

Barchester Healthcare Homes Limited

Woodgrange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Woodgrange is a nursing and care home located in Bourne, providing personal and nursing care to up to 64 people. The service has three separate areas that specialise in providing care to people living with dementia, people who require nursing care, and people who have residential care needs. At the time of our inspection there were 51 people using the service.

People's experience of using this service and what we found

A range of quality assurance systems were in place to monitor and improve the service, however, these were not always used effectively. Some areas of the kitchen were unclean and water outlets had a build-up of limescale. Care staff supported people to eat in a caring and dignified way but did not always wash or sanitise their hands before moving on to support the next person.

Visitors were welcomed throughout the day and relatives told us staff were really friendly and helpful. An effective safeguarding system was in place to ensure people's safety and people told us they felt safe. Risks relating to people's individual health and care needs were assessed, and people received their medicines as prescribed. Staff supporting people with food and drink had received the appropriate training. Safe recruitment and background checks were in place and we observed there were enough staff to meet the needs of people using the service.

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

The registered manager and regional director demonstrated they were focused on meeting positive outcomes for people. The provider held regular meetings to keep people informed of developments and changes to the service. Care plans and assessment processes considered people's individual characteristics. Staff received regular supervision and attended frequent team meetings. Feedback about the registered manager was consistently positive and the provider worked closely with other health and social care professionals to ensure people received consistent and timely care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 January 2020).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of specialised dietary requirements and choking risks. This inspection examined those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodgrange on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Woodgrange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector. A second inspector did attend on the first day of inspection for learning purposes.

Service and service type

Woodgrange is a 'care home'. People in care homes receive accommodation, nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Woodgrange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and six relatives, to learn about their experiences of the service provided. We spoke with 20 staff members including the registered manager and the regional director. We also received feedback from four health and social care professionals who knew the service.

We reviewed a selection of care records for 11 people including medicine administration records, care plans, risk assessments, daily notes and incident forms. We reviewed eight staff files and records relating to training, recruitment, performance management and support.

We reviewed a selection of records relating to the management and quality monitoring of the service. These included complaint management, accident and incident monitoring, quality audits, meeting minutes and provider oversight. We also reviewed a selection of policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

Preventing and controlling infection

- Food preparation areas in the kitchen were clean and tidy. However, we found some areas of the kitchen to be dirty, such as behind a fridge and on the top of an oven where cooking equipment was stored. In addition, water outlets had a build-up of limescale. The provider responded immediately and put in place additional kitchen checks and cleaning routines.
- We observed care staff supporting people to eat their meals in a caring and person-centred way, but they did not always wash or sanitise their hands before moving on to support the next person. We spoke with care staff who demonstrated a good knowledge regarding hand hygiene. The provider stated all staff had access to portable hand sanitiser and would be reminded of safe hand hygiene during mealtime support.
- We observed staff using personal protective equipment (PPE) effectively, however, we found protective clothing for staff entering the kitchen was dirty.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- We observed visitors entering the home throughout the day and there was a receptionist available to greet people at the entrance to the home. One relative told us, "We can pop in at any time of day."
- We observed friendly interactions between visitors and staff. Relatives of people using the service told us staff were friendly and helpful. One relative told us, "The staff are really friendly, you can tell they just give excellent care."
- A coffee lounge was available by the entrance to the home for visitations, and we observed visitors spending time with their family members in their private bedrooms, lounge areas and dining rooms.

Systems and processes to safeguard people from the risk of abuse

- An effective system was in place to ensure safeguarding concerns were reported and followed up to ensure people's safety.
- People were protected from the risks of abuse and avoidable harm by staff who were trained to recognise the potential signs of abuse.
- People using the service and their relatives, told us they felt safe and able to raise concerns. One relative told us, "If I had concerns, I feel comfortable going to the nurses or the registered manager." Another relative told us, "If I have concerns, staff are very approachable. They take note of my concerns and deal with them."

- The registered manager promoted openness and transparency. Staff told us they felt comfortable reporting concerns, as they were confident they would be acted on.

Assessing risk, safety monitoring and management

- Risks related to people's individual health and care needs were identified and assessed to ensure safe care. These included risks associated with mobility, skin integrity and eating and drinking. For example, some people were at risk of choking due to swallowing difficulties. Advice had been sought from Speech and Language Therapists (SaLT), who had identified the type of modified meal that was appropriate. This was identified in people's care plans and in food preparation areas. The meals served were appropriate for people's needs. This reduced the risk of people receiving the wrong type of food.
- Staff who were responsible for supporting people with food and drink had received appropriate training. Staff explained how they would know if a person required a modified diet and we observed people being supported with eating and drinking as described in their care plan.
- The provider facilitated positive risk taking to enable people to live their lives as they chose.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- We received mixed feedback from staff and relatives of people using the service regarding staffing levels. The provider acknowledged they had experienced some recruitment challenges earlier in the year, but stated they were adequately staffed at the time of the inspection. A comprehensive dependency tool was used by the provider to assess staffing numbers, and we observed there were enough staff present to meet the needs of people using the service. For example, there was sufficient staff present during mealtimes to ensure safe care.
- Safe recruitment and background checks were in place to ensure staff were of good character and suitable for their role.
- Registered nurses are required to register with the Nursing and Midwifery Council and the provider had systems in place to check their registration status.

Using medicines safely

- People received their medicines as prescribed. We observed safe medicine administrations during the inspection, by staff who spoke with people in a caring and dignified way.
- Staff were trained in medicine administration and demonstrated knowledge in relation to safe handling of medicines.
- Medicine administrations were consistently and accurately recorded.

Learning lessons when things go wrong

- In response to a serious choking incident that triggered this inspection, the provider had reviewed all associated risk in the home and shared information with the care and nursing team, to ensure safe care. We found people were kept safe from the risk of choking.
- The provider was open when things went wrong. One health and social care professional told us, "They get it wrong sometimes, but they've always been transparent. They've always followed due process and procedure, and I like that."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A range of quality assurance systems were in place to monitor and improve the service. These had mostly been effective in identifying areas for improvement and maintaining a high standard of care. However, environmental audits had not always been effective. For example, kitchen audits had not identified gaps in the cleaning routine. The registered manager and regional director acknowledged this and stated they would increase environmental monitoring.
- The regional director audited the service regularly, to help share learning and ensure consistent high standards. They demonstrated they were committed to addressing any concerns or ideas to improve the quality of the service.
- The registered manager told us they felt supported by the regional director and the provider.
- Robust policy and procedures were in place which covered all aspects of the service. The policies viewed during the inspection were reviewed and up to date.
- Staff were clear about their roles and responsibilities. They worked as effective team to ensure people's needs were met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and regional director demonstrated they were very focused on meeting positive outcomes for people.
- The registered manager ensured effective person-centred support for people with mental health conditions was provided. One health and social care professional told us, "We don't get any hospital admissions from Woodgrange, as they manage mental health support well. They achieve good results for patients."
- The provider held regular resident and relative meetings to keep people informed of developments and changes to the service.
- Care plans and assessment processes considered people's individual characteristics such as religion, cultural needs, dietary requirements and personal preferences.
- Staff received regular supervision and attended frequent team meetings. Staff described a range of meetings including daily handovers, which provided an effective opportunity for staff to receive updates regarding people's needs.
- Feedback from relatives about the registered manager was consistently positive. One relative told us,

"[Registered manager] is amazing, she takes everything into account. If you've ever got any problems, she is really good."

- Staff spoke highly of the registered manager and their colleagues. One staff member told us, "[Registered manager] is an open person, very helpful and always there when you need her. She comes in at the weekend to help out". Another staff member told us, "The staff are brilliant, It's like we're a family. We are a great team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities regarding duty of candour and demonstrated openness and transparency throughout the inspection.
- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The management team had sent statutory notifications to the CQC as required.

Continuous learning and improving care

- The registered manager and regional director demonstrated an open and positive approach to learning and development
- Information from the quality assurance systems was used to inform changes and improvements to the quality of care people received.
- The management team were committed to driving improvements to ensure positive outcomes for people they supported and the staff.
- Staff told us they had opportunity to learn and develop and felt supported to do so.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. One relative told us, "[Name] is prone to contracting infections. The service has a direct line to the GP. They are able to get samples tested and medication prescribed within the same day."
- People with specialist care and nursing needs were referred to the relevant health and social care professionals, such as SaLT or community psychiatric nurses.
- Feedback from health and social care professionals was consistently positive. One professional told us, "The care home is very homely, very welcoming, very friendly. I spoke with the residents who were nice and seemed settled. I can't speak highly enough about the [registered manager] and the home."