

Barchester Healthcare Homes Limited

Washington Grange

Inspection report

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Date of inspection visit:
02 January 2019
03 January 2019

Date of publication:
01 February 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?	Good ●

Summary of findings

Overall summary

This inspection took place on 2 and 3 January 2019. The first day of the inspection was unannounced. This meant the staff and provider did not know we would be visiting.

Washington Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Washington Grange provides accommodation and personal care for up to 40 people, some of whom may be living with dementia. On the day of our inspection there were 36 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and had been trained in protecting vulnerable adults.

The home was clean and suitably adapted for the people who used the service. Appropriate health and safety checks had been carried out.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

Appropriate arrangements were in place for the safe administration and storage of medicines.

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 were protected from the risk of poor nutrition. Care records contained evidence of people being supported during visits to and from external health care specialists.

People and visitors were complimentary about the standard of care at Washington Grange.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. Support plans were in place that recorded people's plans and wishes for their end of life care.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support and their individual wishes, needs and choices were considered.

Activities were arranged for people based on their likes and interests, and to help meet their social needs.

The provider had a complaints policy and procedure in place, and people were aware of how to make a complaint.

The provider had an effective quality assurance process in place. People, visitors and staff were regularly consulted about the quality of the service via meetings and surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Washington Grange

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 2 and 3 January 2019. One adult social care inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

During our inspection we spoke with six people who used the service and four visitors. We reviewed three care records, four staff files, policies and procedures, and carried out observations. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager, regional director, administrator, activities coordinator, two care staff and a visiting healthcare professional.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also viewed information about the service on the local Healthwatch website. Healthwatch is the consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

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.

Is the service safe?

Our findings

People told us they felt safe at Washington Grange. One person told us, "Oh, I feel very safe." Another person told us, "I'm safe here." A family member told us, "[Relative] is definitely safe here."

There were sufficient numbers of staff on duty to meet people's individual needs. We discussed staffing with the registered manager. Staff absences were covered by the service's permanent or bank staff. Staff we spoke with did not raise any concerns regarding staffing levels at the home. One family member told us the service could do with more staff however all of the other comments we received from people and family members were positive. One person told us, "The staff are great with me and there always seems to be plenty of them when I need them." A family member told us, "The staffing levels are fine, even on a weekend."

The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions to prevent unsuitable people from working with children and vulnerable adults.

Risks were well managed. Accidents and incidents were appropriately recorded and any lessons learned were recorded and had been disseminated to staff via supervisions and meetings. Risk assessments were in place for people. These described potential risks and the safeguards in place to reduce the risk.

The home was clean and well maintained. Checks were carried out to ensure people lived in a safe environment. These included health and safety, fire safety, and premises and equipment servicing and checks. Records were up to date. Up to date personal emergency evacuation plans (PEEPs) were in place for people.

Incidents of a safeguarding nature had been appropriately dealt with. The local authority had been informed of any incidents and statutory notifications had been submitted to CQC. Staff had been trained in how to protect vulnerable people.

Appropriate arrangements continued to be in place for the safe storage and administration of medicines.

Is the service effective?

Our findings

People received effective care and support from well trained and well supported staff. One person told us, "They [staff] are well trained." A family member told us, "They [staff] are very well trained. I've been impressed with them." Another family member told us, "Every time [relative] is ill, [deputy manager] rings me straight away to tell me what has happened and how she is." A visiting healthcare professional told us, "Staff are knowledgeable about the people" and "Communication is good."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager. Staff mandatory training was up to date and new staff completed an induction to the service.

People's needs were assessed before they started using the service and continually evaluated to develop support plans.

People were supported with their dietary needs. Support plans were in place and where necessary included guidance from relevant healthcare professionals, such as speech and language therapists (SALT). Records were regularly reviewed and up to date.

We observed lunch and saw the dining experience was pleasant. People were chatting and music was playing in the background. People were clearly enjoying their meals and there was a choice available. People told us the food was good. One person told us, "That [meal] was lovely, you should have had some." A family member told us, "[Relative] is remembering how to eat again and although it is soft food it looks appetising. She is beginning to look a lot better and healthier now."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Deprivation of Liberty Safeguards (DoLS) had been appropriately applied for and staff had received relevant training in the MCA.

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits to and from external specialists including GPs, district nurses, SALT and wheelchair services.

The premises incorporated environmental aspects that were dementia friendly. Corridors were well-lit and wide, communal bathroom and toilet doors were painted a different colour, and signage was in place to aid people's orientation around the home. There were various displays on the walls such as photographs of film and music stars, clothing, and tactile objects such as a tree, flowers, animals and birds. Corridors had themed areas such as the beach and memory boxes were attached to people's bedroom doors. A doll therapy area, and toys and games were available to provide visual and sensory stimulation. The service had a 'dementia clock' in the lounge that lit up and showed pictures at different times of the day to help people know what time it was.

Is the service caring?

Our findings

The service was caring. One person told us, "They [staff] are kind and caring, they make everything light and cheerful." Another person told us, "They [staff] are very kind and patient." Another person told us, "They [staff] genuinely seem to really love me." A family member told us, "The care is great here, they are miracle workers. The new girls are friendly and I love them to bits, you can see that they are really thoughtful and patient." Another family member told us, "Sometimes when I come in, they [staff] are holding [relative]'s hand, which is very reassuring."

People we saw were well presented and looked comfortable in the presence of staff. People were assisted by staff in a patient and friendly way and we saw and heard how they had a good rapport with staff.

Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff. For example, "Staff must ensure they respect [name]'s privacy and dignity when supporting with their continence needs by closing doors and curtains." Staff knocked on bedroom doors and asked permission before entering people's rooms. One person told us, "They [staff] keep my privacy and dignity." Another person told us, "They keep my dignity and lock the door when I`m having a bath."

Staff supported people to be independent and encouraged them to care for themselves where possible. This was evidenced in the care records. For example, "[Name] is encouraged to maintain their independence as much as possible. Staff to do this by encouraging [name] to wash their hands, face and upper front torso independently" and "[Name] is independently mobile with the use of a walking frame." One person told us, "They [staff] keep me independent by encouraging me to do what I can."

People's preferences and choices were clearly documented in their care records. For example, "[Name] prefers a shower to a bath but staff should ask [name] each day whether a bath or shower would be preferable" and "[Name] is able to choose their own clothes to wear each day."

People were supported with their religious and spiritual needs, and supported to attend church services if they wished.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. One of the people using the service at the time of our inspection had an independent advocate.

Is the service responsive?

Our findings

Care records were regularly reviewed and evaluated, and were person centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.

Records included important information about the person, such as preferred name, next of kin, current medicines, medical history, allergies, whether any aids were used, and details of their assessed needs. We saw these had been written in consultation with the person and their family members. A family member told us, "I'm involved in [relative]'s care planning and check it every two to three months."

Support plans were comprehensive and detailed. Each support plan included details of the personal outcome for the person, their plan of care, monthly reviews and evaluations, and risk assessments where necessary. Daily records were maintained for each person and were up to date.

Some people had made their end of life wishes known. The service had a cloud that could be placed in people's rooms when they were receiving end of life care. The cloud illuminated and played soft music.

People were protected from social isolation. Activities and events were planned based on people's individual likes and interests. The activities coordinator told us about the activities they arranged at the home and the 'isolation therapy' for people who were unable to leave their bedrooms. This included hand massage, nail painting and spending time with the person on a one to one basis.

A family member told us the activities coordinator could do with more support however no-one else we spoke with raised any concerns. One person told us, "I don't do activities but that is my choice. However, they still encourage me to join in." Another person told us, "They [staff] recently took me to the supermarket. They made me feel part of the community again so I wasn't an outsider. I was a normal person, not someone who is in a home. That made me feel so, well important really, instead of insignificant."

The service was aware of the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service had a book of photographs to assist people who weren't able to communicate their wishes. The registered manager told us visiting healthcare professionals were using the book to assist communication with people.

The provider had a complaints policy and procedure in place and people were aware of how to make a complaint. Most of the people and family members we spoke with did not have any complaints. However, one family member raised some concerns with us. We saw from complaints records that the registered manager was already aware of the issues. The registered manager told us they would speak with the family member and arrange a meeting with them to discuss their concerns further.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since October 2010.

We spoke with the registered manager about what was good about their service, and any improvements they intended to make in the next 12 months. They told us staff had recently taken part in a memory walk for the Alzheimer's Society. Staff had been provided with flash cards that included various health conditions and were used as a reminder or prompt. We saw the service had recently won awards for oral health and the national early warning system (NEWS). NEWS is an electronic application that is used to detect illnesses early and reduce unnecessary medical professional visits and hospital admissions.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to CQC by law.

The service had good links with the local community. These included the local church, schools, Age Concern, the Royal British Legion, an arts centre and a dementia café. The registered manager told us there were plans for school children to come into the home to do arts and crafts with people and to work in the garden when the weather improved.

The service had a positive culture that was person-centred and inclusive. People and family members knew who the registered manager and deputy manager were and spoke positively about them. One person told us, "It's a very good, friendly atmosphere here and they cuddle everyone, including me" and "I'd recommend here to my friends now, I couldn't fault anyone. They look after my needs admirably." Another person told us, "The [registered] manager would sort out any problems, not that we have any as everyone looks after you." A family member told us, "I can't think of anything that they wouldn't try to do for her and the care is excellent." Another family member told us, "The atmosphere here is excellent and I have full confidence in everyone from the cleaners to the [registered] manager."

Staff we spoke with felt supported by the management team. Staff were consulted and kept up to date with information about the home and the provider, and staff meetings took place regularly.

The provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified. The management team carried out a number of audits and the service was visited and audited regularly by the provider's quality improvement team and regional director. Action plans were put in place for any identified issues.

Feedback was obtained from people and visitors via surveys and meetings. The service had a 'You said, we did' board in the foyer, which described actions taken as a result of issues raised. A family member told us,

"They do have meetings, but I don't go to them as we don't have any issues, but if I did I would see the [registered] manager".