

Charing Way Limited

Woodside Residential Care Home

Inspection report

Whitfield Hill
Dover
Kent
CT16 3BE

Tel: 01304825713
Website: www.charinghealthcare.co.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 was carried out on 7 January 2019 and was unannounced.

Woodside Residential care home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Woodside Residential home is registered to provide accommodation and personal care for up to 30 older people. The service care for people living with Dementia. At the time of our inspection there were 27 people living in the service. Accommodation is arranged over three floors.

At our last inspection we rated the service as Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Woodside residential care home was undergoing an extension to the current building. This would add additional bedrooms to the service as well as additional communal space.. The new lounge would include large doors out to a secure garden area that people could use at any time. At present the service does not have any outside space. There would be a new kitchen and dining room. A library was planned and a volunteer had been found to read books and newspapers to people living at the service.

The builder understood they needed to make sure the work created the least disruption for the people living at the service; only the project manager entered the service, all other builders remained outside and all external work would be completed before doing anything inside. They anticipated the build to be completed by the end of 2019.

People experienced a service that was safe. Staff had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and people were supported to take positive risks. The premises were maintained and checked to help to keep people safe.

Staff were supported to fulfil their role in meeting people's needs. The complaints policy was accessible to people using the service.

People were given their medicines safely and when they needed them. Policies and procedures were in place so that people received their medicines when needed. People were supported to remain as healthy as possible and they had been given access to healthcare professionals when needed.

People had access to the food and drink that they enjoyed. People were supported to choose what they wanted to eat and drink, their nutrition and hydration needs had been assessed and recorded.

People were treated with kindness and respect. Their needs had been assessed and support had been provided to meet these needs.

People were central to the support they received. Care and support was planned with people and their relatives and reviewed to ensure people continued to have the support that they needed. People were encouraged to be as independent as possible.

People took part in activities of their choice and could choose what they wanted to do each day. There were enough staff to support people to participate in the activities they chose.

Processes were in place to monitor quality and people were asked for feedback about the service provided.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall. The CQC rating was also displayed on their website.

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.

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 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 inspection took place on 7 January 2019 and was unannounced. One inspector, an assistant inspector and an Expert by Experience carried out the inspection. 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 asked the provider to complete a Provider Information Return (PIR) before this inspection. 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 the 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 contacted the local authority safeguarding and commissioning teams for feedback before the inspection.

During our inspection we spoke with 5 people who use the service and 3 relatives. We spoke with the registered manager, 3 members of care staff and the activities co-ordinator. We looked at 4 peoples support plans and the associated risk assessments and guidance. We looked at a range of other records including 6 staff recruitment files, training and supervision records, staff rotas and quality assurance surveys and audits.

We walked around the building and observed care practice and interactions between staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe and said, "I feel safe. I am surrounded by people I know." Another person told us, "I feel safe here. They know what they are doing." When speaking to a relative during our inspection they told us, "My [relative] is definitely safe here. There is always someone in the room with her downstairs."

People continued to be protected from the risk of harm. Staff received safeguarding training as part of their induction into the service. Training records showed that staff received refresher training on safeguarding on a yearly basis. This meant they were kept up to date with any changes to legislation and good practice. Staff were confident that any concerns they raised would be taken seriously by their managers. Staff were aware of the whistle blowing policy and knew how to raise concerns with other agencies if they needed to.

Risks to people continued to be identified and assessed and steps were taken to reduce risks in order to keep people safe. Care plans and risk assessments had been reviewed and contained up to date information about people, for example the type of equipment staff were to use when assisting people to transfer or mobilise. There were robust systems in place to reduce the risk of people being harmed. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised, with as little restriction as possible to the person's activities and independence.

People received their medicines in a way they wanted. One person told us, "The staff bring my tablets and watch me take them." Staff received training in managing medication and had their competency checked regularly. People's medicines were stored safely in a locked room and the room temperature was checked daily. Systems were in place for ordering, recording, administering and disposing of medicines. Clear records were kept of all medicines that had been given out, these records were up to date and all medication had been signed for. Medicine audits were carried out daily by trained staff.

The provider had taken steps to ensure people were kept safe in the event of an emergency. Fire equipment such as extinguishers, fire blankets and smoke detectors were seen throughout the building and this was regularly checked and maintained. Each person had their own individual evacuation plan which included information about what was needed to support a person in an emergency. Staff had received fire safety training and there were regular fire drills involving staff and people living at the service to make sure they knew what to do in an emergency.

The provider's recruitment processes ensured relevant checks had been completed before staff started to work with people. This included two references and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff. There were enough staff available to meet people needs. One person told us, "I think the manager chooses the staff well."

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. Systems were in place to prevent and control the risk of infection. Domestic staff were employed and followed a schedule of cleaning each day. Staff completed infection control training and followed the provider's policy and procedure. Systems were in place to ensure cross

contamination was minimised. The registered manager completed regular infection control audits. We observed staff using protective equipment such as gloves and aprons when going into the kitchen, serving food or providing personal care.

The registered manager took steps to learn and improve the service when things went wrong. Staff knew how to report accidents, incidents and near misses. The registered manager reviewed these reports to look for patterns or trends.

Is the service effective?

Our findings

People received effective care which promoted a good quality of life. People communicated to us that staff supported them to do the things they wanted each day. One person told us, "I am able to do what I want in my own time." A relative told us, "Staff here do a great job. I absolutely think they know what they are doing."

People were supported by staff who were trained to carry out their roles. Staff had the training they required to do their jobs and also received supervision and appraisal. This meant that staff had opportunity to discuss their performance and learning and development needs. Staff had achieved or were working towards nationally recognised qualifications in care, such as the care certificate and national diplomas. Staff told us they received the training they required and could request additional training and support.

People said they had enough food and drink and were always given choice about what they liked to eat. One person told us, "The food is pretty good. There is a choice. There are drinks and snacks between meals." Another person told us "There is enough to eat and if you don't like it, they get you something else." During our inspection we observed people being offered drinks and snacks throughout the day. There was a menu board on each unit which told people what was on the menu that day. We saw that people had two choices but could make alternative requests for their meal. The dining tables were neatly set out and looked welcoming.

People were given the time they needed to eat their meals. Staff made sure people were as comfortable as possible and had the support they required. A relative told us, "I have seen staff encourage [relative] to eat or help her finish off her food." Catering staff knew people well and knew about people's dietary needs and preferences. One person who had been identified as at risk of malnutrition was provided with meal supplements to increase their nutrition and calorie intake. We saw that staff supported people who required assistance or encouragement to eat and drink.

Staff had received Mental Capacity Act training and we observed staff seeking consent from people before assisting people with their care and support needs. 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 Safeguarding (DoLS). We looked at records to ensure that people who being restricted of their liberty were being done so lawfully and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

People had their personal belongings in their rooms. For example, one person living at the service loved Disney. They had been able to bring in all of their Disney ornaments and they were displayed in a cabinet in

their bedroom. When speaking to one relative during our inspection they told us, "When [relative] moved in, we had a choice of room. We have put all their things in there. She likes lots of soft toys and the staff know where each one belongs."

There was signage throughout the building to support the people who were living with dementia. The small lounge within the service had been decorated to look like an old waiting room at a train station. People living at the service enjoyed sitting in this space and we observed people pointing to the drawings on the wall.

People continued to be well supported to maintain good health. People had regular access to relevant healthcare professionals and detailed records were maintained regarding who had visited and any action taken. One person told us, "The optician comes in here. I have new glasses, I'm not sure how I got them but they are fine." A relative told us, "The district nurse comes in here to support [relative]."

The registered manager and care staff continued to have a good working relationship with external health professionals. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

Staff worked together to meet people's needs effectively. It was evident during our inspection that staff worked well as a team, we noticed them asking each other for help or to check on people. There was good communication between staff. One member of staff told us, "Its not a small home, but it still feels homely. It helps that we all get on so well, we get to know the residents and it just makes life so much easier."

Is the service caring?

Our findings

During this inspection we found people remained happy living at the service, they continued to be complimentary of the staff and felt cared for. People and their relatives spoke positively about the home and the care staff. One person told us, "The staff make me feel good. I feel included and valued." A relative told us, "I have watched the staff here and they treat the people here kindly. I would say they care about them."

Staff engaged with people in a respectful manner. During our inspection we saw staff to be kind, caring and support people in a compassionate manner. Staff provided a caring and supportive environment for people who lived at the service. People and relatives, we spoke to informed us that the care provided in the home was very good and all the staff and managers were very caring and always looked at doing what's best for all them.

There were pictures of the staff with their names on display in the hallway. Staff also wore name badges so people could identify who they were talking to and who was supporting them with their care.

Staff knew about the things that were important to people. They knew about people's preferences and how to get the best out of people. During our inspection we observed staff talking to people about things that were important to them such as family members. Throughout the day we saw that staff spent time with people and showed concern about people's wellbeing and responded to their needs.

Staff had taken care to support people with their personal appearance. Everyone looked smart and well cared for. People told us they chose what to wear. People's clothes were fresh and clean and well ironed. Outfits were co-ordinated and some ladies had their jewellery on. Ladies carried their handbags with them and we observed a gentleman that had money in his pocket.

There continued to be a calm atmosphere in the service throughout the inspection. When people did become distressed or agitated, staff spent time with them to find out what was the matter. During our inspection we observed staff comforting a person who had become upset. They were unable to understand why they were living in the home and wanted to go back to their previous home. Staff sat with them, held their hand and explained they were there to make sure they were safe. Staff listened to what people had to say and responded to them. Staff had the skills and experience to manage situations as they arose. Staff were able to tell us about people's preferences in daily living, including their likes and dislikes.

Staff and relatives told us that visitors were welcome at any time. During our inspection there were relatives who visited. People and relatives used the communal areas of the home but also spent time in their own rooms if they wished. Relatives told us they felt comfortable and welcome within the home. One relative told us, "I can visit whenever I like. It is never a problem."

Staff involved people in decisions about their care. At lunch time one person chose not to go to the dining room for their lunch. We saw that staff respected this person's decision and asked if they would like to eat their lunch in the lounge, when they refused they said they would keep their meal

for later. Another person chose to stay in their room and again this was respected by staff.

Staff were respectful of people's privacy and dignity when providing care. We observed that staff kept people's doors closed when they were in a person's room providing personal care. On other occasions we heard staff knocking on people's doors before entering their room.

We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions. Staff understood the provider's policies about confidentiality and information about people was managed in a secure way. Peoples records were stored securely.

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. One person told us, "The staff are good, everyone is happy. They use your name, there is lots of laughter."

People received personalised care that met their needs. People and their relatives were involved in the care planning process and their preferences about the way they wished to receive care and support were carefully recorded. A relative told us, "Everything we have had to worry about, such as [relative] falling over, has been addressed in their care plan."

Care plans reflected people's physical, mental, emotional and social needs. Information about people's life history and the things that were important to them were recorded and understood by staff. This meant that even when people may not be able to communicate their needs, staff knew about people's unique backgrounds and how they preferred to receive care and support. Care plans were all up to date and were evaluated on a monthly basis. The registered manager told us the service was looking at transferring people's care records onto an electronic system in the future.

People were assessed before they came to the service to make sure their individual needs could be met by the service. A member of staff told us, "When people first arrive we make sure we get their wishes from them and their family." Staff were knowledgeable about people's needs and told us they supported people as individuals.

The service was responsive to people's changing needs. Staff had recognised when a person's needs had changed and had made changes to way that they gave them support. For example, during our inspection we saw one person became agitated and believe staff were trying to harm her. We spoke to the registered manager and the staff who told us that this behaviour had only begun recently. The staff had been in contact with the mental health team and requested an assessment. The registered manager had found ways to calm the person down and had developed strategies to support her to take PRN medication for her pain.

People could follow their interests and took part in activities they enjoyed. The service had an activities coordinator who showed us information about the activities that were on offer for people. The activities coordinator told us, "Each month I do a theme, this month is fitness month and we are doing things like healthy eating and exercise." We saw photographs of activities that had taken place such as bauble making and other Christmas activities. The activities coordinator told us that they would be putting pictures on display so that visitors to the service could see what their relatives had been doing. One relative told us, "The activity lady is fabulous. She gets my [relative] doing things."

The service had policies and procedures in place for receiving and dealing with complaints and concerns. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would try to either deal with it or notify the registered manager or person in charge, to address the issue. Relatives we spoke to during our inspection knew how to complain and felt confident their concerns would

be addressed. One relative told us, "If there was a problem, I would find the manager and speak to her."

The service met the requirements of the Accessible Information Standard (AIS). This is a law which requires providers make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand, to comply with the AIS. People had details of their communication needs in their care plans.

The service supported people at the end of their life to have a comfortable, dignified pain free death. End of life wishes were reflected within people's care plans and people were supported to make choices about their death and the plans they wished to implement before dying. Staff had received End of Life training. One relative we spoke to told us, "I would really like [relative] to stay here to the end if possible."

Is the service well-led?

Our findings

People and their relatives told us the service was well led. One person told us, "The service is managed well. Everything that is required is provided here." A relative told us, "The manager is constantly walking around checking up on things."

There was a registered manager. 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.

The registered manager understood their responsibilities with us and had notified us of significant events that had happened at the service. This meant that we could check that appropriate actions had been taken. It is a legal requirement for the service to display their rating both within the service and on their website. The service had met this legal requirement.

The registered manager promoted a positive and inclusive culture within the service. People and relatives felt supported by the registered manager. People using the service and their relatives told us that they felt the registered manager was approachable. A relative told us, "The manager is always around during the week and is approachable."

There was a clear vision and values which were shared by people, staff and managers. Staff were proud of how they worked as a team and in a person-centred way. The registered manager was positive about the changes that would be achieved from the extension. They told us during our inspection how this would benefit the people living there and enhance their lives, particularly the addition of some usable outside space.

The registered manager and head of care continued to be motivated and passionate about providing good quality care. They focused on continuous improvement and keeping up their practice to ensure people received the care they needed. The registered manager attended local forums and received email updates about current best practice and any changes to legislation.

Staff told us that they felt supported by the registered manager. One member of staff told us, "I feel supported, I have been shadowing other staff members until I feel confident." Staff told us that they had regular supervision with the registered manager and felt confident to raise any concerns and they would be listened too. One staff member told us, "I had a supervision with the registered manager recently - we get to discuss if there are any issues. I was able to put myself forward for promotion."

The quality of the service was monitored and the registered manager carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. Quality monitoring included seeking the views of people who used the service and their relatives. This was done through meetings and an annual survey as well as speaking with people informally on a daily basis. Minutes of 'resident's meetings'

showed that people gave their feedback and this was acted on. Survey results were analysed and action was taken to improve. The most recent survey results were mostly positive, but accessing outside space was raised as an issue, this was being addressed within the extension plans.

A newsletter was given to people and displayed throughout the service. The newsletter included events that had taken place and events that were forthcoming. Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

The registered manager understood the requirements of the duty of candour. That is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and this was reflected in records.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating both on their website and in the entrance hall of the service.