Barchester Healthcare Homes Limited

Washington Grange

Inspection report

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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

The inspection took place on 14 and 16 June 2016 and was unannounced. This meant the provider did not know we were coming. Washington Grange was last inspected in July 2014. The service met all the regulations we inspected against at that time.

Washington Grange is a care home with accommodation for up to 40 people who require personal care, some of who are living with dementia. At the time of our inspection 39 people were receiving a service.

'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.'

People and relatives were complimentary about the service and made positive comments. They were happy with the care and support they received at Washington Grange. One person said, "I love them all, from the boss down over, everything about here is good." One relative said, "I even wrote to the Chief Executive about the home to say how wonderful they are."

Recruitment practices at the service were thorough and safe. Staff training was up to date and staff received regular supervision and appraisal. We looked at current and recent staffing rotas for the service. There were enough staff employed to make sure people were supported. Relatives told us their family members had the correct level of staff supporting them.

Staff had an understanding of safeguarding and whistleblowing and told us they would speak to management if they had any concerns. They felt confident that management would listen and act on any concerns they raised.

Systems were in place for recording and managing safeguarding concerns, complaints, accidents and incidents. People and relatives told us they knew how to make a complaint. On person told us, "I would just tell them if I was not happy."

Policies and procedures were in place to ensure medicines were managed in a safe way.

People's health needs were regularly monitored and assessed. The service contacted other health care professionals when necessary, such as GPs and dieticians.

People had individual bedrooms which allowed privacy, these were comfortably furnished in accordance with people's choices and preferences. We saw family photographs along with ornaments brought from home. One person had their own fridge in their room for storing snacks.

Staff understood the Mental Capacity Act 2005 (MCA) where people lacked capacity to make a decision and the Deprivation of Liberty Safeguards (DoLS) to make sure any restrictions were in people's best interests.

People engaged in a variety of organised activities. They were supported by staff to maintain links with their family and the community by encouraging visitors into the home. Group activities and one to one sessions took place and the service had access to a minibus to facilitate day trips. We saw records of day trips and future planned outings.

People and their relatives told us they would feel confident to approach the staff or manager if something was wrong. Resident and relative meetings were held and an annual survey was used to gather feedback and opinions about the home and the service.

The manager completed regular audits and developed action plans which demonstrated they monitored the quality and safety of the service. The provider had oversight of the service with the regional manager conducting audits on a rolling programme.

People and relatives felt the management in the home was open and honest. One person told us, "I always sit here and [manager] always stops to have a chat, they leave their door open so you can see them." One relative told us, "It's a nice home, [manager] is really approachable, it's like a little family really."

Staff told us they were happy in their roles and enjoyed a good relationship with the people who lived at Washington Grange.

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.

Processes were in place to ensure people's medicines were managed in a safe way.

There were enough staff to meet people's needs.

Risks to people's safety were assessed regularly and managed safely.

Is the service effective?

Good

The service was effective.

Staff understood how to apply Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

Staff were appropriately trained to meet the needs of the service.

The service monitored and assessed people's health needs.

Is the service caring?

Good

The service was caring.

We observed staff were kind, caring and compassionate towards the people they supported.

Relatives we spoke with told us staff were always respectful and polite

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests.

Is the service responsive?

Good

The service was responsive.

Care plans were contained personalised information about the person.

Relatives told us they had no complaints about the service and if they had any concerns would speak with the manager.

The provider ensured activities were available and were planned around people's preferences.

Is the service well-led?

Good

The service was well-led.

The service had an effective quality assurance process in place.

Relatives and staff said that management in the home was supportive, open and honest.

Relatives felt the home was well managed.

Washington Grange

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.

The inspection took place on 14 and 16 June 2016 and was unannounced. This meant the provider did not know we were coming.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with six people who lived at Washington Grange and seven relatives who were visiting at the time of the inspection. We spoke with nine members of staff including the manager, the deputy manager, care staff, the activities coordinator and catering staff, who were all on duty during the inspection. We spoke with two health care professionals who were visiting the service.

We spent time observing care delivery at various times throughout the day, including the breakfast and lunchtime experience in the dining room. We carried out some observations using 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.

We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of four people, the recruitment records of four staff, training

records, medicine records and records in relation to the management of the service.

Good

Is the service safe?

Our findings

Relatives we spoke with felt their family members were safe. People also told us they felt safe. One person said, "I am very safe, I have my own room and key so I can lock it when I am out." Another person told us, "I am so well looked after, everything is taken care of, I am safe and sound here." One relative told us, "Everything about here is good, the staff are great and [my relative] is safe, we are so happy we came to look around." Another relative said, "What I like is there is always someone around, the residents are never left alone."

We looked at staff recruitment records. These showed checks had been made with the disclosure and barring service (DBS) before new staff were employed. This was to confirm whether applicants had a criminal record and were barred from working with vulnerable people. References had been obtained and completed application forms, employment history and proof of identification were on file. This meant the provider followed a safe procedure when recruiting staff.

Training records showed staff had completed up to date safeguarding and whistleblowing training. Staff knew how to keep people safe and gave examples of following support plans and risk assessments. Staff were able to describe the signs of potential abuse. For example, a change in behaviour or physical marks such as bruises. All of the staff we spoke with knew what to do if they suspected or witnessed any abuse. One care worker told us, "I have never seen anything to worry me, if I did I would report it to the manager." The provider had a system for the recording and monitoring of safeguarding concerns. Investigations were carried out and lessons learnt used to improve practice, such as refreshing training.

Risk assessments were completed for people using the service based upon their needs. For example, falls, moving and handling and nutrition assessments which were reviewed regularly.

Risk assessments were also in place to cover work practices within the service, along with building maintenance records. The staff carried out routine health and safety checks, including hot water temperature checks and fire safety checks which were up to date.

We reviewed accident and incident records. We saw the information was detailed and included what happened, the injury and the action taken following the incident. The manager investigated all accidents and incidents and where necessary provided an action plan to address any concerns. We saw the system looked at patterns and themes. The manager told us, "They are always reviewed, for example, they could show an issue with staffing levels at certain times, meaning I would look at staffing ratios and deployment."

Medicines were stored securely in a locked cupboard in the medicines room. There was also a fridge available if the service needed to store medicines that required cool storage. Records confirmed that temperatures were checked and recorded daily. Each person had a medicine file which contained the most current medicines administration record (MAR). Records gave clear instructions on what medicines people were prescribed, the dosage and timings. People's MARs were completed correctly with no gaps or inaccuracies.

We saw staff had received the appropriate training for administering medicines and had their competency checked regularly. We observed the deputy manager administering medicines to four people. People were approached sensitively and the medicines were administered safely. The deputy manager spoke gently with people, providing reassurance and encouragement. Medicines administration records (MARs) were completed after each medicine was given. This meant accurate records were made as people accepted or refused their medicines. MARs contained a section on administration difficulties and information. For example, whether the person had swallowing difficulties, or liked their medicine with water or juice.

Regular checks of medicines administration records and checks of stock were carried out. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed. The deputy manager and one of the senior carer workers had overall responsibility for the management of medicines from ordering to returning medicines.

Staff and relatives of people using the service told us there was enough staff to meet people's needs. One relative told us, "I visit often, I had no reservations of putting [my relative] in here, there are plenty of staff around." Another relative said, "They will sit and have a chat, nothing is a trouble." Staff were visible throughout the day and people received support immediately when it was required. The provider had a dependency tool which the manager reviewed on a week by week basis. People's dependency scores were matched to the staffing rota and amendments made if necessary. The manager felt that by reviewing staffing levels weekly they could identify shortfalls and rectify these before the actual rota became live.

We reviewed the current rota and recent weekly rotas. The service had enough staff on duty, depending on the people's assessed support needs and activities for the day. There were three care staff and one senior carer during the night. Support plans set out the level of care each person needed. We observed people had enough staff to support them. One care worker told us, "I am happy working here, we are a team here to look after people, it's all about them." Another care worker told us, "We have time to give choices, when to get up and when to go to bed."

The provider had suitable plans to keep people safe in an emergency. The business continuity plan (BCP) gave instructions for staff in the event of an emergency, such as staffing shortages. We saw each person had a personal emergency evacuation plan (PEEPs) this detailed action to be taken in the event of an emergency and was accessible to staff. The manager advised these were updated whenever there was a change in people's needs. The manager showed us a 'grab bag' which contained a copy of the BCP, torches, batteries and copies of the PEEPs for staff to access in the event of an emergency.

We noted people's bedroom doors had different coloured sections on them. The manager told us this was the system used for evacuation purposes. By using the green, amber and red rating, staff know the level of support people needed in the event of an emergency.

Good

Is the service effective?

Our findings

People and relatives we spoke with felt the service was effective. One person told us, "I am doing much better in this home, I can please myself what I do, if I want to be quiet I can stay in my room." One relative said, "[family member] has been here three years and they are receiving such excellent care." Another commented, "[family member] is doing so well now they are in here."

Staff we spoke with felt confident and suitably trained to support people effectively. Training was updated when necessary. Staff completed mandatory training which covered, moving and assisting, health and safety and fire training. The service used a computerised system to record training. The system flagged up when training was due to be updated or had expired. The system allowed the service to book any face to face training ahead of time to maintain care workers' knowledge. One care worker said, "Training is really good here, if I do not feel confident I can speak to the manager and more training can be arranged." Another commented, "When I first started I shadowed staff for a while, then did even more training."

The manager told us the service was supported by the Tyne and Wear Care Alliance, (TWCA) and accessed many courses through them. The TWCA support adult social care services to access training and can facilitate bespoke training for providers. This meant staff can access training that is outside mandatory training. The manager advised that they are in discussion with the TWCA to obtain face to face training in dementia, to reinforce the distance learning staff had already completed in this subject.

Records confirmed staff received regular supervisions and appraisals. The service had a supervision and appraisal planner. Staff told us they felt their supervisions were important and were used to discuss development and to raise any issues or concerns. One care worker told us, "We have supervision regularly, but I know that I can also go to [manager] any time if I have a problem with work."

Staff told us they attended a 'handover' meeting between staff as they changed shifts. They felt communication was good between management, senior staff and care staff. People's needs were discussed and updates or actions which needed to be addressed were shared. A diary was maintained by management and senior care workers to track key information and appointments. The staff also maintained daily notes about each person to ensure other staff knew what had occurred prior to them coming on duty. Effective communication meant that all staff could carry out their role responsibly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 procedure for this in care homes and hospitals 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. The registered manager tracked the DoLS applications and kept a log of each person who had a DoLS authorisation in place. We saw people's care records did not always contain details of the authorisation within their care plans. The manager acted on this immediately and care plans were updated with details of the authorisation and how this applied to the persons care and support.

We spoke to staff about people's DoLS, and asked for their understanding about individual circumstances. Staff were able to describe the reason for the authorisation and how they supported people. For example, accompanying a person to access the community.

Cooperation between care staff and healthcare professionals was evident in care records including social workers, dieticians, pharmacists, community psychiatric nurses and GPs to ensure people received effective care. We spoke with an elderly care nurse practitioner who was visiting the home. They told us, "They are very proactive, we have a very good working relationship." Another visiting community nurse told us, "I don't come here often but it is always fine when I do visit."

The manager told us about the National Early Warning Sign (NEWS) system which is being introduced by GP surgeries. Senior care staff were being trained to take base line observations of people on admission to the home. For example, blood pressure and pulse measurements. This meant the service would have a picture of a person's normal measurements. If they became unwell a further measurement could be taken and this information given to the GP. This meant that the service were keen to embrace new processes to support the wellbeing of people.

A four weekly rolling menu was in place which had been developed with the involvement of people who used the service. People were supported to maintain a varied and healthy diet. Nutritional assessments were completed regularly, along with care records to monitor people's food and fluid intake and weight.

We observed people eating breakfast in the dining rooms and in bedrooms. People getting up later were offered breakfast. One person told us, "This is my second breakfast, I get up very early and have tea and toast, then I come along here for a proper one." Staff asked people what they preferred for breakfast and offered alternatives if people did not want the available choices.

We observed the lunchtime meal. The tables were laid with tablecloths, cutlery, napkins and condiments. People chose where they sat, mostly in friendship groups. Some people preferred to stay in their rooms. The staff wore aprons to serve meals. People had cloth napkins to maintain dignity or were asked if they wanted to wear a tabard. Adaptive cutlery and drinking vessels were offered where needed. Staff approached each person with two plates of food to show the choices for that day. One care worker told us, "This helps as many people do forget what they wanted." Hot and cold drinks were offered throughout the meal. People were not rushed. The main course choices were well presented and looked and smelt appetising. People enjoyed the meal. A choice of dessert was offered. One care worker said, "A nice bowl of crumble, just like you used to have at home, or some ice cream?" People were offered help or prompted as needed. One care worker remained in the dining room at all times. Some people chose to eat in their rooms, staff delivered meals on trays. Plates were covered and when necessary staff remained in the room to support people to eat and drink.

We observed tea trolleys in the morning and afternoon, with hot and cold drinks, snacks of cake and biscuits. The chef was able to tell us about people's different nutritional needs and had information about specialised diets. Staff were aware of people's special diets and were able to describe how thickened fluids

were prepared.

The manager advised the home was in line for a full refurbishment. Plans were in place to build on the already themed corridors and places in the home to assist in memory recall for people. Several touchable textured art works decorated the walls.

The home was comfortable and spacious. The ancillary staff were highly visible and followed a cleaning schedule to maintain a high level of cleanliness throughout the home.

Good

Is the service caring?

Our findings

The staff displayed a caring, kind and compassionate attitude towards people and visitors. We observed many positive interactions throughout the inspection, such as care workers stopping to chat to people, taking time for to people communicate. Staff clearly knew people well. People made comments such as, "I love them all" and "The girls are wonderful." One relative told us, "They are always available and we are kept up to date, either when we pop in or [manager] gives us a ring." One relative told us, "They always treat [my relative] with respect, they are always polite to us when we visit."

Staff were open and relaxed talking and listening to people in a caring manner. Buzzers were answered promptly, we saw staff stopped to have a word with people as they passed. One care worker told us, "It only takes a minute to check they are doing alright." One care worker told us, "I am very interested in dementia and am always picking up bits and pieces on how to help in my work, like how to approach people and how to keep their interests, it's all about the people." We saw communication between staff and people took many forms such as touch, gestures and facial expressions. There was lots of laughter in the home, staff were having a joke with people in an appropriate manner, and at times with family members.

People were given choices appropriate to their needs, staff knocked on bedroom doors before entering. Staff used people's preferred names and actively encouraged decision making. One person said, "The food is lovely, I had cereal and toast and a cup of tea at breakfast". A care worker stopped and asked, "Do you want a top up of tea that one must be cold now."

Staff were observed to be caring whilst supporting people in the home. When using moving and assisting equipment they did so in a dignified manner. When people were supported with eating and drinking staff used prompts at a pace appropriate to them. We observed one member of staff assisting a person with their lunch, taking time to make sure the person's mouth was empty before telling them there was another spoonful ready if they were.
We found personal care was attended to discreetly and clothing changed to maintain dignity. Staff clearly understood people's preferences and were knowledgeable about the care they required. Staff explained to people what they were going to do before they acted and gained consent either verbally or by gestures.

Staff spent time with people in the communal areas, engaging in conversations, reading with people and having a laugh and a joke. When people gestured towards staff, staff crouched down to eye level and held people's hands gently when speaking with them.

People's dignity was valued, staff supported people with choice of clothes, and made sure they had their hair done and glasses on. On care worker told us, "I always ask what they want to wear on a morning."

The service had information available to people and visitors regarding advocacy. The manager advised one person had an Independent Mental Capacity Advocate (IMCA) who is supporting them. The role of the IMCA is to support and represent people at times when critical decisions are being made about their health or social care. They are involved when the person lacks capacity to make these decisions themselves and

mainly when they do not have family or friends who can represent them.

The provider had an "Employee of the month award" scheme. The award was given to recognise and acknowledge individual care workers. Relatives, people and other care workers completed a form which was submitted to the manager who then analysed the information to determine the winner each month. We spoke with the care worker who had recently won the award. They told us, "It gives you a boost."

The communal areas were homely, with pictures and ornaments on display. Lounge areas had a range of seating, with small tables for people to have personal effects close by. Bedrooms were personalised with photographs, pictures and ornaments brought from home. One person had their own fridge in their room for storing snacks. Staff were respectful of people's belongings and ensured people had their important items with them during the day.

Good

Is the service responsive?

Our findings

People and relatives felt the service was responsive. One person told us, "My doctor comes if I am poorly, that's good isn't it." One relative told us, "They make sure [relative] attends hospital appointments." A visiting health care professional told us, "The staff are responsive and will send a referral if needed, for example to speech and language therapy (SALT), they are not scared to ask questions. The management are very person centred and use a personalised approach."

We looked at people's care records. Care plans were specific to people and reflected their needs. Care plans and risk assessments were reviewed regularly and updated when necessary. Relatives and people were involved in care planning where ever possible. The activity coordinator completed life histories with people and spent time speaking with families, information was then added to care plans. One relative told us, "We are involved in care, any changes are always discussed." Another told us, "[family member] is looked after, we have no problems at all. There is always someone to speak with."

Staff were able to discuss people's care needs and had an understanding of person centred care. One care worker told us, "We always give choice, what time to get up or what time to go to bed, it's all about them. If they want a bath or a shower that type of thing." One care worker told us, "We have handover meetings to discuss people's care, it's important to know about changes or if someone is not well."

We observed the manager speaking with relatives to keep them up to date with their family member's health and wellbeing. During the inspection a family came to look around the home. The manager gave clear information about Washington Grange and responded to their questions about the service. The manager told us, "The family had been to look around previously, and decided to come back again, they are going to place their relative here."

We spent time with the activities coordinator. They told us, "Activities are very well attended, I have meetings with people where we talk about what they want to do and plan ahead. We are getting a wooden frame made to start and make a proddy mat, and soon are going to Beamish for the day." The service had an activity room which was full of arts and craft materials, board games, wool and material. There were several pictures on the walls that people had painted during one session. The coordinator explained that even though some people do not want to join in they are happy to come along to the activity room and watch the others. The room had a small kitchen area, one person told us, "We bake sometimes, [activity coordinator] is wonderful." The coordinator had made a box with partitions which they had filled with textured items. They explained this was for one person who was visually impaired. They explained that some people do not want to join in, so time is spent on a one to one basis, one person likes to have the newspaper read to them. We saw records of past outings and plans for future trips and entertainment. We saw good interaction between the coordinator and people whilst activities were taking place. People were painting, knitting and looking at pictures. People could have a cup of tea or coffee if they wanted, and the feeling was one of inclusion. There was lots of chatter between people, it was evident from people's body language and facial expressions that they enjoyed the activity.

We saw people's interests and hobbies were valued. The service had planned for people to watch a football game on the television, bunting had been put up and snacks were organised for people to enjoy during the match. One person told us, "Oh yes, we are going to watch the match."

The service did have access to a vehicle available to take people out. Recent trips out included a day at Beamish Museum as well as visits to the seaside. People also visited a local coffee shop. The activity coordinator told us, "They put a game of bingo on for people, the residents love to go."

The service had a complaint's policy and procedure that was accessible to relatives, people and staff. There had not been any formal complaints made to the service. The manager told us that any minor comments or concerns can be dealt with immediately so these do not develop into complaints. One person told us, "I would complain to the manager if I had a problem."

Good

Is the service well-led?

Our findings

People and relatives felt the home was well-led and management in the home was good. One person told us, "They are lovely, always happy to help." One relative told us, "It's a nice home, [manager] is really approachable, it's like a little family really." Another commented, "The manager is very approachable, I am told about everything."

The service had a registered manager in place. The CQC registration was on display along with a copy of the most recent inspection report. We saw that the registered provider ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements. The registered manager kept a file of all notifications sent to CQC. The home kept all personal records secure and in accordance with the Data Protection Act.

Staff told us they were happy in their work and felt supported by the management in the home. One care worker told us, "I can go the manager, [manager] is lovely, we are a good team here and work together." Another told us, "This is a friendly home, the manager helped me with my hours, I feel I get all the help I need."

We examined policies and procedures relating to the running of the home. These were reviewed and maintained to ensure staff and people had access to up to date information and guidance. Staff were aware of policies and read these as part of their induction process.

We found evidence of accidents, incidents and allegations of abuse being reported. The manager audited these to identify if there were any trends or patterns. If any concerns were found then action had been taken to minimise these.

The service had a development plan in place which was reviewed and monitored by the manager and the regional manager. The quality assurance process covered areas such as care plan audits, medication audits and health and safety audits. We saw the most recent regional manager audit, their report covered the five questions that the Commission ask, is the service safe, effective, caring, responsive and well led. The report made recommendations for the manager which were actioned and then signed off at head office.

The manager told us about the links they had made with the wider community. The local Member of Parliament held their surgeries in the home which people attended. The manager told us, "This gives a real sense of community in the home." We saw two different religious denominations visit the home on a regular basis. The home was also a member of the 'Relatives and Residents Association', who support, inform and campaign on behalf of people receiving services. The manager told us the association sends out a range of training materials aimed at care staff, as well as training for activities coordinators. Staff had completed a walk for charity and pictures were on display showing them with their medals.

Records showed the manager held regular meetings with staff, people and relatives. Meeting minutes were available. The service carried out surveys on an annual basis to capture the views of relatives and people

who used the service. The recent survey responses contained very positive comments. One read, 'It is not home but it's the next best thing.' Another commented, 'I would tell my friends to stay here.'

There were no issues or concerns raised by any other agencies that we contacted prior to the inspection.