

Nellsar Limited

# Woodstock Dementia and Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 28 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.

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 Woodstock Dementia and Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)"

Woodstock Dementia and Residential Care Home is a care home registered to provide personal care. It provides residential care for up to 55 older people including those people with a diagnosis of dementia. At the time of inspection Woodstock Dementia and Residential Care Home was providing care for 42 people.

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 about how the service is run.

At our previous inspection on 28 June 2016, the service was in breach of regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found that the registered manager and staff failed to adequately implement healthcare professional's guidance in response to people's changing need. This was in relation to people's nutritional needs and weight loss. At this inspection, the provider had made improvements and was no longer in breach of the regulation.

People were supported with their dietary needs. Appropriate referrals were being made to medical professionals when required. People had dietary risk assessments that were specific to their needs. People were being referred to relevant professionals and staff were following guidance given and this was documented in people's records

Staff were well trained with the right skills and knowledge to provide people with the care and assistance they needed.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

The principles of the Mental Capacity Act 2005 (MCA) were adhered to for more complex decisions. People's mental capacity was being assessed appropriately and meetings took place to make decisions on people's behalf and in their best interests, when they were unable to do so.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which

applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005.

People told us they were very satisfied with the care staff and the support they provided.

There were effective processes in place to reduce the risk of people experiencing skin breakdown.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

Good ●

We found that action had been taken to improve the support given to people's nutritional needs and weight management. People were being weighed on a regular basis and appropriate risk assessments were taking place regarding their nutrition.

Appropriate referrals were being made to healthcare professionals when required by staff. Staff were responding to healthcare professionals appropriately.

Staff received training that gave them the skills and knowledge required to provide care and support to people.

The principles of the Mental Capacity Act 2005 (MCA) were applied in practice for more complex decisions.

The provider had ensured that appropriate applications were made regarding Deprivation of Liberty Safeguards.

# Woodstock Dementia and Residential Care Home

## **Detailed findings**

### Background to this inspection

We undertook an unannounced focused inspection of Woodstock Dementia and Residential Care Home on 7 June 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 28 June 2016 had been made. The team inspected the service against one of the five questions we ask about services: is the service Effective? This is because the service was not meeting some legal requirements at the last inspection.

Before our inspection, we reviewed our previous report and the information we held about the service. This inspection was carried out by one inspector.

At this visit, we looked at the auditing and quality assurance records at the service and five people's care plans. We spoke to two people living at the service, two members of staff, and the registered manager.

# Is the service effective?

## Our findings

People who live at Woodstock Dementia and Residential Care Home told us staff knew the people well and provided them with the care they needed. One person told us, "The staff know what they are doing. If there is a problem it is dealt with straight away." Another person told us, "The staff know how to look after me."

At our previous inspection on 28 June 2016, the service was in breach of regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found that the registered manager and staff failed to adequately implement healthcare professional's guidance in response to people's changing need. This was in relation to people's nutritional needs and weight loss. At this inspection, the provider had made improvements and was no longer in breach of the regulation.

The provider ensured that people's nutritional and hydration needs were being met and care plans contained nutritional assessments. A member of staff told us, "We weigh people every two weeks and if there are concerns we weigh weekly. We will also complete food and fluid intake charts when required. Each person had a malnutrition universal screening tool (MUST) score. MUST is a screening tool to identify adults, who are malnourished or at risk of malnutrition. Records showed that this was completed every month and this was audited effectively by the registered manager to identify if any concerns had been missed. All identified risks were being incorporated into people's care plans. The audit included any action taken, that included referrals to a GP or dietician. Where guidance was being given by medical professionals this was being followed and monitored by the management team.

The provider ensured that staff were competent to carry out care tasks for people living at the service. Staff were receiving a full training schedule that gave them the knowledge and skills required to support people. One member of staff told us, "We have a large training schedule and options to take additional training on areas of interest." The training rota showed that all staff were up to date with their mandatory training and additional training included advanced dementia and end of life care. Staff were expected to undertake an induction before being signed off as competent to carry out the role independently. The induction included core mandatory training such as moving and handling and a period of shadowing experienced members of staff.

Staff and management demonstrated appropriate understanding of The Mental Capacity Act 2005 (MCA). 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received training to identify when people's mental capacity may need to be assessed. All the staff we spoke with could identify the main principles of the MCA.

Staff asked people for consent when it was required, for example before carrying out personal care or assistance with daily tasks. Staff were seen to ask for consent prior to any activity and staff told us they would ask for consent before giving someone personal care.

People at the service were being supported by staff to attend routine health visits and were being referred to health professionals when appropriate. Care plans identified that the provider involved a wide range of external health and social care professionals in people's care. These included speech and language therapists and tissue viability nurses.

People's skin integrity was taken into account with appropriate assessments. People had risk assessments for skin integrity which were completed monthly. Staff demonstrated good knowledge on how to reduce the risk of skin breakdown. One member of staff told us, "If I see red areas appear on pressure areas I document it and inform the senior. We will apply creams where necessary." Records showed that staff were quick to identify any concerns and appropriate referrals to health professionals were being made.