Regal Care Trading Ltd

Woodlands Nursing Home

Inspection report

Woodlands Nursing Home
38 Smitham Bottom Lane
Purley
Surrey
CR8 3DA
Tel: 0208 645 9339

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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

Overall summary

We inspected Woodlands Nursing Home on 29 September 2015. The inspection was unannounced. Woodlands Nursing Home is registered to provide accommodation and personal care for up to 18 adults. On the day of our inspection there were 14 people living in the home.

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. The previous registered manager had left the service three months before our inspection. The provider was in the process of recruiting a new manager suitable for registration with CQC.

People felt safe. There were procedures and risk assessments in place which staff implemented to help reduce the risk of harm to people. Staff had been trained in safeguarding adults and had good knowledge about how to recognise the signs of abuse and report any concerns.

Summary of findings

The provider recruited staff using a thorough recruitment process which was consistently applied. Appropriate checks were carried out on staff and they received an induction before they began to work with people. The staff team were experienced care workers who had the skills, knowledge and experience to care for people safely.

There was a sufficient number of staff on duty to care for people safely and effectively. Staff understood their roles and responsibilities and were supported by the management through relevant training and supervision.

People received personalised care. Staff knew the people they were caring for well and understood how they preferred their care to be delivered.

Regular checks were carried out to maintain people's health and well-being. Every person living in the home was registered with a GP. People also had access to healthcare professionals and staff liaised well with external healthcare providers. People were supported to plan their end of life care.

There were procedures in place to ensure that people received their medicines safely which staff consistently followed. People were protected against the risk and spread of infection.

Staff asked for people's consent before delivering care. People were involved in their care planning as far as they were able and in control of the care they received. Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People were satisfied with the care they received and told us they were treated with kindness and respect. Staff ensured people received a nutritious, balanced diet. People were happy with the quality of their meals and said they were given enough to eat and drink.

People were satisfied with how they spent their time day to day. Visitors were encouraged and made to feel welcome.

People were supported to express their views. Complaints were dealt with promptly and to people's satisfaction. There were systems in place to assess and monitor the quality of care people received and these were consistently applied by staff.

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?

Good

The service was safe.

The provider had policies and procedures to minimise the risk of abuse to people and these were effectively implemented by staff.

Risks to people were regularly assessed and staff had detailed guidance on how to manage the risks identified.

Staff were recruited using a thorough recruitment process which was consistently applied. There were sufficient numbers of staff to help keep people safe.

Medicines were effectively managed. Staff followed procedures which helped to protect people from the risk and spread of infection.

Is the service effective?

Good

The service was effective.

Staff received training in the areas relevant to their role. Staff understood the main provisions of the Mental Capacity Act and Deprivation of Liberty Safeguards and how it applied to people in their care.

Staff received regular supervision but some staff who were eligible had not received an annual performance review.

People were given a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health. The service worked well with external healthcare providers.

Is the service caring?

Good

The service was caring.

Staff were caring. People were treated with compassion and respect and their dignity was maintained.

People felt able to express their views on the care they received and were as involved in their care planning as they were able.

Staff had been trained in end of life care and people were supported to plan their end of life care.

Is the service responsive?

Good

The service was responsive.

People felt in control of the care and support they received. Staff knew people well and how to meet their needs.

People's spiritual and social needs were taken in account. People were satisfied with how they spent their time day to day.

People knew how to make suggestions and complaints about the care they received and felt their comments would be acted on.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was a clear management structure in place at the home which people living in the home and staff understood. Staff knew their roles and accountabilities within the structure.

People living in the home, their relatives and staff felt able to approach the management about their concerns.

There were systems in place to monitor and assess the quality of care people received which the management and staff consistently applied.

Woodlands Nursing Home

Detailed findings

Background to this inspection

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

We inspected Woodlands Nursing Home on 29 September 2015. The inspection was carried out by a single inspector and was unannounced. We previously inspected Woodlands Nursing Home in June 2014 and found that it was meeting all the regulations we inspected.

Before the inspection we looked at all the information we held about the provider. This included their statement of purpose, routine notifications, the previous inspection report and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at six people's care files and six staff files. We spoke with three people living in the home, two of their relatives and six members of staff including the cook, manager and area manager.

We spoke with the manager about the systems in place to assess and monitor the quality of care people received. We also spoke with a member of the commissioning team from a local authority that commissions the service.

We looked at the service's policies and procedures, and records relating to the maintenance of the home and equipment.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People told us they felt safe. One person told us, "I am safe here. They look after me very well." Another person told us, "I don't have any reason not to feel safe." One relative told us, "I am confident [the person] is safe and in good hands." Another relative commented, "[The person] is very safe here and very well looked after. I've never known of an occasion when any member of staff has acted out of line."

The home had policies and procedures in place to guide staff on how to protect people from abuse which staff were familiar with. Staff had been trained in safeguarding adults and received refresher training every three months. Protecting people from abuse was also discussed at staff and supervision meetings. Staff demonstrated good knowledge on how to recognise abuse and report any concerns. Staff told us they would not hesitate to whistle-blow if they felt another staff member posed a risk to a person living in the home. One staff member told us, "If I was concerned about a person's safety I would contact the council's safeguarding team and the CQC."

Arrangements were in place to help protect people from avoidable harm. Records showed that risks to people had been assessed when they first moved in to the home and reviewed regularly thereafter. The risk assessments were detailed and personalised. Care plans gave staff detailed information on how to manage identified risks and help keep people safe. This covered such issues as how to minimise the risk of malnutrition where a person was identified as being at risk. We saw that staff monitored the person's daily food intake and the person was weighed monthly.

People's needs and their dependency levels were assessed before they began to use the service. The number of staff required to deliver care to people safely when they were being supported was also assessed. People's dependency levels were reassessed monthly. The number of staff a person required was reviewed when there was a change in a person's needs. People told us and we observed that there was a sufficient number of staff to care for them safely. One person commented, "There are always staff around and they come very quickly when I call."

There was a thorough recruitment procedure in place which was consistently applied by the management and administrative staff. We saw evidence that appropriate checks were undertaken before staff began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. Medicines were administered by registered nurses and one care worker who had been trained to administer medicines. They were required to complete medicine administration record charts. The records we reviewed were fully completed which indicated that people received their medicines as prescribed. People told us they received their medicines at the right time, in the correct dosage. Each person had a medication administration card with details of their prescribed medicines and any allergies. This minimised the risk of people being given the wrong medicine.

People were protected from the risk and spread of infection because staff followed the home's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene which staff consistently followed. Staff had received training in infection control and spoke knowledgably about how to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE), always wore PPE when supporting people with personal care and practised good hand hygiene.

The home was of a suitable layout and design for the people living there. Some areas of the home were in need of maintenance and redecoration. The flooring on the first floor was ripped and had been patched with tape. The wallpaper was peeling from the walls and the woodwork was chipped in three of the eight people's bedrooms we looked at. Records demonstrated that a provider audit in December 2014 had identified that the home needed a thorough refurbishment. We saw an action plan with dates for implementation. The implementation had started. A

Good

Is the service safe?

maintenance person was redecorating a bedroom during our visit and the area manager told us about the refurbishment plans. We will check that the work has been carried out at our next inspection.

The utilities and equipment in the home were regularly checked and serviced. Fire safety systems were monitored. Staff inspected hoists weekly and call bells, bed rails and bumpers also had regular safety checks. This minimised the risk of staff using unsafe equipment to support people.

Good

Is the service effective?

Our findings

People were cared for by staff who knew how to carry out their role effectively. One person told us, "They are efficient." A relative commented, "The staff are absolutely amazing and look after [the person] very well."

People received care and support from staff who were adequately supported by the provider through an induction, regular training and supervision. When first employed, staff received an induction, the length of which depended on their previous relevant experience. Staff received an induction which lasted for at least three days during which they were introduced to the home's policies, they received training in areas relevant to their role such as moving and handling people and infection control, and they were made aware of emergency procedures.

Staff told us and records confirmed that they received regular training in the areas relevant to their work such as safeguarding people, end of life care and dementia awareness. Staff were able to tell us how they applied their learning in their role day-to-day. Competency checks were carried out by the nurse in charge throughout the day to confirm that staff understood their training and knew how to apply it in their role day-to-day. A staff member told us, "The nurse in charge observes as she goes along and will tell you if she thinks you are not doing something correctly or not working well as a team." The provider supported staff to obtain further qualifications relevant to their role. A staff member commented, "I said during supervision that I wanted additional training and I've done it."

Staff attended regular supervision meetings where they discussed issues affecting their role and their professional development. At staff handover and during staff meetings staff received guidance on good practice. In three of the six staff files we reviewed we saw that annual appraisals had been scheduled but had not taken place. We raised this with the deputy manager who told us that since the registered manager left they had fallen behind with some of the staff appraisals but senior management were aware of the issue and would be supporting her to carry out the remaining staff appraisals. We will check this has been done at our next inspection.

The manager and staff had been trained in the general requirements of the Mental Capacity Act (MCA) 2005 and the specific requirements of Deprivation of Liberty Safeguards (DoLS) and knew how it applied to people in their care. The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people's capacity to make decisions was assessed before they moved into the home. Staff told us that informal assessments were conducted during daily interaction. Records indicated that formal assessments were conducted monthly. The service was following the MCA code of practice and made sure that people who lacked capacity to make particular decisions were protected. Where people were unable to make a decision about a particular aspect of their care and treatment best interest meetings were held.

DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. There were appropriate procedures in place to make DoLS applications which staff understood. We saw that they were applied in practice.

People were protected from the risk of poor nutrition and dehydration. People who needed it were supported to eat and drink. People's dietary needs and food allergies were identified when they first moved into the home and this was recorded in their care plans. A cook was employed by the provider. The cook knew what constituted a balanced diet and the menus we looked at were designed to offer healthy, nutritious meals. People's meals were freshly prepared daily. They had a choice of nutritious food and were given sufficient amounts to eat and drink. People were satisfied with the quality and choice of food available. One person told us, "The food is nice." Another person told us, "The food isn't bad. If I don't like something I can ask for something else." A relative told us, "There is enough for [the person] to eat and drink."

Staff supported people to maintain good health. People were registered with a GP. Staff supported people to attend hospital appointments and people had access to other healthcare professionals. Records indicated that people were regularly seen by podiatrists, opticians and where appropriate, tissue viability nurses. Staff conducted a variety of tests to monitor and maintain people's health. People were weighed, had their blood pressure, pulse and temperature regularly checked.

Good

Is the service caring?

Our findings

People living in the home made positive comments about the staff and told us they were caring. One person told us, "I'm well looked after by the staff." Another person commented, "I can't find fault with the staff. They're lovely. They call me granddad and I love it." A relative told us, "The staff here are absolutely amazing. They do a difficult job very well."

There was a relaxed calm atmosphere in the home. Many of the staff had worked at the home for several years and knew the people living there well. We observed that people living in the home and staff were comfortable with each other. Staff were able to tell us about people's character, life histories, important relationships and health conditions. Staff knew people's routines, dislikes and preferences.

People told us they were involved in making decisions and planning their own care. This was evident in their care plans and from our observations of care being delivered. Care plans considered all aspects of people's individual circumstances and reflected their specific needs and preferences. They also stated which aspects of their care people wanted support with. Before people received any personal care or treatment they were asked for their consent. People were supported to make the decisions they were able to for themselves. This meant that people felt in control of their daily routine, what time they got out of bed, what they wore and what they ate.

Staff spoke to people in a kind and respectful manner. Conversations were not only about the tasks staff were performing but also about matters of interest to people. We heard one staff member discussing a person's plans to celebrate their birthday. We heard another staff member complimenting a person on their choice of jewellery. This contributed to people feeling they mattered. One person commented, "I know they care about me."

People's privacy and dignity were maintained. People's care plans reminded staff to promote independence and choice and maintain their privacy and dignity. People's bedrooms were personalised and contained some of their own items such as family photographs. We observed, and people confirmed that staff knocked on the door and asked for permission before entering people's rooms. Staff were able to describe how they ensured people were not unnecessarily exposed while they were supported with their personal care and how they ensured that people were supported to continue doing tasks they were able to do for themselves.

The home had policies and procedures in place to enable people to plan their end of life care. These included training staff in palliative care. Staff had a good understanding of people's individual needs at their end of life and were able to speak confidently about how they put their training into practice. People were consulted about their wishes for their end of life care and their wishes were clearly recorded. People and their relatives were comforted by the fact they were in control of the care they would receive at the end of their life. One person told us, "I've taken care of everything so [my relative] will not have to worry."

Good

Is the service responsive?

Our findings

People were satisfied with the quality of care they received. People commented, “I’m happy living here”, “I’ve got not complaints about this place” and “I’m quite content”. One relative commented, “They look after [the person] very well.” Another relative commented, “[The person is more than getting the care [the person] needs.”

There was continuity of care because there was a consistent staff team who knew people living in the home well and staff worked well together as a team. Care plans were personalised and considered every aspect of people’s day-to-day needs. People received personalised care. We observed that people were given choices and that their requests were met. For example, one person wanted their “special drink” instead of lunch. Staff knew what the person’s special drink was and this was provided. Another person’s care plan stated they preferred to have their meals in a particular area. We observed that the person had their meals and snacks in their preferred area.

People’s values and diversity were understood and respected by staff. People’s religious and spiritual needs were taken into account. The home had links with several local places of worship. Clergy regularly attended the home to conduct religious services. Staff supported people to maintain relationships with their family and friends. People’s visitors were made to feel welcome. Relatives who chose to, were in regular contact with the home and kept updated on their loved ones health and welfare. One relative told us, “I can visit when I like and I’m always offered a cup of tea.”

People told us there were organised activities in the home that they could participate in. Feedback in a survey of relatives showed that some relatives were not happy about the type and frequency of activities available. However people living in the home were satisfied with the activities on offer, One person told us, “They are quite good here. People come in and entertain us. I enjoy it.” Another person told us, “There are activities going on. They do try but most of us are asleep half the time.”

People and their relatives felt able to express their views about the care provided. The service routinely sought people’s views on how they wanted their care to be delivered. These included holding residents’ meetings which relatives were also invited to and people were given the opportunity to discuss how the care provided could be improved. Regular surveys were also conducted, such as a dignity in care survey where people were asked for their views on how well their dignity was maintained and how it could be improved. We looked at five of the results of a relatives’ survey conducted in April 2015. All the responses said the care people received was good or very good.

People and their relatives knew who to talk to if they wanted to make a complaint and were confident it would be dealt with appropriately. Records indicated that where a person had made a complaint the complaint was recorded, promptly responded to and appropriately resolved.

Good

Is the service well-led?

Our findings

The home did not have a registered manager. The provider was in the process of recruiting a manager suitable to apply for registration with the CQC. In the meantime, the home was being run by a manager and deputy manager. People and staff told us the standard of care they received had not changed since the home was without a registered manager.

There was a clear staff and management structure at the home which people living in the home and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by the management and people living in the home. We observed that staff worked well as a team. This contributed to people receiving continuity of care.

Staff felt supported by the management and involved in the running of the home. Staff were able to express their views on the issues affecting their role and the way care was provided, during staff meetings and by completing a staff survey. People using the service, their relatives and staff felt able to approach the management with their suggestions and concerns and were confident they would be acted on. A relative told us, "I can talk to any of the staff if I have a query." A staff member told us, "I can speak to the nurse in charge or the manager about anything."

There were a variety of arrangements in place at manager and provider level for checking the quality of the care people received. Feedback on the quality of care provided was sought from people living in the home, their relatives and staff. The provider acted on feedback and implemented recommendations made by external agencies such as the local fire service to improve the safety of the home.

The manager and staff conducted regular audits of people's care plans, staff training, medicine administration, health and safety and infection control. Where areas for improvement were found, action plans were put in place and we saw evidence the action plans were implemented. This meant the provider was constantly striving to maintain and improve the quality of care people received.

We requested a variety of records relating to people using the service, staff and management of the service. People's care records, including their financial and medical records were fully completed and up to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were well organised and promptly located.

Registered services such as Woodlands Nursing Home must notify us about certain changes, events or incidents. A review of our records confirmed that appropriate notifications were sent to us in a timely manner.