

B Patroo And C Beekarry

Woodthorpe Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 6 January 2015 and was unannounced.

At previous inspections on 16 and 18 December 2013 and 12 March 2014, we asked the provider to take action to make improvements to the areas of consent, care and welfare of people who use services, meeting nutritional needs, safety and suitability of premises, safety,

availability and suitability of equipment, supporting workers and records. We received action plans in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that improvements had been made in all the areas.

Summary of findings

Accommodation for up to 30 people is provided in the home over two floors. The service is designed to meet the needs of older people.

There is a registered manager and she was available throughout the inspection. 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. Systems were in place for staff to identify and manage risks and the premises and equipment were safely maintained. People had mixed views about staffing levels but we found that sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe medicines management procedures were followed.

A person told us that staff knew what they were doing and we found that staff received appropriate induction, supervision, appraisal and training. People told us staff asked their permission before providing care. However, we found that documentation was not fully completed to demonstrate that an assessment of people's capacity to

make decision had been correctly made. People were happy with the food provided at the home. The home involved outside professionals in people's care as appropriate.

People told us they were treated with kindness, could express views about their care and were treated with dignity and respect. We observed interactions between staff and people living in the home and staff were kind and respectful to people when they supported them and people were involved in their care where appropriate.

Information was available to support staff to meet people's needs. People who used the service told us they knew who to complain to if they needed to and we saw that complaints had been handled appropriately by the home.

People told us that there were meetings held where they could raise issues and we saw that the registered manager responded appropriately to them. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided and these were effective.

Summary of findings

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 safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding adults procedures.

Assessments were undertaken of risks to people who used the service and staff and written plans were in place to manage these risks. There were processes for recording accidents and incidents and appropriate action was taken in response to accidents to maintain the safety of people who used the service.

There were appropriate staffing levels to meet the needs of people who used the service and staff were recruited by safe recruitment procedures. Safe medicines management procedures were followed.

Good



Is the service effective?

The service was not consistently effective.

Documentation to support decisions made to assess people's capacity and make decisions in their best interests were not always fully completed.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported to eat and drink according to their plan of care.

Staff involved other healthcare professionals as required if they had concerns about a person's health.

Requires Improvement



Is the service caring?

The service was caring.

Staff were compassionate and kind.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were protected and they were treated with respect.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Good



Summary of findings

People were listened to if they had complaints and appropriate responses were given.

Is the service well-led?

The service was well-led.

People who lived in the home and their relatives were asked for their opinions of the service and their comments were acted on.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with the manager and owners.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Good



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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 inspection took place on 6 January 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist nursing advisor and an Expert by Experience, who had experience of older people's care services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service to obtain their views about the care provided in the home.

During the inspection we spoke with nine people who used the service, six relatives, three care staff, two nurses and the registered manager. We looked at the relevant parts of the care records of eight people, the recruitment and training records of three care staff and other records relating to the management of the home.

Is the service safe?

Our findings

When we inspected the home in March 2014 we found that some staff were using techniques to move people that put people at risk of injury. At this inspection we found that improvements had been made.

We observed that people were supported safely by staff when equipment, such as a hoist, was being used. A hoist is a piece of equipment that staff use to move people safely. We saw that equipment was also used to reduce identified risks such as pressure-relieving mattresses and cushions. However, we saw that one mattress was not set at the correct level for the person sleeping in the bed which put them at greater risk of skin damage. The registered manager told us they would ensure this was changed. Call bells were within reach for those people being cared for in bed so that they could call for assistance if they felt unsafe.

When we inspected the home in December 2013 we found that people were not always protected from the risks of unsafe or unsuitable premises and equipment. At this inspection we found that improvements had been made. A person told us that their belongings were safe. Another person said the home was, "Safer than the Bank Of England." We saw that the premises and equipment were maintained and safe. Maintenance certificates were up to date for the premises and equipment.

Risk assessments were in place, reviewed regularly and clear guidance was available to enable staff to manage risks. People had individualised evacuation plans in case of emergency and arrangements were in place for the home in case of emergencies. We saw that accidents had been investigated and actions taken to protect people's safety.

People told us they felt safe and knew who to go to if they felt unsafe. One person said, "I wouldn't stand for any of that kind of nonsense." Staff were able to tell us how they

would respond to allegations or incidents of abuse. A staff member told us they would not tolerate abuse and said, "I would do whatever it takes to protect people - go to the nurses, social services or the CQC." A safeguarding policy was in place and staff had attended safeguarding adults training. Information was displayed on the walls informing people how to contact the local authority if they felt someone was at risk of abuse.

People had mixed views about staffing levels. Most people told us that there were enough staff. However, one person said, "They could do with one or two more staff." A staff member told us there were enough staff. We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff were easily accessible throughout the day so they could support people to keep safe if needed.

The registered manager told us that people's dependency levels were monitored and a tool used to ensure that sufficient staff were on duty to meet people's needs. They also spoke with people who used the service and staff and observed care to check sufficient staff were on duty.

There were safe recruitment and selection processes in place. We saw records that confirmed that all required checks were completed before staff began work.

One person told us they knew why they were taking their medicines and that they received pain relief when they needed it. We observed that people received their medicines safely. Medicines were stored safely and medicines administration charts were fully completed. Staff told us that they were trained and we saw that their competence to give medicines was assessed. We saw that the supplying pharmacy carried out an audit of medicines management at the home and audits were also carried out by a nurse. Actions were identified and taken to address any issues identified by the audits.

Is the service effective?

Our findings

When we inspected the home in December 2013 we found that staff were not receiving appropriate training, supervision and appraisals. At this inspection we found that improvements had been made.

One person told us that, “Staff know what they are up to.” We observed that staff were confident and effectively supported people. Staff told us that they felt supported and received supervision. We looked at the home’s overview of training and saw training was well attended. We looked at three staff files which showed that staff received regular supervision, appraisal and an induction.

When we inspected the home in December 2013 we found that where people lacked capacity to make a decision, staff had not always carried out an assessment of people’s capacity and completed documentation to demonstrate that decisions were being made in the best interests of the people in accordance with legal requirements. We found that few staff had attended Mental Capacity Act (MCA) 2005 training. At this inspection we found that improvements had been made.

One person told us that staff knew what care they usually wanted but staff still checked that it was okay to provide care at that time. We saw staff explained to people what care they were going to provide before they did it. Staff showed an understanding of mental capacity and records confirmed that they had received training in that area. Best interests’ documentation was fully completed; however, assessments of capacity were not always fully completed. This meant that there was a greater risk that people’s rights were not fully protected.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are

trained to assess whether the restriction is needed. The registered manager told us there was no one currently living in the home who was being deprived of their liberty. We did not see any people being restricted.

When we inspected the home in December 2013 we found that people were not always protected from the risks of inadequate nutrition and dehydration. At this inspection we found that improvements had been made. People were happy with the food and drink provided. One person said the food was, “Excellent.” Another person told us that the food was well cooked and nicely presented.

We observed lunchtime and saw that people were effectively supported. Staff were patient, encouraging, offered people drinks and were sitting at the same level as the people they were assisting to eat. People were asked whether they wanted a clothing protector and napkin and asked whether they would like to have their hands cleaned with a wipe prior to eating. People were offered condiments with their meals. Drinks were available in the lounge and people’s bedrooms at all times.

People’s nutritional risks were regularly reviewed and care plans were in place to address any identified risks. We saw that people’s weights were regularly monitored in order to identify when people were losing or gaining weight. We saw that staff were supporting a person with a catheter in line with guidance and documentation was being maintained to monitor the person’s fluid input and output to ensure that risks to the person were minimised.

One person said, “My medical needs are fulfilled.” They told us that they had seen the chiropodist recently. Another person told us that their glasses and hearing aids were well looked after. Care records showed that other health and social care professionals were involved in people’s care as appropriate.

We saw that people’s risk of pressure ulcers were regularly assessed and care plans put in place. We saw that a person who had a pressure ulcer was being supported to change their position regularly to minimise further damage and their dressing was being regularly changed. However, we observed that another person with a pressure ulcer was not being encouraged to stand up for a few minutes every hour in line with their care plan. Staff were not sure how

Is the service effective?

frequently the person was supposed to stand up. We raised this issue with the registered manager who told us they would take advice regarding this issue to ensure effective care was provided.

Is the service caring?

Our findings

People told us they were treated with kindness. One person said, “They look after you lovely.” Another person told us that staff were kind and compassionate. A relative told us that staff were very caring.

We saw staff provided people with support and reassurance and knew the people they cared for well. Staff responded to people’s needs promptly and in a friendly and unhurried manner.

People told us they were able to express views on their care and were involved in making decisions about their care. A person told us they had seen, reviewed and signed their care plans. Another person told us that staff listened to them. We saw that people had signed to show their involvement in their care records. However, advocacy information was not available for people in case they required additional support to make a decision. We raised with the registered manager who agreed to put this in place.

When we inspected the home in December 2013 we found that records were not always kept securely. At this inspection we found that improvements had been made. Care records were stored securely. Staff treated people with

dignity and respect. We saw staff knocking and waiting before entering people’s bedrooms. We saw a staff member bring in a phone to a person sitting in the lounge. The person had received a phone call relating to a financial matter and the staff member did not offer them privacy. However, when we spoke with the person they did not consider it to be an issue.

Dignity information was displayed on the main corridor. A staff member had been identified as a dignity champion for the home. A dignity champion is a person who promotes the importance of people being treated with dignity at all times.

We saw that staff supported people to be independent and equipment was available at mealtimes to support people to eat and drink without assistance from staff. The home had two lounges and a conservatory area where people could have privacy if they wanted it.

A person told us that there were no problems with access for visitors and we saw relatives visiting their family members throughout the inspection. People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends.

Is the service responsive?

Our findings

When we inspected the home in December 2013 we found people's personal records were not always accurate and fit for purpose. At this inspection we found that improvements had been made.

We observed a person ask staff to take them back to their room to change as they had spilt food on themselves. Staff responded immediately. We observed staff responding to other requests for assistance promptly throughout our inspection.

People told us that they made choices about when they wanted to get up. One person said, "I always get up at 5.30am and a cup of tea is always there." People's care records were detailed and noted individual preferences and interests. An 'Information about me' document was completed which collected this information and included people's daily routines. We saw that people's preferences had been incorporated into their care plans which were reviewed regularly. In one person's bedroom we saw that clear guidance was available for staff in the event of the person having a seizure. This meant that guidance was in place to meet this person's individual needs.

In another person's bedroom we saw that guidance for staff on their musical preferences was available and was being followed. We discussed the preferences of people who used the service with care staff. Staff had a very good knowledge of people's likes and dislikes.

A person told us that they could go out when they wanted to. Staff told us that they supported a person to go shopping each week. Another person told us that staff had time to sit and chat, "Now and again." There was an activities coordinator working on the day of our inspection and we saw them coordinating group and individual activities. We saw people listening to music, reading and playing games.

People's diverse needs were identified. We saw that a person's religious needs had been identified and met.

People told us they knew how to make a complaint. The complaints procedure was displayed on the wall in the main corridors. Meetings of people and their relatives were held and questionnaires sent to people and their relatives to encourage them to provide feedback. Staff explained to us how they would handle a complaint.

We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. We looked at recent complaints and saw that they had been responded to appropriately.

Is the service well-led?

Our findings

People were involved in the development of the service. People who used the service and their relatives told us there were regular meetings to discuss issues. We saw minutes from these meetings which identified actions taken as a result of comments.

A relative told us that they had been asked to complete a questionnaire about the quality of the service provided. They also told us that the manager had asked them their views on other occasions. We saw completed questionnaires from visitors and staff and were told that people who used the service had just completed questionnaires. We saw that a suggestion box was in the main reception and saw questionnaires completed by people who used the service regarding nutrition in the home.

A person said that the home was, "A beautiful place." Relatives told us that the home was, "So relaxed." We saw that the provider's set of values were included in the guide provided to people who used the service and also displayed in the main reception area. Staff were observed putting these values in to practice which included compassion and kindness.

Staff were supported to question practice and guidance to support people raising issues was in place. A whistleblowing policy contained appropriate details. Information on whistleblowing was given to staff in their handbook when starting at the service. Staff told us they would be comfortable raising issues.

A person told us that they thought the home was well-led. However, Another person told us that leadership of the home was quite good but that the owner, "Tends to fly off the handle at staff in public." A relative told us that the owner was caring but didn't always come over that way, especially, "When dealing with staff in front of others." Staff

told us that the owner had a tendency to fly off the handle but staff had made their feelings known in staff meetings, worked through the issues together and, "The atmosphere is much better than it has been before." They told us that management and staff had all contributed to improvements in the home. We raised this issue with the owner who acknowledged the issue and told us they would continue to work to address it.

A registered manager was in post and she clearly explained her responsibilities and how team leaders supported her to deliver good care in the home. The two owners also worked as nurses in the home. We saw that all conditions of registration with the CQC were being met. We saw that a staff meeting had taken place in November 2014 and the manager had clearly set out their expectations of staff. The registered manager told us how they identified and implemented best practice and they attended the local care home managers' forum for the area to share experiences with and learn from other managers.

Staff and managers had a good understanding of the key challenges for the home and the registered manager told us that resources were available to develop the team and drive improvement. Staff told us that they had no problems approaching the registered manager or owner with any issues.

A range of audits were taking place which included care plans, infection control, medicines and catering. These audits identified actions which were implemented to address any areas of concern. We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed and actions were identified and taken. We saw that safeguarding concerns were also responded to appropriately. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.