

Greenacres Nursing Homes Limited

# Woodville Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Woodville Residential Care Home is registered to provide accommodation for up to 46 people who require personal care support. At the time of our inspection there were 45 people using the service. Some people that were using the service were living with dementia.

This inspection took place on the 26 September 2017. This was an unannounced inspection. Prior to this inspection we received information of concern regarding the management of medicines. Our last comprehensive unannounced inspection took place on 12 August 2015 and the provider was rated as good overall and were meeting all the regulations that we checked relating to the Health and Social Care Act 2008.

Since August 2017 the organisation Greenacres Nursing Homes Limited that owns Woodville Residential Care Home had been purchased by Prime Life. This means that the changes to registration are that of the company directors and the nominated individual. A nominated individual acts as the main point of contact with us on behalf of the organisation and carries responsibility for supervising the management of the service.

The service did not have a registered manager in post at the time of this 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. A manager had been appointed under the new directors and confirmed they were in the process of applying to register with us.

People's needs were not always met in a timely way as the staffing levels were insufficient. The limited staff numbers meant opportunities for people to receive social stimulation were limited. This had been identified by the new providers and was being addressed. We could not be assured that identified risks to people were minimised; as some information was conflicting and not updated when people's needs changed. The medicine practices in place did not demonstrate that people always received their medicine as prescribed. Checks to monitor the support and services provided were limited. Those that had been undertaken were not always effective in analysing any themes and trends, to ensure risks to people were minimised. This had been identified by the new provider and systems were being put in place to address this.

Staff understood their responsibilities to keep people safe and checks had been completed before staff commenced employment, to ensure they were suitable to support people. The provider checked that the equipment was regularly serviced to ensure it was safe to use. Staff told us that they were supported by the management team and were provided with the relevant training to ensure people's needs could be met.

Staff gained people's verbal consent before supporting them with any care tasks and helped people to make

their own decisions. Where people were unable to make decisions the staff supported them in their best interests. People received food and drink that met their nutritional needs and preferences and were referred to healthcare professionals to maintain their health and wellbeing.

People told us that they liked the staff and we saw that people's dignity and privacy was respected by the staff team. Visitors told us they were made to feel welcome and that staff were approachable and friendly

People and their relatives were involved in discussions about how they were cared for and supported. Complaints were responded to and the provider's complaints policy and procedure was accessible to people. The provider had ensured that people and their representatives had been consulted regarding the changes in home ownership and the improvements planned. Plans were in place to gather people's views through satisfaction questionnaires.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

The staffing levels in place did not ensure people's individual needs were met. Risks to people's health and welfare were not always accurately recorded. The management of medicines was not safe as people had not always received their medicines as prescribed. Staff understood their responsibilities to keep people safe and the recruitment practices in place checked staff's suitability to work with people. Arrangements were in place to minimise risks to people's safety in relation to the premises and equipment.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported by trained staff. Staff had guidance on how to support people in their best interests when they were unable to make decisions independently. People's nutritional needs were met and they were supported to maintain good health and to access healthcare services when they needed them.

**Good** ●

### Is the service caring?

The service was caring.

People were supported by staff that knew them well and interacted with them in a caring way. People's privacy was respected and they were supported to maintain their dignity and independence. People were supported to maintain relationships that were important to them.

**Good** ●

### Is the service responsive?

The service was not consistently responsive.

**Requires Improvement** ●

People's individual needs were not fully met as social opportunities were limited. People and their relatives were involved in discussions about how they were cared for and supported. Complaints were responded to appropriately. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives.

### **Is the service well-led?**

The service was not consistently well led.

The quality assurance checks were limited and those done had not been effective in identifying where improvements were needed. People and staff had been consulted regarding the change in ownership of the home and plans were in place to enable people and their representatives to give their views about the quality of the service. Staff felt supported and listened to by the manager.

**Requires Improvement** 

# Woodville Residential Care 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 checked 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 comprehensive inspection took place on 26 September 2017 and was unannounced. The inspection visit was carried out by one inspector 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.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public and whistle blowers. We used this information to formulate our inspection plan.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with seven people who used the service, seven people's visitors, three members of care staff, a senior member of care staff and two members of the catering team. We also spoke with the manager and operations director. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for three people. We checked that the care they received matched the

information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

## Is the service safe?

### Our findings

People that used the service, relatives and staff told us they felt the staffing levels in place were insufficient. One person said, "The staff here are really nice and we have a good laugh, there just aren't enough of them, although it has got a bit better lately." Another person told us they often had to wait for support to use the bathroom. A relative told us, "The staff are all lovely but they must be exhausted. They never stop. There is not enough of them." This was corroborated by staff we spoke with. One member of staff said, "We are very busy and we rarely have enough time to sit and chat with people. I go home exhausted but we have been told by the new owners that the staffing levels will be doubled and they are currently recruiting new staff." The operations director confirmed this and advised that they had completed a dependency tool that showed the current staffing levels were insufficient and a recruitment drive had been undertaken. They told us that the increased staffing levels would be in place as soon as possible dependent on the recruitment process.

Our observations confirmed that the staffing levels in place were not always sufficient to ensure people were supported in a timely way. This was evident over the lunch time period. For example, some people required support to eat their meals; they were seated in the dining room at the same time as people that were able to eat independently. However, due to the numbers of staff available some people had to wait before this support was provided. We saw that one member of care staff who was supporting a person had to leave the table on several occasions to support other people; as there were not enough staff available to meet everyone's support needs. The environment within one dining room was quite noisy. Medicines were being administered and we saw that some people had difficulty on focusing on the support the staff member was providing. We discussed this with the manager and operations director who agreed that some people would have benefited from a quieter environment to eat their lunch, such as in the lounge area. However due to the numbers of staff available this option was not available to them at the time of the inspection. We also observed other occasions throughout the day when people had to wait for staff to support them to use the bathroom.

The new providers had acknowledged the need for more staff and were taking action to address the staffing levels by recruiting additional staff. However, interim measures had not been put in place, such as the use of agency staff to ensure people's support needs were met in a timely way, whilst they recruited.

This constitutes a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014

Some risk assessments we saw had conflicting information in place. For example, in one person's care file the information regarding the equipment used to support them was unclear. The sling used varied within assessments from a small to a medium and then a large sling. This person was receiving end of life care and staff confirmed that a hoist was no longer being used to support them. This meant that their risk assessments had not been updated. Staff confirmed that the person was repositioned every two hours and we saw records were in place to evidence that this had been done. However, another person's repositioning



charts had not always been completed. This person required support to reposition in bed every two hours but we saw a 14 hour gap where nothing had been recorded. This lack of recording meant we could not be confident that people were receiving the support they needed to ensure their comfort and skin condition was maintained.

No individual personal emergency evacuation plans were in place to ensure people could be supported safely in the event of an emergency situation such as a fire. Although staff confirmed they had received fire training and fire evacuation had been discussed with them; we saw and staff confirmed that no evacuation practice had been undertaken to ensure people could be safely evacuated to another area of the home or an evacuation point if required. This meant there could be a delay in evacuating people from the home which put their safety at risk.

Although a relative confirmed that staff checked the windows at night to ensure they were secure and staff confirmed this was done; we identified that window restrictors were not in place in the newer areas of the home. This meant that people's safety and security were potentially put at risk. The operations director told us this would be addressed by the homes maintenance person in the near future. We will seek assurance with the manager that this has been done.

Prior to this inspection we had received information from a whistle blower regarding medicine management. We discussed this with the manager in post at the time who told us they would monitor medicine administration. Some practices observed at this inspection did not ensure people received their medicine in a safe way. We observed the administration of medicines at lunch time. We saw that one person who was very sleepy at the dining table was given their medicine. The senior member of staff administering the medicine explained to the person they had their medicine and gained their verbal consent. They attempted to give them the medicine on a spoon; however the medicine fell to the floor. Another person was given their medicine whilst they were standing up and dropped it. On both occasions the medicine that had fallen on the floor was found and disposed of as required but both people did not receive a replacement tablet as their medicines were provided in a predispensed pod from the pharmacist. This meant that additional supplies were unavailable to them. Although the two dropped medicines were not critical, we discussed with the senior carer the action they would take if they the medicines dropped had been essential to the person's health. They told us in these circumstances they would use another predispensed pod and then order an additional dose from the pharmacist.

Medicine administration records (MAR) were not always completed accurately. For example, we saw that one person's medicines had been signed as given for the week following the inspection and the week of the inspection was blank. This demonstrated that the person signing on the first day of the week had made the initial error and all other staff administering after this had continued in the same way. This demonstrated that staff administering medicine had not undertaken the basic checks to ensure the correct date had been signed for. We saw gaps on one person's MAR. We saw that on four occasions the medicine had not been signed for. On checking the stock we identified inconsistencies. Therefore we could not be sure people had received their medicine as prescribed

There were no protocols for 'as required' medicines (PRN). Protocols give clear information on the signs and symptoms someone might show when they required PRN medicine and when to give this medicine. This meant staff did not have guidance to ensure as required medicines were given when needed.

This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staff confirmed they had all the equipment they needed to assist people. One staff member told us, "We only had one hoist but the new owners have got us another one and we now have had a box of slings delivered for the hoist, before we didn't have many." The regional director confirmed that the plan was for each person to have their own personal sling, but in the interim slings had been brought in to ensure there was a sufficient amount in place. The maintenance records showed that all of the equipment used was serviced and maintained as required to ensure it was in good working order and safe for people to use. We saw that a planned programme of checks was also in place for the servicing and maintenance of the fire alarm system and water checks. The operations director told us that a new nurse calls system was being installed as the system in use was old and had a continuous ring that disturbed people when they were sleeping. This meant the provider took appropriate action to ensure the premises and equipment were in good working order.

People told us they felt safe with the staff that supported them. One person said, "All of the staff are very nice. I feel safe with all of them." A relative told us, "It's a wonderful place. I am quite confident that [Name] is safe here. All of the staff are lovely; they genuinely care about the residents." Staff confirmed they attended safeguarding training and learnt about the whistleblowing policy. This is a policy to protect staff if they have information of concern. Records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. Staff we spoke with were aware of the signs to look out for that might mean a person was at risk and told us they would report concerns to the manager. Although staff were aware they could contact us if they had any concerns.

Staff told us they were unable to start work until all of the required checks had been completed by the provider. We looked at the recruitment records in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

## Is the service effective?

### Our findings

We received positive comments about the staff team. One person said, "I can't fault the staff; they know what help I need. They all seem very well trained to me." A relative said, "I know they get training because they've told me and I have never had cause to doubt that. They all seem to know what they're doing." Staff confirmed they received the training they needed to care for people effectively. One member of staff said, "We had training under the previous owner and under the new owners we have already had fire training and moving and handling and they have both been really good as it included practical training and discussions." Another member of staff also confirmed this and said, "So far the training we have had has been good with the new owners; I've found it really useful."

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We saw that some staff had received training in the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff we spoke with had a basic understanding of the act and we observed staff asking people if they were happy to receive care. We saw that where people lacked capacity, assessments were in place that identified the support they needed to make decisions to ensure they were made in their best interests.

At the time of this inspection the manager confirmed that no one had DoLS authorisations in place. An application had been made to the supervisory body for one person that was awaiting an outcome. We saw that the person was supported in their best interests whilst awaiting the outcome of the application. This demonstrated that where people were being restricted in their best interests, this was done in accordance with the MCA.

People we spoke with said they enjoyed the food and were happy with the quality and quantity of food provided. One person told us, "The meals here are very good." Another person said at the end of the lunch time meal, "I have never had a bad meal here yet." People told us that their preferences were met. One person said, "I ask for creamy mash instead of new potatoes as I can't stand them and they do that for me." We spoke with two members of the catering team who were knowledgeable about people's dietary needs and their likes and dislikes. Nutritional risk assessments were in place and people's weight had been monitored regularly. We saw that where people were at risk of malnutrition the manager had made referrals to specialist services to ensure their dietary requirements were met. For example, we saw that some people were provided with food supplements to enhance their dietary intake.

People were supported to access healthcare professionals. One relative told us, "[Name] had leg ulcers before moving here and the district nurses come here to dress them. [Name] has been able to keep their own chiropodist, doctor and even their own hairdresser which is nice for them as they have that continuity." Another relative told us, "Staff are very good at spotting the early onset of [Name's] regular water infections and they let me know immediately so it rarely gets out of hand which is good for us all." Another relative said, "There seems to be a good relationship with GP's and District Nurses here which is comforting." Staff we spoke with also confirmed this. One member of staff said, "We've got some fantastic district nurses and work really well with them."

## Is the service caring?

### Our findings

People told us that the staff team were caring and friendly. One person told us, "They are all lovely and do their very best for me." A relative told us, "Staff here are long serving for the most part and they are a good range of ages. We have conversations about their families, their grandchildren and what is happening in their lives. It makes for a nice atmosphere, family-like." Staff we spoke with also confirmed this. One member of staff said, "We are like one big family and we treat everyone like family members."

One person told us, "There is good banter with the staff, they know our likes and dislikes and the quality of care has not changed since the change of ownership."

Staff we spoke with knew about people's likes and dislikes which enabled them to support people in their preferred way. One member of staff told us, "I've just taken a drink to a lady upstairs. She isn't too good today but I know she likes a cup of tea with no sugar and I know how strong she likes it."

People told us staff supported them to maintain as much independence as possible. One person told us, "They are a good bunch; they don't take over if I can do it myself." One relative told us, "The staff are marvellous they have managed to get [Name] walking again." People told us they were able to decide when they got up and went to bed. One person said, "No one has ever made me get up or go to bed for that matter. In the morning they (staff) will come in and ask me if I'm ready to get up. This morning I told them I wanted to stay in bed for another hour and they respected that."

People told us that staff respected their rights to privacy when they wanted it and supported them to maintain their dignity. One person told us, "They are very respectful when I am having a wash and always cover me over. I never feel embarrassed."

People were supported to retain their identity and self-image, for example, we saw people wearing accessories, such as jewellery and make up. Some people liked to dress smartly and we saw they were supported to do this to demonstrate their individual style and preference. One person showed us their nails that had been painted at a salon in the nearby town. They told us, "I have never had my nails done professionally before or even painted them myself but they do look nice." People were supported to celebrate special occasions. One person told us, "On my birthday, I got a cake made just for me, but I shared it with everyone."

People told us they were supported to maintain relationships with family and friends that were important to them. One person said, "My daughter comes in to see me at all sorts of different times. She comes when she can get and the staff don't mind that at all. In fact they are very welcoming to her." A visitor told us, "I call in most days and am always offered a cuppa; it's a very welcoming home."

## Is the service responsive?

### Our findings

We found that opportunities for people to participate in social activities were limited. The manager confirmed that the activities coordinator had recently left their post. Due to the staffing levels in place there were limited opportunities for staff to support people with social activities on a daily basis as care tasks took priority. Some people chose to spend most of their time in their bedroom and told us that this was in part due to the lack of social activities available. One person said, "There is nothing to stimulate me to be honest. The manager did introduce me to another person and I have had lunch with them, but like me, they don't like using the communal areas and stay in their room most of the time." One relative told us, "The only thing that worries me is the lack of activities. The person that used to organise them was very good but now there isn't much going on." The operations director told us there were no plans to appoint a new activities coordinator, as the increased staffing numbers that would be in place within the next two weeks would enable care staff to support people with activities. One member of staff told us, "When we get chance we do try and do activities with people and people do come in like singers. One of the relatives is part of a musical group and they have been in to sing and I think they have arranged to come in again." This relative was visiting on the day of the inspection and confirmed further dates were booked at the home for their singing group to perform. Another relative told us, "There is a singer that comes in and performs in both lounges and then comes to the door of the rooms where people are unable to get up, so they don't feel left out." People confirmed that a minibus was now available to them since the new provider had purchased the home and they had been out on trips to the local garden centre and beauty spots.

The building included the original part of the home and a newer extension. We found that the two areas varied in ambience. In the older part of the home in the main lounge we observed the television was on throughout the day. We noted in the afternoon that a piece of equipment that was used to support people to stand was placed in front of the television. This meant that if anyone had wanted to watch the television their view was obscured by this equipment. Other than the television there was little stimulation for people. In the main lounge in the newer part of the home there was no television. We saw fewer people used this room and the atmosphere was considerably quieter. Staff confirmed that this lounge was used by a few people on a regular basis and often people would use this room with their visitors. One member of staff told us, "There is no television in this room because the previous owners wanted this room to be a quiet area. We sometimes have music on." We observed that people used this room throughout the day to spend time with their visitors or to sit and read. One relative told us, "We always come and sit in here, it's so lovely and a much calmer atmosphere than the other lounge."

People confirmed that the staff supported them in their preferred way. One person told us, "I have a bath whenever I want, but usually it's twice a week which is fine. I don't really do anything to get dirty. Another person said, "The care I get is very good."

Relatives confirmed that they were involved in reviews of their relative's care. One told us, "We really feel that we have a valued working relationship with all levels of staff and they honour our wish to be included on every level with [Name's] care."

People and their relatives told us that if they had any complaints they would report them to the manager. One person told us, "I am sure the manager would sort anything out if I had a complaint but I don't have any." A visitor told us, "I did complain when a staff member lost [Name's] teeth. They were rushing and scooped them up in the bedclothes by mistake. The manager was very apologetic and had the teeth replaced." We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw they had been addressed.

## Is the service well-led?

### Our findings

Although the staff had a good understanding of people's needs; we saw that some information in people's care plans had not been reviewed to reflect their current care needs. This had been identified by the new provider and some people's care needs had been transferred to the new provider's care plans which were up to date and clearly documented. The operations director confirmed everyone would transfer to the new care planning documentation.

The operations director and manager confirmed that audits to monitor the service were due to start and we saw a folder had been prepared for these to commence. However at the time of the inspection no audits were available to view. The manager told us she was not aware of any audits under the previous provider other than a falls audit. The purpose of this audit was to monitor the number of falls that occurred in the home and identify any patterns or trends; to enable action to be taken to minimise the risk of injury to people. However the information in the falls audit was conflicting and no analysis had been undertaken. This meant the information recorded was ineffective and not fit for its intended purpose. Although we had been informed that a recent medicine management check had been undertaken by the new provider; the medicine errors we identified had not been found. It had not been identified that people's safety and security was put at risk, such as the lack of window restrictors and personal emergency evacuation plans.

We recommend the provider ensures their quality audit systems are suitable and sufficient to drive improvement and demonstrate the action taken.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home. Although a link to the provider's rating was available on their website; their rating was not displayed as required. The provider has confirmed that this will be rectified by the end of October 2017. We will check that this has been undertaken.

The manager told us that satisfaction questionnaires were due to be sent out next month to gather people's views regarding the support and services provided. We saw and relatives told us that meeting had been held with the new provider and a further one booked. One relative said, "The new owners have briefed us fully and seem reassuringly approachable. I am confident that they will do what they say they will do." Relatives told us they found the management team approachable. One said "When I first came to look at the home I was on my way to work and was unannounced. The manager was welcoming and took me into her office. When I became upset she was wonderful. She sat me down with a cup of tea and talked with me until I regained my composure." Another relative said, "My sister asked if they (the management team) could communicate with us by email as it isn't always possible to answer the phone. Give them their due, they did it immediately and it is working well so far. Communication generally is much better now since the new owners took over."



Staff confirmed that the manager and new providers were supportive. One member of staff said, "If I need to discuss anything the manager is very approachable. Another member of staff said, "The new manager is very good and so far so good with the new owners; they have listened to us and already put things in place such as additional equipment and training and they are going to increase the staffing levels, so there has been some really positive changes." The manager confirmed that staff supervisions were not up to date. They confirmed that a supervision plan had been implemented and was due to commence in the near future. We saw that a training plan was also in place to ensure the staff team were kept up to date with care practices.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People did not always receive their medicines in safe way. Medicine administration records were not always completed accurately; to demonstrate when medicines had been administered or if not the reason why. Where people were prescribed medicines on an 'as required basis' guidance was not in place for staff to follow; regarding when this medicine could be administered.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The staffing levels in place were not sufficient to ensure people received support in a timely way or to ensure their social needs were met.