

Barchester Healthcare Homes Limited

Woodland View

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Woodland View is a new (2015) purpose-built care home, providing personal and nursing care for up to 60 people. The service is made up of four units: Friars Grove, Queen Boudica Way, Tom Bowdidge Boulevard and Kingswood a specialist dementia care unit. The service offers long term and short break care supporting older people, younger adults, people with physical disabilities, and people living with dementia. At the time of our inspection 53 people were living in the service.

People's experience of using this service:

- Staff supported people to keep safe and acted when necessary to prevent any harm or discrimination.
- People and their relatives told us sometimes they had to wait for help as staff were very busy. We saw this also impacted on staff being able to effectively monitor people's safety and sit and talk with people. We have made a recommendation about this.
- Relatives praised the friendly, welcoming atmosphere of the service. One relative said, "They are always happy and chatty."
- People were supported by management and staff who were skilled, highly motivated, kind, and compassionate.
- Staff involved healthcare professionals to ensure people's health care needs were met and supported people to take their medicines as prescribed.
- Relatives praised the compassionate, caring support people received at the end of their life.
- People were happy with the food and drink they received and complimented the in-house café area where they and their visitors could make drinks.
- The provider worked in partnership with external professionals and organisations to support people's care and quality of life.
- Staff knew people well. They had developed good relationships with people.
- People were consulted over their care and support needs and were actively encouraged to make decisions for themselves.
- People had access to a range of activities to take part in if they wished.
- The systems in place to check the safety, and gain feedback on the quality and experiences of the service people are experiencing, needs to be further developed.

Rating at last inspection: Good. The date the last report was published was 10 June 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and plan to re-inspect this service within the published timeframe for services rated as Requires Improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Woodland View

Detailed findings

Background to this inspection

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

Inspection team: The inspection team consisted of an inspection manager, two inspectors 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 service, in this case services for older people.

Service and service type: The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was on planned absence, and the providers' operational manager was providing the management cover in their absence.

Woodland View is a residential home that is registered to provide accommodation and personal care to a maximum of 60 people. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection: The inspection was carried out over one and half days: 26 March 2019 which was unannounced, and the 28 March 2019, which was announced, when we returned to give feedback.

What we did: Before the inspection we reviewed information we held on the service, since the last inspection in April 2016. This included information we have received from people who had contacted us direct, safeguarding referrals, action plans and notifications we had received from the service.

During the inspection we spoke with five people using the service, six relatives, and a health care professional. We also spoke with the operational manager [referred to as manager in this report] provider's regional director, and 12 staff which included the deputy manager, head of community, nurses, healthcare practitioner, senior carer, carers and head of maintenance.

We spent time observing how staff interacted with people and monitored their welfare. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help understand the experience of people who could not fully express their views to us. We attended the 'Head of department' meeting, looked at four people's care records, medicine systems, risk assessments, audits, complaints, quality assurance systems, staffing tool and minutes of meetings.

After the inspection we gained feedback from three social care professionals and received a further four CQC 'share your experience' forms from relatives and visitors who were unable to give us direct feedback on the day.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Staffing and recruitment

- The numbers and deployment of staff did not consistently support people to stay safe and meet their needs.
- One person told us, "I think it depends on the person and how much care they need. I've been quite lucky until recently when I realised I needed more care" This is because at times they now had to wait for assistance from staff.
- One relative said, "It's obvious they need more staff. If someone needs help, then two can be tied up for quite a long time. Other people have to wait; some nurses will help them, while others are less inclined to." Another said, "I do think lack of staff is the main issue."
- On Kingswood (dementia care unit) we noted that there were not always sufficient staff to keep people safe and ensure their wellbeing. Staff were very busy supporting people, which impacted on them being able to have a visible presence in the lounge and dining areas or have the time to and sit and talk with people. This resulted in people being left alone for periods of time, with very little or no interaction. One person kept trying to stand up from their wheelchair. Staff were not in the area and were not aware of what was happening as they were supporting other people. The inspectors had to call staff for assistance.
- Where one person became upset and was trying to get up, we located a staff member to assist them. A staff member said, "They [management] tell us that someone has to be with the residents all the time, but it's not possible as people need a lot more care and support."
- Staff views, as to whether there were enough staff varied, depending on the unit they worked. One staff member told us, "Every day is different. Lots of people require two staff and it can be difficult to manage sometimes." Whilst another said, "I do think there are enough staff, some days busier than others," and how they would utilise non-care staff to assist them.
- Following our feedback, management had re-deployed a member of staff to support for a three-hour period. A staff member spoke about the positive impact, "This morning a lot better, we are able to have a member of staff the whole time to ensure [people's] safety."
- The management were confident that their staffing levels were enough to meet people's needs and systems were in place to re-deploy staff where units were requiring extra help. We found that this system was not working effectively where staff told us they had been asking for additional support, but it had not been acted on.
- The service uses a dependency tool to support them in identifying they have enough staff on duty. We recommend that the service uses additional effective methods of reviewing their staffing levels, to ensure they consistently have enough staff deployed to meet people's needs.

Assessing risk, safety monitoring and management;

- Not all risks to people had been identified, assessed and / or, effectively reviewed to check that staff could take the required action in the risk assessment, to ensure people's safety.
- A risk assessment was in place to prevent the risk of people scalding themselves on the hot Bain Marie and that it must not be left unattended when on. However, this was not always being followed, where staff were prioritising people's needs. Following our feedback, the management said they would be looking to purchase protective screens and had rearranged furniture to discourage people getting too close.
- One person told us how staff supported them to stay safe, "I have a carer help me with my shower and I always sit, it wouldn't be safe to stand."
- Risks that had been identified included risks of choking, risks of developing a pressure ulcer and risks of falling. People's care plans held these risk assessments which included how the risks were reduced.
- Equipment was checked and serviced as required to ensure that it was fit for purpose. However, the safety checks had not picked up worn rubber ferrules on people's walking frames. Following feedback, the management took immediate action to replace the ferrules, and monthly checks put in place.
- Evacuation plans were in place to guide staff how to support people in case of an emergency.

Systems and processes to safeguard people from the risk of abuse

- One person told us, "I do feel safe, I've had no reason to feel unsafe." A relative said they were confident that their family member was in "Good hands. I think the carers are amazing."
- Staff had received training in safeguarding and they demonstrated a good awareness of safeguarding procedures. Staff told us that they would report any concerns to the nurse in charge of the unit.
- One person said, "If anyone was rude or unpleasant to me, or if I heard that sort of behaviour I would go straight to the office and complain, I wouldn't be afraid to do that."
- The manager was aware of their responsibility to report any safeguarding concerns and to liaise with the local authority.

Using medicines safely

- Medicines were managed safely. Staff were trained and assessed as competent before they administered medicines.
- One person said staff gave them the support they needed with their medicines, "They bring them in a little pot and ask me to take them."
- A nurse giving out medicines was seen waiting with the person, checking they had taken their medicine, and reminding the person to have a drink to help them swallow.
- The manager said they were constantly reviewing guidance given to staff ensure it was clear and based on best practice. We were shown the updated 'as and when required' (PRN), templates which were being implemented, which would provide detailed information on when as required medicines should be given.
- There were covert medication assessments in place for people who required their medicines to be administered covertly. This detailed how the medicines should be administered and had been completed in conjunction with the GP.

Preventing and controlling infection

- People told us and we found that the overall cleanliness was of a good standard.
- Infection control training had been received by staff and personal protective equipment to prevent the spread of infection was available for staff to use.
- The service has an infection control link nurse who keeps staff updated in best practice.

Learning lessons when things go wrong

- Management action plans put in place following safeguarding concerns, demonstrated the service's lessons learnt approach, by putting measures in place to reduce the risk of it happening again. This included

recruiting new staff, so agency staff were no longer needed; improving consistency and communication.

- Accidents and incidents were recorded. Records were monitored by the registered manager who evaluated these for themes and trends. Staff told us that any learning from incidents were discussed with them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs included an overview of the person, their personal histories and their likes and dislikes. It included what was important to the person and their hobbies and interests.
- Care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet and their preference of the gender of the staff that supported them.

Staff support: induction, training, skills and experience

- Staff induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively.
- A staff member said, "I like it here. It's a good care home to work in...we have supervision and I had an induction and shadowing for four days. I can always ask if I have any questions and the staff are helpful. We help each other out."
- Staff were given opportunities to review their individual work, development needs and take part in the provider's training programmes. Staff received regular supervision and an appraisal system also operated.
- During the inspection, chefs were attending a 'dysphagia' study day, to keep their knowledge updated in the preparation of suitable foods to support people with swallowing difficulties.

Supporting people to eat and drink enough to maintain a balanced diet

- People were complimentary about the meals provided. One person told us, "I always enjoy the meals, there is a good choice and if I don't want what is on the menu I can always ask for something else." Another person said, "The food is very good."
- At lunchtime we saw people had a choice of food and the mealtime experience was a positive one. A relative commented, "Staff are very experienced in encouraging people to eat and engage."
- Drinks and snacks were provided throughout the 24-hour period. One person told us, "Night staff will get you something if you wanted."
- One person showed us the self-service café area, where people and their visitors were helping themselves to hot drink and cake, or, "If you ring [call bell] someone will make you a drink." A relative liked having the facilities to make drinks when visiting, "That's what makes it homely."
- People's care plans contained information about their nutritional needs, specialist diet, likes and dislikes. Where people were at risk of losing weight, they were being offered high calorie foods and supplements, and had their weight checked regularly.
- Dieticians and Speech and Language Therapists (SALT) provided support and their advice was followed. This included for people who had problems swallowing, ensuring they were offered food and drinks of the right texture and consistency to meet their needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and had access to a wide range of health care professionals. Referrals to health care professionals were made in a timely manner and recommendations they made were followed by staff.
- Staff knew people well and ensured that any changes in a person's condition were noted and acted upon. Information about the changes to a person's condition were discussed during the staff handover periods.
- One person told us, "I've been very poorly recently... they took care of me," to ensure they received the right care and medicines.
- A GP visited the service routinely each week and people received visits from a GP at other times when required. Staff confirmed that they would not hesitate to contact a GP if a person was unwell.

Adapting service, design, decoration to meet people's needs

- One person told us, "I love my room; its comfortable and has everything I need. If I want shelves put up or a picture hung I just ask, the maintenance [staff member]."
- The manager spoke about the service's on-going maintenance and refurbishment programme. This included the dementia unit and constructing an outside café on the veranda and looking at how they could further enhance the décor in meeting the needs of people through their '1066 dementia programme'.
- The service provided free Wi-Fi throughout the building for people living in the service and their relatives.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had a good understanding of the Mental capacity act and understood the importance of gaining consent before providing support.
- People were encouraged to make decisions for themselves and there was a strong emphasis on involving people as much as possible.
- Where people did not have capacity, decisions had been made in their best interests involving relatives and other health professionals where appropriate.
- The manager understood their responsibilities in terms of making an application for deprivation of liberty safeguards to the authorising authority.

Is the service caring?

Our findings

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person said, "They've been very kind and good to me." Another told us, "Staff are lovely here...I am happy here."
- Where a person was becoming upset, the staff member offered caring reassurance, getting down to the person's level, so the person knew they had their attention, and stroking their arm.
- A relative said staff, "Are incredibly patient and kind to people...I think the care is outstanding." "Another relative told us, "I have not met one who hasn't been friendly... I can't believe it, so outgoing and helpful. I give the place 10 out of 10."
- Staff knew people well and people were encouraged to be as independent as possible.
- People told us that staff were kind and caring. One person told us, "They are very good [staff] who look after me. They always give me time. I am slow at times, but they never rush me." Another person said, "All of the staff are very good. They help me when I need help."

Supporting people to express their views and be involved in making decisions about their care

- People and or their families were involved with the compilation of people's care plans. Information about how people wanted to be supported were included in their care plans
- People were offered a wide range of choices such as when to go to bed and get up, what to wear, what activities to take part in and where they wanted to spend the day. One person said, "I like to spend time in my room. I do not have to go to the dining room to eat. Sometimes I do but today I am eating in my room."
- Detailed information about people's lives including key memories, occupation and important relationships, supported staff to initiate meaningful conversations and get to know the person.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Care plans provided information about what each person could do. One person said staff, "Allow me to be as independent as possible. I like to do things for myself."
- A relative discussed how their family member, "Likes thing to be done in a certain way. I think the staff respects that." They said that staff knocked on their family member's bedroom door and asked, "If it it's alright to go into [family member's] room,"
- People's privacy and dignity was promoted. Staff maintained people's privacy and dignity when speaking about personal matters such as if they needed assistance to go to the toilet.
- A person's relative told us, "Personal care is delivered with dignity and in a cheerful manner."
- People's confidentiality was respected. Records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had a person-centred care plan, which detailed their preferences about the way they wanted staff to give them care and support. The person and their keyworker reviewed their care plan at least monthly.
- Staff had worked with people and their families to try and find out as much about the person as they could. This included the person's likes, dislikes and how they wanted to spend their day.
- One person's relative told us, "I discuss [family member's] care regularly...I've seen the care plan and, if I ask, I can take a look whenever I want, but generally, every time I visit, I talk to whoever's on duty and get an update on how [family member] is doing."
- A health professional said, "Staff are receptive and care files contain all the information that I need. Staff know the patient well and seem able to encourage them to complete," individual exercise routines.
- People were given a weekly 'activities sheet' so they could choose what they would like to attend. One person said, "There's quite a few things I like to join in with. I enjoy the music activities best." Another person said, "I am going to the singing in a bit, I enjoy that."
- Staff encouraged people to be as active as possible. They organised a range of activities, outings and entertainment for groups of people and for individuals, based on what people wanted to do. On the day of inspection, a singer was performing on Kingswood. People accommodated on this unit were clearly enjoying the signing. There was also a light table on this unit which people enjoyed using.
- On the dementia unit, a staff member told us, "The activities lead is very creative, we collected lids and created a tree. A lot of the resident's concentration is limited but they enjoy the music."
- A wish list on display in the entrance of the service provide details of people's wishes. Staff were hoping to be able to accommodate as many of these wishes as possible for people.

The provision of accessible information:

- The service identified people's information and communication needs by assessing and recording the level of support a person required in their care plan. Staff demonstrated they had read and understood this information by providing examples of the range of support they gave, linked to the person's identified needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place, which was prominently displayed in the home. People told us that they would speak to a person in charge if they had any concerns. Staff were aware of the complaints procedure and said that they if they received a concern that they couldn't resolve they would pass it to someone more senior.
- A relative said they knew how to make a formal complaint if they needed to, however where, "Any issues have come to light, dealt with quickly."

- The registered manager maintained a complaints log. This showed that complaints were responded to within the timescales stated in the complaints' procedure. There was evidence of learning from complaints.

End of life care and support

- People had the opportunity to discuss their end-of-life wishes and these were recorded these their care plans.
- A relative spoke about the attentiveness and support of staff and external palliative professionals they were receiving during such a difficult time. They told us that the friendly, positive atmosphere, supported them and family in feeling comfortable to visit and share precious moments together.
- Feedback the service had received from a bereaved relative thanked the staff for being, "So loving and kind towards [family member] and all of us. Your support came through to make [family member] feel at ease. You were a rock to us as a family."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- Further improvements were needed to ensure all potential risks were being identified and effectively acted on by the service's own quality monitoring checks.
- At the last inspection we rated well led as good, however this was not sustained and concerns about the oversight and governance of the service were raised directly with us by relatives and local safeguarding teams.
- The provider took responsive action. A new manager was brought in to temporarily run the service in the registered manager's absence.
- One person said, "We were worried, now [operations manager] been here, they have done a lot to sort it out, hopefully it will be resolved." Another person said, "I think it's alright. It went through a bit of a rough patch where things were not so good but some things are improving, such as food."
- One relative told us, "It's very well run." Another described the manager as being, "So, so attentive."
- A member of staff told us, "The manager has really turned things around here, we have a good team here, it's a good home and we are really fond of the residents."
- Professionals spoke of the improvements they had seen. Two felt that the service remained vulnerable in areas of staffing and management.
- A relative said the service, "Had so many managers," in the last 19 months, that they were, "Now on their fourth...all got their ideas." This impacted on driving improvements where one manager initiated a change, but it was not carried through by the next manager.
- To ensure a consistent management approach, arrangements had already been put in place, to give a thorough handover to the registered manager on their return. One person told us, "I think she's coming back soon, I hope so, I liked her."
- Where relatives and staff said when they had raised issues about staffing levels, there was a frustration that they were being given the 'corporate' line and were not being listened to. One relative, who was worried about the staffing levels said, "I did ring up about staffing ratios," but they had been told they were correct. A member of staff said, "When it comes to staffing...they [management team] don't want to listen."
- Following our feedback, the manager said they would continue to monitor the service's routines, to help them identify the root cause of some people's perception about the staffing levels not being sufficient. They would do this by using observation, documenting any concerns, and surveying people to gain their opinions.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements

- There was a clear organisational structure. Staff were aware of their roles, which was set out in their job descriptions. One staff member said, "It's the right job for me."
- Management and staff were motivated and shared the same values of putting the person first.
- Staff praised the manager, comments included, "The manager is supportive."
- The manager's daily 'head of department' meeting, provided a forum to gain feedback on what was happening in the service, and any emerging issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings enabled people and their relatives to be updated on what was happening in the service, express their views and influence change. One person said, "A number of us complained about the food. They replaced the cook and it has improved. Definitely better."
- One person said, "I think there's one [meeting] later this week. I've not been but they take notes of what's said and put them on the notice board if you're interested."
- People were encouraged to use a care review site to feedback their views on the service.
- People knew who the temporary manager was. They said that they visited each unit when on duty and that they were approachable. One person told us, "The stand in manager is alright, quite friendly and smiles a lot."
- The manager said they had introduced, "Walk about handovers," which enabled them to check on people at the same time.
- Staff's knowledge of people, their behaviours, verbal and non-verbal body language supported them in effectively adapting their approach when seeking their views, to ensure people's voices were equally heard.

Working in partnership with others

- Management and staff were aware of external community and voluntary organisations and supported, where applicable, people to connect to improve their health and wellbeing.
- The service has a community engagement plan which provides further information on the external groups they are working with. This includes hosting meetings free of charge for the local dementia action alliance, and the Alzheimer's Society carers support meetings, which people and their relatives are welcome to attend.
- The service has developed strong links within the community including the local schools, who not only helped to fundraise for the 'Light table' on Kingswood, but also visit and interact with people playing the games.
- The manager was working with the local organisational safeguarding team [OST] and CCG medicines team, putting in action plans to address shortfalls and drive improvements. At the time of the inspection the OST were continuing to monitor and provide support through regular visits.