people who smoked.

Staff we spoke with told us that they received training in MCA. However we found that there was a lack of understanding amongst staff about supporting people in line with the requirements of the MCA. One member of staff said, "It's a process [MCA and DoLS] I need to look into." And another member of staff commented, "Well they are assessed at the hospital." A third member of staff said, "Not sure if people here can make decisions for themselves. Some people can't leave the building unsure who can or can't go out." This lack of understanding suggested that people were at risk of receiving inconsistent support and people's rights were not being protected. We spoke with the registered manager about this and they informed us staff's individual training needs were being reviewed and this would be addressed.

People were complimentary about the staff and said they thought they had the skills and knowledge to meet their care needs. One person said, "Staff know me and how to look after me. I would tell them otherwise." Staff followed an induction programme when they started working at the home and were informed of what training they needed to complete to meet people's needs. One member of staff said, "I completed an induction when I started my job it included shadowing other staff members. It helped me understand people's needs." The new registered manager told us they had implemented one to one meetings with staff and as part of this were reviewing staff's individual training requirements. They said they

had set staff individual targets for training to be completed. They had also identified areas where additional training would be beneficial to support people living at the home. For example, training in mental health. Staff confirmed they had received one to one meetings with the registered manager and felt supported in their role. One member of staff said, "Since [registered manager] has been here the morale is better and I get the support and advice I need." They also confirmed they were undertaking a variety of training such as fire safety drills to keep people using the service safe.

Staff records we looked at identified areas of individual development and training for staff. The registered manager told us they were implementing the Care Certificate for new staff to develop their skills and knowledge. The Care Certificate is a set of core standards which provide staff with the knowledge they need to provide people's care. This demonstrated staff were being supported by the registered manager to achieve the relevant skills and knowledge to support the people living at the home.

People confirmed they enjoyed the food. One person said, "Food is okay; I had potato, carrots and meat and a lovely chocolate pudding." Another person said, "Food is nice" and "If I don't like the food the cook finds me an alternative." We saw throughout the day hot and cold drinks were offered to people. Staff we spoke with told us about people's individual preferences, and of their nutritional needs. They explained what additional support and monitoring people needed in order to ensure they had adequate food and drink to remain healthy.

People were supported to see the doctor and other healthcare professionals when required. One person said, "Doctor and dentist appointments are made as and when required." A member of staff said, "If there is signs or symptoms of a resident not being well, I contact the General Practitioner [Doctor] or in an emergency I would not hesitate to contact 999 paramedic services." People's health records showed they had been supported to access a wide range of healthcare professionals including specialist nurses. This demonstrated that people had access to appropriate healthcare professionals as and when required to maintain their health and well-being.

Is the service caring?

Our findings

People told us that staff were caring. One person said, "They [staff] are kind and caring." Another person said, "Staff are nice to me here and help me." Throughout the inspection we saw people were supported by all staff, including the registered manager in a kind and caring way. Staff demonstrated compassion to people who were anxious and spent time listening and talking with them offering reassurance when required. We saw staff sit with people and prompt them to express how they were feeling. One member of staff commented, "I try and find out why [person] is getting [anxious] and try to provide reassurance, which then helps the [person]." Staff approached people in a friendly and respectful way addressing people by their preferred name. They checked if people needed support and provided gentle reminders about what was happening during the day, ensuring people had adequate information to make a choice about what they wanted to do for example with their time.

Most people told us they felt involved in the care they received and would speak with a member of staff if they needed something. One person said, "Staff talk things through with me." While another person commented, "Nobody talks to me about my future." We spoke to the registered manager, who explained some people had long term mental health associated issues, therefore did not always have the capacity to make decisions in relation to specific aspects of care. For example, where they might want to live. A member of staff said, "Do our best to try and work with the [person] or their family members to address any issues."

People told us they were involved in making day to day decisions about their care and we saw staff spent time explaining choices to people. One person said, "They [staff] tell me things and I then make a choice what I want to do. It's up to me I make the choice." People confirmed they made their own choices in relation to how they spent their time, clothes they wore and what they ate and drank. Some people chose not to follow the advice provided by staff to manage risks to their health or well-being. For example, following a balanced diet. Staff we spoke with and records we looked at showed advice had been sought from external professionals; however staff respected people's choice not to follow the advice given. This meant people were involved in decisions about their care and their choices were respected by staff.

Staff encouraged people to be as independent as possible. For example some people accessed the community regularly and enjoyed visiting the shops or eating out. One person told us they went to the shop daily to, "Get different things." Another person said, "I look after myself, wash and shower." A third person told us that they washed their own clothes and made drinks. Staff told us they would encourage people to do as much as possible for themselves. One member of staff said, "We are about if [people] need us or need support to do something. Some people just need prompting." Records we looked at provided staff with information about what people could do for themselves, this enabled staff to support people in a way that promoted their independence.

People told us they were supported in a way that protected their privacy and dignity. One person said, "Staff respect my dignity." Another person told us, "Had a bath this morning and the carer helped me. They closed the door and I had everything I needed with me." Staff shared example of how they treated people with dignity when supporting them with personal care, for example closing curtains and ensuring they covered

people with a towel when providing care.

Is the service responsive?

Our findings

People told us staff responded appropriately to their care needs. One person said, "If I ask for anything they [staff] sort things." We saw that when staff were available they quickly responded to people's request or support needs.

People told us they had been involved in planning their care so that it was personalised to meet their needs. They told us about their life histories and what interested them and we saw that this was recorded in the nine care records we looked at. We saw that people's support and health needs had been assessed and care plans were in place to ensure these needs were appropriately supported. Information was regularly reviewed and changes to people's mental or physical health updated to reflect any change in need. Information in relation to people's psychological requirements was available in the care records for staff to refer to. However it was not person-centred, detailing a particular condition rather than providing detail of how symptoms might affect the individual person. For example identifying concerns which the staff could refer to support people appropriately. We spoke with the registered manager about this and they acknowledged the care plans and associated information such as managing potential risks to people needed to be reviewed and updated. They informed us they would complete this as a priority.

We asked people what interested them and what they enjoyed doing during the day. One person told us about their bicycle and how they enjoyed going out. Other people told us they enjoyed using the computers, going out on trips or taking part in craft activities. People told us there were two staff responsible for activities employed at the home. When they were on shift the activities room was available for people to use. On the day of our inspection the room was not opened until mid-afternoon which meant people did not have much opportunity to engage in activities for part of the day. When the room was available later we saw people enjoyed the use of computers, listening to music, craft activities and one person was doing their personal laundry. We discussed this with the registered manager who said that they would address this straight away and ensure the room was available throughout the day for people to access.

People told us they would speak with staff members or the registered manager if they had any concerns. One person said, "I know how to complain, I go to the manager [registered manager], I can talk to her." Another person said, "Happy to talk to staff or the manager if I am unhappy about something." Staff we spoke with were able to explain how they would raise concerns or complaints on behalf of people who lived at the home. They said they would refer any issues to the registered manager and said they were confident they would be addressed appropriately. We looked at records and saw the provider had a system for receiving and handling complaints or concerns. Issues raised had been investigated and responded to appropriately.

Is the service well-led?

Our findings

People told us the home was well managed. One person said, "Since the new manager arrived it is very good." A member of staff said, "[Registered manager] has only been here a very short while and things are getting sorted. [Registered manager] is very approachable and I feel confident to speak with her. Always available to help." People we spoke with knew who the new registered manager was and said they were often around the home and always available to speak to if they had any concerns. Staff told us the registered manager was very approachable and had implemented a number of changes since arriving at the home which had a positive effect on the staff morale within the home. For example, implementing separate staff meetings. Staff also said since the new registered manager had been in post, the culture of the service had improved. For example one member of staff explained, "When we have different people visiting the home [for example, local authority or CQC] the registered manager explains things to us and gives us feedback. It's a lot better that way."

People told us they felt involved in the service and the delivery of their care. One person said, "I do feel involved; staff involve me in things." We saw people had the opportunity to share their thoughts and views at 'residents meetings' and discuss upcoming events or concerns. We also saw this was an opportunity for the provider to share information about any changes to the service. For example changes to menu plans.

There was a clear management structure in place and staff knew who to go to if they had any issues or concerns. People received care from a consistent staff group which meant that people were familiar with them. Staff told us they felt supported in their role and understood their responsibilities. Staff were aware of the provider's policies and procedures including the whistle-blowing policy. Whistle-blowing means raising a concern about a wrong-doing within an organisation. They said the registered manager had been in post for five weeks. Since they had been at the home they had introduced one to one meetings with staff and identified areas of additional training to meet people's specific needs. Staff also told us the registered manager had set targets for staff to complete specific training. One member of staff commented, "We have not had a manager for a while. I feel things are getting back together and getting sorted." Another staff member said, "The registered manager is very calm and approachable they have only been here a few weeks but I have confidence in them."

The registered manager although new to the home had a good understanding of people's needs and the support they required. They demonstrated an open and transparent management style. For example, they discussed with us the various issues they had found since joining the home and the steps they were taking to address immediate concerns for example, arranging the purchase of new furnishings and mattresses. The service has a history of meeting legal requirements and notifying CQC about events they are required to do so by law, such as protecting people from harm. The registered manager told us they had received support from the provider since commencing in their role. For example, advice and support in developing an action plan to improve the quality of the service provided.

The registered manager had carried out a number of quality checks of the home. They had started to review all aspects of people's care and the environment. For example, care records, incidents and accidents,

training and health and safety. The registered manger explained to us they had started to collate information and had identified a number of areas for improvement. They had discussed this with the provider and were developing an action plan to address concerns and identify patterns or trends. They hoped that this would improve the quality of care provided to people who use the service.