

Charing Way Limited

# Woodside Residential Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

# Summary of findings

## Overall summary

### Care service description

Woodside Residential Care Home can provide accommodation and personal care for 32 people living with dementia. Accommodation is arranged over three floors and comprises of five double rooms for couples or those wishing to share, and twenty two single rooms. At the time of the inspection there were 26 people living at the service.

### Rating at last inspection

At the last inspection, the service was rated Good and Requires Improvement in the 'Safe' domain.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 8 June 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 12 of the Health and Social Care Act Regulated Activities Regulations 2014, Safe care and treatment. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodside Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

At this inspection we found the service remained Good overall and is now rated Good in the Safe domain.

### Why the service is rated Good

People told us they felt safe using the service and staff were helpful and kind. A visitor told us they would recommend the service.

The service had improved since the last inspection. Care records included risk assessments of people's mobility, and their potential risk of falls, together with detailed guidance to move people safely and consistently. People's risk assessments regarding the use of bed rails had been reviewed and measures were in place to reduce the risks of people falling out of bed.

People were positively supported with their behaviour. There was guidance in place about what action the staff needed to take to make sure the person and everyone else was safe. Health care professionals told us that the staff followed their recommendations to support people with their behaviour and systems were in place to ensure people's needs were reviewed and updated. Communication within the staff team had improved to ensure that people's health care needs were being monitored and met.

Staff knew how to recognise and respond to abuse. They had received training on how to keep people safe.

Regular checks were made on the premises and equipment to ensure it was safe. Each person had a

personal emergency evacuation plan (PEEP) in the event of an emergency, A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. Staff were involved in regular fire drills.

Accident and incident records and monthly fall audits were reviewed. Any concerns were investigated and action taken such as referrals to the falls clinic for further assessment.

There were sufficient numbers of staff on duty at all times to ensure that people's needs were met. New staff had been recruited safely and checks were carried out on staff to make sure they were suitable and safe to work with people.

People received their medicines safely and there were robust systems in place to ensure that medicines were stored correctly and safely.

## 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** ●

We found that action had been taken to improve safety.

Potential risks to people had been identified and recorded. Risk assessments contained clear guidance to help manage the risks.

Staff had received training and knew how to recognise and respond to different types of abuse.

Regular checks were carried out on the premises and equipment to make sure it was safe.

Medicines were managed and stored safely.

There was enough staff to keep people safe. Staff were recruited safely.

# Woodside 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 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 undertook an unannounced focused inspection of Woodside Residential Care Home on 20 December 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 8 June 2017<sup>6</sup> inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service Safe? This is because the service was previously not meeting some legal requirements. This inspection was carried out by two inspectors.

The provider had not completed a Provider Information Return (PIR), because we carried out this inspection before the required return date, therefore the registered manager was in the process of completing the form. 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. Before the inspection we reviewed all the information we held about the service, we looked at previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with two people, the registered and deputy manager. We spoke with three members of staff, a visitor and a health care professional. We looked at four people's care plans and the associated risk assessments and guidance. We looked at a range of other records including medicines records and audits, maintenance records, four staff recruitment files and staff rotas.

We last inspected this service on 8 June 2016 when one breach in the regulations was identified.

## Is the service safe?

### Our findings

People told us they felt safe living at the service. People told us, "I get everything I need here all the staff are helpful and very kind" and "They (the staff) are always happy and smiling, it makes a difference when you see happy faces". Staff were attentive to people's needs and people were relaxed and comfortable. Staff knew people well and told us they had good relationships with the people they supported.

A visitor said, "Everyone always looks well cared for. People are well dressed and relaxed. I would have no concerns about recommending this home to a relative if necessary".

At the last inspection in June 2016, moving and handling risk assessments did not always have sufficient guidance to show staff how to move and bath people as safely as possible. The risk assessments in place for people using bed rails did not detail what measures were in place to reduce the risks of people falling or climbing over the bedrails to get out of bed. Communication between the staff and management with regard to the support a person was receiving from the community nursing team was not effective. There was also a lack of detail to guide staff how to recognise the signs and symptoms of when people's sugar levels were unstable and they may need medical attention.

At this inspection improvements had been made and the service was compliant with the regulation. There were systems in place to identify and manage any risks to people's health and wellbeing. Risk assessments had improved and further detailed guidance was in place for staff to follow.

We spoke with staff who were able to describe how they moved people safely and supported them to bath. Although the risk assessments had improved, in one case not all of the detailed information had been included. We discussed this with the senior carer who immediately added the further detail to ensure the records reflected the detail staff had described. Staff told us how they were confident they moved people safely in line with their personalised needs and the training they had received. Records showed that when required health care professionals such as occupational therapists were contacted for additional guidance.

All of the people using bed rails had their risk assessments reviewed in line with their needs to ensure that measures were in place to reduce the risks of them person climbing over the bedrails to get out of bed, which presented additional risks to their safety.

Staff communication had improved to ensure that people were receiving the care they needed. Some people had developed pressure areas and were being supported by the community nurse. Records showed that staff had followed the recommended advice from the nurse and ensured that people had bed rest each day to reduce the risk of further sores developing.

When people had behaviours that could be challenging there was guidance in place about what action the staff needed to take to make sure the person and everyone else was safe. Staff knew what they had to do to keep people safe. Incident forms were completed and analysed for any triggers to the behaviour so that they might prevent them from reoccurring. There was involvement from the local specialist mental health team.

They told us that the staff contacted them promptly if they needed advice or support and implemented any guidance that was suggested.

Staff had received training on how to keep people safe. They were able to recognise and report different types of abuse. Staff told us they would report any concerns to the registered manager and were confident action would be taken. They understood that all safeguarding concerns would be reported to the local authority to raise alerts to keep people safe. People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and was only accessed by senior staff. People could access the money they needed when they wanted to.

Accidents and incidents were recorded and these were reviewed by the registered manager on a monthly basis. Records showed that when required staff had taken further action to reduce the risk of people falling by making referrals to the falls clinic.

Staff carried out regular health and safety checks of the environment and equipment to ensure the premises were safe. These included checks on the electrical, gas appliances and equipment such as hoists. Regular checks were carried out on the fire alarms and equipment to make sure they were in good working order. Each person had a personal emergency evacuation plan (PEEP) in place to safely evacuate people from the premises in the event of an emergency such as fire.

The provider had a business continuity plan in place to make sure they could respond to emergency situations such as, fire or flood. There was an on-call system in place so there was always a member of the management team available in an emergency. Staff told us there was always a manager available if they needed further guidance.

Staff and people said that there was always enough staff on duty. The rota showed that staffing levels were consistent and permanent staff covered in times of sickness or annual leave. Staff were attentive and were readily available to support people when they became anxious or upset. Staff told us that they enjoyed working at the service, they said, "It is so lovely working here". "We are lucky to work here, we have a good team". "We always support each other and are always willing to cover each other".

Two new members of staff had been recruited since the last inspection. Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable. One new member of staff did not have their second reference on file although several attempts had been made to obtain this. The registered manager had ensured that the staff member worked consistently with another member of staff until confirmation of this satisfactory reference was received. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines safely. Medicines were recorded on medicines administration records (MAR) and included a photograph of the person to confirm their identity, and the MAR highlighted any allergies. The medicines given to people were accurately recorded. Hand written entries of medicines on the MAR charts had been consistently countersigned to confirm that the information was correct and to reduce the risk of errors. Regular checks were carried out on the medicines and the records to make sure they were given and recorded correctly. There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. There was evidence of stock rotation to ensure that medicines did not go out of date.

