

Barchester Healthcare Homes Limited

Woodgrange

Inspection report

Westminster Lane
West Road
Bourne
Lincolnshire
PE10 9TU

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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 ●

Summary of findings

Overall summary

Woodgrange provides nursing and residential care in three separate units. The units provide care for people who require residential care, people who require nursing care and a separate unit 'Memory Lane' that provides care for people living with dementia. They are registered to provide care for up to 64 people. At the time of our inspection there were 62 people living at the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post. 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.

On the day of our inspection staff interacted well with people. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe. Medicines were administered and managed safely.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy. Where people had specialist dietary needs appropriate arrangements were put in place to support them to manage these.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received supervision.

Staff felt able to raise concerns and issues with management. Relatives and people who lived at the service were aware of the process for raising concerns and were confident that they would be listened to. Regular audits were carried out and action plans put in place to address any issues which were identified.

Accidents and incidents were recorded and investigated. The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Woodgrange

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 was a comprehensive inspection. This inspection took place on June 2017 and was unannounced. The inspection was completed by 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 care service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, the provider completed a 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. We looked at notifications which we held about the organisation. Notifications are events which have happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager, a unit manager, a nurse and three members of care staff. We spoke with four people who used the service and eight relatives. We also looked at four people's care plans and records of staff training, audits and medicines.

Is the service safe?

Our findings

People who lived in the home told us they felt safe and had confidence in the staff. A person said, "The staff are very good." A relative told us, "I feel quite relaxed now my family member is in here because I know they are safe. It was a worry when they were at home but there is always someone to keep an eye on them here." Another relative said, "I have had an element of peace since my [family member] has been in here. I don't have to worry about them being here."

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns externally, for example, to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Medicines were administered and managed safely. We looked at twelve medicine administration records (MARs) and saw they were fully completed according to the provider's policy. Protocols for medicines which are given 'as required' (PRN) such as painkillers were in place to indicate when to administer these medicines. Medicines were stored in locked cupboards according to national guidance. One person was supported to self-administer a particular medicine and had done so safely and effectively. However it was not clear in the care record that the person self medicated and risk assessments had not been completed to ensure this was managed safely.

Individual risk assessments were completed on a range of issues such as the use of specialist equipment and people's preferences. For example, a person preferred their bedroom door to remain closed when they were in their room and a risk assessment had been completed to ensure they were safe. In addition, where people had specific health needs risk assessments had been completed and care plans put in place to ensure people were cared for safely. Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood. Staff were able to explain how they supported people with behaviours that may challenge others and care records contained guidance for staff in this area. One person's file showed strategies for different interventions staff could use depending on the situation and person's behaviour.

Four of the eight relatives we spoke with raised concerns about staffing numbers, in particular with regard to the residential unit and also response times to call bells. However during our inspection we did not hear call bells not being responded to. We also looked at records of call bell response times for the month of June 2017 and observed call bells were responded to in a timely manner. When we spoke with staff they told us that there was sufficient staff. They explained that the number of staff varied according to the needs of people and that a dependency tool was used in order to ensure there were sufficient staff. In addition there were a number of people who received additional one to one support in order to ensure there needs were met. We observed staff responding to people promptly and were available to provide support to people if they required it. The registered manager told us they had identified particular pressures between 7pm and 11pm and had introduced an additional staff member for this period.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. They also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home. These checks ensured that only suitable people were employed by the provider.

Is the service effective?

Our findings

People and relatives told us they felt staff had the skills to meet their needs. We observed staff had appropriate skills for caring for people, for example, staff had received training about healthy eating and dementia care. Staff also had access to nationally recognised qualifications. Staff told us that they had received training when they first commenced with the provider and found this useful. The provider was aware of the National Care Certificate which sets out common induction standards for social care staff.

There was a system in place for monitoring training attendance and completion for permanent staff. Staff were happy with the support they received. They told us that they had received support and supervision and that supervision provided an opportunity to review their skills and experience.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We observed that people were asked for their consent before care was provided and supported to make complex decisions. However we observed the correct processes to make decisions had not been followed for one person who was unable to make choices for themselves. We discussed this with the registered manager who told us they family were in the process of formalising the decision making permissions needed for them to support their relative. a best interests assessment had not been completed for a person.

A person told us, "The food is very good. We get a choice and it tastes nice." A relative said, "My [family member] only likes my food so complains about the food here. I have eaten here with them and it was lovely. My [family member] always gets asked what they would like to eat." We observed the lunchtime meal in the residential area and in Memory Lane. In both areas lunchtime was relaxed and people were supported with their meals. In Memory Lane we saw staff sat with people at people's level and chatted with them. We also observed a person did not want to sit at the dining table for their lunch and a staff member supported this person to sit where they were comfortable. People were offered choices and throughout the day people had access to drinks and snacks. People had been assessed with regard to their nutritional needs and where additional support was required appropriate care had been put in place. Where people had allergies or particular dislikes these were highlighted in their care plans.

People who lived at the home had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. Staff received daily updates where they discussed what had happened to people on the previous shift and their health and wellbeing.

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. A relative told us, "The staff are very good. They are very friendly to my family member and me." Another person said, "The staff are very good. They are friendly and give me a cuddle." Comments from relative and professional surveys included, "Care continues to be of a high standard." All the people we spoke with said that they felt well cared for and liked living at the home. We observed staff kneeling down to talk to people, stroking their hands, giving them a cuddle. One person was a little reluctant to come into the dining room and we saw a member of staff holding their hand, talking to them about who was here and who they knew to help put them at ease. We checked this person's care file and it detailed this person liked affection in the form of holding hands, cuddles and kisses on the cheek. Staff we spoke with were clearly able to describe the same information to us when they supported this person.

Staff engaged with people using positive social interactions, by taking time to engage in beneficial conversations with people. For example, when administering medicines the nurse took time to chat with people and ensure they were comfortable in addition to administering their medicines. We observed a staff member being kind, caring and affectionate towards a person they supported.

A relative told us, "The staff really seem to respect my husband." We observed that staff were aware of respecting people's needs and wishes. Care records detailed how people preferred their care to be provided. For example, a care record explained a person preferred to have their breakfast in bed before being supported with personal care.

We observed staff supporting people to mobilise. They did so at people's own pace. Where people were supported with equipment to move staff explained what they were doing and what they wanted the person to do so that they felt safe and comfortable. One relative told us how their family member required additional reassurance when being supported to move and that staff spent time preparing them in order to minimise their distress.

People who lived at the home told us that staff treated them well and respected their privacy. However we observed one occasion when a member of staff answered a telephone to a GP in a public area where visitors and relatives could over hear their conversation. We highlighted this incident to the registered manager. Staff addressed people by their preferred name and this was recorded in the person's care record. We observed staff knocked on people's bedroom doors and called their name before entering. Records were well maintained and kept in a locked room in order to protect people's confidentiality.

We noted that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care.

Is the service responsive?

Our findings

One person said, "I would like some more exercise. One carer gets me moving my legs when I have a bath which is lovely but the others don't bother." Activities were organised by dedicated activity staff. However because these staff did not work on a full time basis two people told us that they thought there was not sufficient activities taking place. On the day of our inspection we saw a member of staff talking to people on an individual basis about their care experience and observed a member of staff talking with a person about a magazine. Staff told us when the weather was nice they would walk into town with people for shopping or have a coffee. We saw evidence in records of a range of group activities having taken place such as cake making, Tai Chi and themed lunches and music events. The registered manager told us they had recently recruited an additional person to provide activities specifically for Memory Lane.

The registered manager told us they regularly celebrated special occasions both on an individual and group basis. We observed a person was celebrating their birthday and a room had been specifically decorated for this event. A relative told us, "They have "special days" for the residents". They can choose whatever they want to eat all day and they took [family member] to Sainsbury and we met them there for a coffee". They were referring to the 'resident of the day' arrangement which meant that staff focussed particularly on that person providing additional support and ensuring their care records are up to date and reflect their care needs.

Relative's told us they felt welcomed at the home. One said, "You only have to ask and they will do anything for you." Another relative told us, "The staff make you feel welcome when you come to visit." We observed relatives had access to private areas to be with their relatives and were able to make themselves and their relative drinks when they wanted.

Care records were personalised and included detail so that staff could understand what things were important to people and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. Care plans had been reviewed and updated with people who lived at the home.

The relatives we spoke with were aware of people's care plans but said that they were invited to talk about their relative at the yearly review meetings when they were asked for their views about their relatives' care.

Where people had difficulties communicating verbally we saw staff were aware of this and ensured they understood people's needs. Care records included guidance about how to support people with communication, for example, a record explained that a person used letters on a board to support their communication. People were supported to raise concerns. A complaints policy and procedure was in place. At the time of our inspection there were no ongoing complaints. Complaints were monitored for themes and learning.

Is the service well-led?

Our findings

The provider had put a process in place to carry out checks on the service and actions to improve quality of care. For example, checks had been carried out on infection control and medicines on a regular basis to ensure that care was provided at an appropriate level and improvements made to the service. Action plans were in place. The registered manager told us they were able to produce regular reports which illustrated where changes were required in order to improve care. For example, reports of incidents and accidents which had resulted in obtaining one to one support for some people.

Staff understood their role within the organisation and were given time to carry out their role. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. Staff and relatives also told us that the registered manager was approachable and supportive. Staff said that they felt able to raise issues and felt valued by the registered manager. We observed the registered manager had a flexible approach to resolving issues. Staff said there was a caring approach to staff and people who lived at the home. A staff member said, "I'm really happy here."

The registered manager told us that they thought it was important to care for staff so that they could effectively care for people. An award scheme was in place which recognised staff achievements on a monthly basis. In addition staff received flowers on their birthdays as a gesture of thanks. A staff member said, "What I like in particular is when there was an incident the other day where I was injured. The registered manager must have read the incident report and she rang the unit to see if I was alright which I personally think was a nice thing to do and it's nice to know that you're appreciated."

We looked at records of staff meetings and saw issues such as staffing and training had been discussed. A staff member told us there had been discussions about changes in the staffing ratios and they had called a meeting to discuss this. They said the registered manager listened to the issues raised by the staff and as a consequence staffing arrangements were not changed.

Residents' meetings had also been held. People we spoke with were aware of the meetings. We saw from the minutes of a meeting held in March 2017 people had been encouraged to comment about staffing, decoration and activities. A newsletter was produced on a regular basis to ensure people and their relatives were kept informed about events and changes at the home. Surveys had been carried out with relatives and visiting professionals. Responses had been positive.

The service had a whistleblowing policy. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager.

The provider had informed us of notifications. Notifications are events such as accidents which have happened in the service that the provider is required to tell us about.

