Baxendale Care Home

Baxendale Woodside Home

Inspection report

Woodside House
Baxendale, Whetstone
London
N20 0EH

Tel: 02084451127
Website: www.woodsidehome.org.uk

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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

This inspection took place on 6 December 2016 and was unannounced. At our last inspection in February 2014 we found the service was in breach of one regulation in relation to records, the service had failed to keep accurate records in respect of people using the service. During this inspection we found the service had followed their action plan and they now met legal requirements.

Baxendale Woodside Home is a care home for older people with dementia and physical frailty. The home has 57 beds. It is run as non-profit Charitable Trust. On the day we inspected there were 52 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run.

People were positive about the service and the staff who supported them. People told us they liked the staff that supported them and that they were treated with dignity and kindness.

Staff treated people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued. The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

The care staff demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people with complex needs in the home. People told us they never had to wait for assistance. The atmosphere in the service was calm and relaxed and staff did not appear to be rushed.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Medicines were managed safely. Staff had detailed guidance to follow when administering medicines. Staff completed extensive training to ensure that the care provided to people was safe and effective.

There was an open and transparent culture and encouragement for people to provide feedback. The provider took account of complaints and comments to improve the service. A complaints book, policy and

procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and reports on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had knowledge of the MCA 2005 and DoLS legislation and appropriate referrals for DoLS authorisation had been made so that people's rights would be protected.

The management team provided good leadership and people using the service, relatives and staff told us they were approachable, visible and supportive. We saw that regular audits were carried out by the management committee to monitor the quality of care.

Care staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Care staff placed a high value on their supervision and appraisal.

The provider employed an activities co coordinator who organised a range of activities that provided entertainment and stimulation for people living in the home.

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 was safe.

People told us that there were enough staff to meet their needs.

People were supported to take their medicines in a safe way.

Staff were able to identify abuse and risk triggers and knew how to report abuse.

Is the service effective?

Good

The service was effective. People's care needs were assessed and staff understood and provided the care and support they needed.

People's nutritional needs were assessed and records were maintained to show they were protected from risks associated with nutrition and hydration.

We found the service met the requirements of the Deprivation of Liberty Safeguards. Relevant applications had been submitted and proper policies and procedures were in place.

Is the service caring?

Good

The service was caring

People and their relatives told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in the care planning and delivery and they felt able to raise any issues with staff or the registered manager.

Is the service responsive?

Good

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews

were held to ensure plans were up to date.

There was a range of suitable activities available during the day.

Complaints were responded to appropriately and resolved in line with the providers complaints procedure

Is the service well-led?

Good

The service was well led.

Staff felt well supported by the manager and senior staff and they understood their roles and responsibilities.

The provider had systems in place to monitor standards of care provided in the home, including regular quality audits and satisfaction surveys for people living in the home.

The provider worked with other organisations to make sure that local and national best practice standards were met

Baxendale Woodside 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.

We inspected Baxendale Woodhouse Home on 6 December 2016. This was an unannounced inspection. The inspection team consisted of 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.

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts

We spoke with seven people who use the service and one relative. We also spoke with the registered manager, two of the team leaders, five care support staff, the maintenance manager, the training officer, the activities coordinator and the cook.

We also spoke to one healthcare professional who made regular visits to the home.

During our inspection we observed how staff supported and interacted with people who use the service. We also looked at a range of records, including six people's care records, staff duty rosters, five staff files, a range of audits, the complaints log, and minutes for various meetings, staff training and supervision records, and policies and procedures for the service.

Good

Is the service safe?

Our findings

The atmosphere in the service was calm and relaxed and staff did not appear to be rushed. A care worker told us "there is always enough staff, we cover for each other" and "I never feel rushed, we have time to chat to people."

People told us they felt safe and that they trusted the staff that looked after them. One person said, "Staff are always looking out for us. It makes me feel good knowing that there is always someone around to help." Another person said, "The staff here are good at making us feel safe." We observed that staff followed appropriate health and safety guidelines in order to keep people safe. Staff were aware of the different types of abuse and told us they would report any allegations of abuse to their team leader who would in turn report to the manager. Staff told us they had attended safeguarding training and we confirmed this in the records we reviewed. A care worker told us "everyone should feel confident and safe." The provider had taken appropriate measures to ensure people were safeguarded from harm.

We noted staff had access to detailed internal policies and procedures on safeguarding vulnerable adults to guide their practice in this area. Our records showed that the registered manager was aware of her responsibilities with regards to keeping people safe and had reported concerns appropriately to the local authority. The provider had managed one safeguarding alert in the past year. We were able to confirm when reading records how the manager had worked effectively with the local authority, the person and their representative and co-operated fully with the safeguarding process.

Following an accident or an incident, a form was completed and details were entered onto a specific file. All forms were seen by the registered manager and referrals were made as appropriate, for example to the falls team. We saw that people who were at risk of falls had been provided with a pendant so that they could call for help if they were unable to reach the call bell. The registered manager carried out audits of the records on a monthly basis in order to identify any emerging themes or patterns.

We found that risk assessments included people's skin integrity, risk of falls, moving and handling and environmental risks found in the home. Risk assessments were reviewed regularly, with the care plans. The home deputy manager told us, "Reviews are on-going, as we are required to keep up with people's needs that may change from day to day." We noted when reading care support plans that reviews were completed every month or when required.

We saw that the management of risk had been identified were within individual's plan of care. This meant the provider assessed the needs of people who used the service in such a way as to ensure their welfare and safety. Environmental risk assessments had been undertaken in areas such as food safety, slips, trips and falls and the use of equipment. We saw regular safety checks were carried out including fire alarms, fire extinguishers, call system, portable electrical appliances, hoists, wheelchairs and baths.

We saw there were plans in place to respond to any emergencies that might arise and these were understood by staff we spoke with. There was business continuity plan. This set out emergency plans for the

continuity of the service in the event of adverse events such as loss of power or severe weather. We noted all people had a personal emergency evacuation plan, which set out the assistance they would need in the event of an urgent evacuation of the building.

People told us there were enough staff available to help them when they needed assistance. One person told us, "staff always come quickly when I press my buzzer." We viewed the care home staff rota which showed us the amount of staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Staff spoken with confirmed they had time to spend with people living in the home. We noted there were nine care support staff on duty in the mornings seven in the afternoons and five staff on waking shifts each night. We looked at dependency and saw people at the home were mobile with many self-caring. We saw staff levels were commensurate with people's needs. We saw staff responded promptly to people's needs on all floors.

We looked at how the provider had recruited new staff. We checked staff files and found the service had a robust recruitment process in place. This helped to ensure staff were suitable to work with vulnerable people. In addition to the interview, appropriate checks were carried out which included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. We also found there were appropriate recruitment and selection policies and procedures in place which reflected current legal requirements. We noted there was a robust induction programme in place which ensured all staff were trained and ready to work independently with people who used this service.

People we spoke with were satisfied with the way their medicines were managed. People were protected by safe systems for the storage; administration and recording of medicines. Medicines were securely kept in a locked medicine room. Medicines could only be accessed by team leaders and senior management who had all been trained to handle medicines. Medications entering the home from the pharmacy were recorded when received and when administered. This provided a clear audit trail and enabled staff to know what medicines were on the premises. We saw staff administer medication safely, by checking each person's medication with their individual records before administering them. We saw team leaders always signed when administering medicines. We noted there was a separate locked container for controlled medicines and that two team leaders would sign each time these were administered. Each person had an individual medication administration records [MAR] chart which had their photographs on the first page. This ensured people received their correct medicines.

We saw that people's health was monitored and appropriate action was taken if they needed to be seen by other health professionals. All visits were documented; this showed staff were proactive in seeking visits and advice when necessary. The provider had an agreement with the local GP where the GP visited the home when required but also every two weeks when he saw all the people who used the service. This resulted in a pro-active attitude to health care which meant the provider was ensuring any health issues were identified early and managed appropriately.
Records further confirmed that people were referred to healthcare professionals appropriately such as district nurses, GPs, dieticians, and speech and language therapists. For example, we saw that some people had been referred to dieticians and chiropodists where appropriate. This meant the home had liaised with other care professionals to make sure people had the equipment necessary.

Good

Is the service effective?

Our findings

Staff told us and training records confirmed that there was a comprehensive induction and rolling programme of training to ensure that staff had the necessary skills and knowledge to undertake their role and fulfil their responsibilities. Staff we spoke to said they were well supported by the management and received sufficient training to their job effectively. One staff member said, "the training here is very good. We have something nearly every month."

The provider had a full time training officer who was able to explain how staff were trained and how this training was continually updated. There was a rolling programme of training available for all staff, which included, safeguarding, moving people, safe handling of medication, health and safety, Mental Capacity Act 2005 and person centred planning. Staff had also recently completed specialist training which included dementia training. New staff were given the opportunity to shadow experienced staff for a minimum of two weeks depending on their level of experience. This helped staff to learn and understand the expectations of their role. A number of staff had been supported to attain nationally recognised qualifications in care.

Care staff we spoke with told us they received opportunities to meet with their line manager to discuss their work and performance. One member of staff said, "I enjoy my supervisions with my manager, they are held regularly." We found that appraisals took place annually. We read the appraisals in staff files we looked at and found them to be appropriate. The manager explained that appraisals had been planned and showed us planned appraisal dates for staff. This meant that the manager demonstrated suitable arrangements were in place to ensure staff were supported appropriately. A staff member told us "I have always found the appraisal process important and enjoyable."

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 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 the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were working within the law to support people who lacked capacity to make their own decisions. Staff understood the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. They understood that decisions should be made in a person's best interests. One care worker said; "we're all here for residents we must always act in their best interests." DoLS referrals had been made to the relevant authorities where appropriate.

People were always asked for their consent by staff. We heard staff using phrases like "what would you like to do" and "would you like a drink now." Staff then gave people the time they needed to make a decision. Staff knew people well and understood people's ways of communication. We looked at how the service gained consent to care and treatment. We saw throughout our inspection that staff gained consent from people before they undertook any care tasks. We saw in care plans we read that people and their relatives were involved in the planning of care for each person at the home. We noted people and their relatives attended review meetings where appropriate where they had the opportunity to discuss the care their relatives received

People we spoke with liked the food provided for them. One person said, "The food here is very good." People were involved in choosing the meals on a daily basis and could request special meals if they did not like the meals suggested for any particular day. The chef confirmed they asked people daily if they wished to eat the meal on the menu, if not another meal would be prepared. The manager explained that alternatives were always available and people could change their mind on the day. The lunchtime meal was a sociable occasion with most people eating in the dining area. People had plenty to drink and their drinks were replenished throughout our visit. If any person needed support from staff to eat their meals then this was provided. We spoke with the chef who explained how a system was in place which ensured people who had special diets due to cultural, religious or health reasons received the correct meal. Information had been taken from the care plans of each individual and a list was kept in the kitchen. We saw all food was stored in the correct manner and that food and fridge temperatures were safe. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. We looked at people's written records of care which showed us the provider worked effectively with associated health and social care professionals. We saw that where a person had declined in mobility, the GP was called and a professionals meeting had been arranged. We saw regular and appropriate referrals were made to health and social care professionals, such as chiropodists, social workers and district nurses.

Good

Is the service caring?

Our findings

People told us that staff were caring. They were also respectful of people's privacy and dignity. One person told us, "staff are always kind, they have a tough job to do." Another person said, "some are really lovely they are so kind."

Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. For example, we observed a person looking distressed and confused. A member of staff comforted them and then asked what they wanted to do. This person decided they wanted to go to their room; the member of staff went with them to find their room. This person's mood changed and they appeared happy and relaxed following reassurance given.

People told us that staff were caring and respected their privacy and dignity. Our observations during the inspection confirmed this; staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs. A care worker told us "dignity is very important; we must always cover them when carrying out personal care."

We saw that staff spoke with people while they moved around the home and when approaching people, staff would say 'hello' and inform people of their intentions. We heard staff saying words of encouragement to people. During our observations we saw positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded to any requests for assistance. There was a calm relaxed atmosphere amongst residents who were clearly enjoying each other's company.

People told us they were generally able to make daily decisions about their own care and, were encouraged to maintain their independence. A care worker told us "it's important to let people do as much as possible for themselves, to keep their independence."

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation. People's plans included information about how people preferred to be supported with their personal care. Staff were able to tell us about people's preferences and routines, and it was clear they were familiar with the individual needs of people who use the service.

Good

Is the service responsive?

Our findings

People's care plans confirmed that a detailed assessment of their needs had been undertaken by the manager or a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

Following the last inspection, all the care plans had been changed to a 'Standex' system. The care plans contained concise and up to date information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

These care plans ensured staff knew how to manage specific health conditions, for example diabetes. Individual care plans had been produced in response to risk assessments, for example,where people were at risk of developing pressure ulcers or losing weight. Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information disseminated to staff, during daily handover meetings. A heath care professional told us that there service was very responsive and "always on top of things" and that they were proactive and knowledgeable, especially in relation to pressure sore management.

People told us they enjoyed the activities on offer. One person told us, "activities are very good, depending on how I feel I join in as much as I can."

The service had recently appointed an activities coordinator who organised activities on a daily basis. In addition to scheduled activities, such as visits from entertainers, group activities were offered to those who wanted to participate. These included, exercise classes, a cinema afternoon, manicures, poetry reading and arts and crafts. We saw that weekly activity schedules were displayed in various areas around the home. The activities coordinator told us that her aim was to recruit more volunteers so that they could increase the number of activities and work more closely with the local community. We saw that people were supported to attend places of worship of their denomination in the community. And there had been recent trips to an art exhibition and a pub lunch. Evaluation forms were completed after each activity by people who participated.

The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "If I had complaints I would go to the manager downstairs, I don't have any problems about talking to somebody." We noted that there had been two complaints made in the last 12 months and these had been responded to appropriately and in a timely way.

Good

Is the service well-led?

Our findings

There was a registered manager in post; they had been in post since 2006. They told us "I want to make this a safe and happy home."

It was clear from the feedback we received from staff, that managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which managers reported as being central to the service, such as compassion, respect and caring, were put into practice on a day-to-day basis. The registered manager spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership. They also told us about 'incentives' that helped to retain good staff. These included providing opportunities for development and promotion and paying the London living wage. The registered manager also spoke about the difficulties she had in recruiting "it is difficult to get good care staff, I am very fussy, we don't settle for second best."

Our discussions with staff found they were highly motivated and proud of the service. A healthcare professional told us that staff were good at their jobs. Staff were very complimentary about the registered manager and comments included, "she is approachable and has the residents needs at heart" and "I feel supported by them, they changed my shifts to enable me to continue to study."

We noted that many of the staff had worked in Baxendale for many years. One staff member told us, "they are a very good employer and my colleagues are great." Another told us "It's a nice place to work, they are all really helpful."

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. One person told us" She does sometimes come up and have a chat with us." There was also a comments book and a regular feedback form completed to review satisfaction at mealtimes. The registered manager also undertook unannounced night spot checks to review the quality of the service provided.

The registered manager completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. Regular monthly audits were also carried out by the management committee. These covered areas such as pain management, care plans, medicine management and participation in social activities. They also carried out regular maintenance checks. We found that the service had kept robust and up to date records, that reflected the service provided at the time of our inspection.

There was a strong emphasis on promoting and sustaining improvements at the service. The registered manager told us "I am keen to develop a dementia friendly environment" and that as she was also planning a refurbishment programme "to make the home more open and dementia friendly." The registered manager told us that she attended regular provider meetings with the Local authority and that this provided a forum for discussion to help drive improvement and review new legislation and the impact this had on

services. She told us she was well supported by the management committee who provided her with access to external consultants for specialist advice when required.