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Woodthorpe Manor Nursing Home

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

What life is like for people using this service:

People felt safe because of the quality of the care and support they experienced. There were enough staff. Staff were attentive to their people's needs and staff responded quickly when they used their call-alarms. People knew how to raise any concerns about their safety.

The provider had safeguarding procedures and polices that staff were familiar with. Staff knew how to report concerns and were confident that any concerns they raised would be taken seriously by management.

An experienced team of staff supported people. Many of the staff had been at the service for as long as some of people the people who lived there. People felt safe because the staff knew their needs so well.

People had their medicines on time. Storage of medicines was safe.

The home was clean, tidy and fresh because staff followed good infection control procedures.

People had a choice of healthy meals and their dietary requirements were met. The staff were knowledgeable about people's food preferences. People who required support with eating received that support. Staff made sure people saw their GPs and other healthcare professionals when they needed to.

People liked the way the home was decorated. People could bring their own furniture and furnishings. Their rooms were decorated to their taste. We saw that the home was well-maintained.

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

The staff treated people with kindness and respect. People had good relationships with the staff. They and relatives were involved in decisions about their care and support. Relatives could visit the home at any time.

People took part in activities. They joined in with games that promoted movement and exercise. We saw people reading, watching television and talking with other people and staff. People who wanted were supported to follow their faith needs.

The provider and registered manager ensured information was provided to people in a way they found accessible. People's care plans included 'communication passports' which explained how they wanted staff to communicate with them.

If people had any complaints about the service they would tell the registered manager or staff. They were confident their concerns would be addressed.

The registered manager carried out audits to assess the quality of people's experience of the service. People's views of their experience of the service were sought and acted upon. People consistently said they were happy living at the home and felt well-cared for. The registered manager
carried out checks to ensure the premises were safe.

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.

About the service:
Woodthorpe Manor Nursing Home is a registered care service providing care for up to 30 older people. It is situated in a residential area of Woodthorpe, a suburb of Nottingham. On the day of our inspection visit there were 21 people using the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Rating at last inspection: Good (report published on 2 July 2016)

More 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 was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-led findings below.

Woodthorpe Manor Nursing Home

Detailed findings

Background to this inspection

The 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.

Inspection team:
The inspection team consisted of an inspector 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. Our expert by experience's area of expertise was the care of older people.

Service and service type:
Woodthorpe Manor Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:
The inspection was unannounced.

What we did:
We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we

require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with seven people using the service and four relatives. We also spoke with the registered manager, a nurse and two care workers. We made observations of how staff supported people.

We looked at four people's care records. We also looked at other records relating to the management of the service including staffing, quality assurance, and accidents/incidents.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes
• People told us they felt safe at the home. They said they felt safe when staff supported them. We saw staff safely support people, for example when they transferred people using a hoist or when they supported them to walk.
• Staff were trained in safeguarding and knew what to do and who to tell if they had concerns about the well-being of any of the people using the service.
• If safeguarding incidents occurred staff reported these to other agencies, as required, including the local authority and CQC.

Assessing risk, safety monitoring and management
• Staff knew how to monitor people's safety and reduce the risk of accidents.
• People's care plans included detailed risk assessments that had information for staff about how to safely support people without restricting their independence. Risk assessments detailed how to support people with personal care needs so that they could do as much for themselves as possible without falling or injuring themselves.
• People had personal evacuation plans for use in emergencies, such as a fire. An up to date fire risk assessment was in place. The home had a maintenance person who carried out frequent checks on the premises and equipment to ensure they were safe and fit for purpose.

Staffing levels
• The registered manager used people's dependency assessments to calculate how many staff were required. If people's needs increased, staffing levels were increased.
• There were enough staff. People told us staff did not rush them. Two staff always supported people when using a hoist. Staff always responded quickly to call alarms.
• We compared the staff rota with information about staff training and found that sufficient numbers of trained staff were consistently on duty.
• The provider had safe recruitment procedures that ensured that only staff suited to work at the service were employed.

Using medicines safely
• People were supported to have their medicines at the right times. Staff told people what their medicines were for.
• Only trained senior staff who had been assessed as competent supported people with their medicines.
• People had medicines care plans which explained how their medicines must be given. Protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief. People told us they had PRN medicines when they needed them.

• Medicines were stored securely and regularly audited by the registered manager or a senior care worker to ensure they were being managed safely.

Preventing and controlling infection
• Staff followed infection prevention and control procedures to protect people from infection. A person told us, "They wash their hands every time. They always have something [gloves and aprons] on."
• Staff were trained in infection control and followed the provider's policies and procedures on this when keeping the home clean and working in the laundry. Guidance for staff about infection control was displayed in staff rooms, bathrooms and rooms where cleaning equipment was stored.
• Staff had the right equipment for cleaning, for example colour coded mops, buckets and bins to ensure that clean and dirty items did not come into contact. This reduced the risk of cross-contamination.
• The registered manager oversaw infection control and carried out regular audits to ensure standards of cleanliness were good.

Learning lessons when things go wrong
• Lessons were learnt and improvements made when things went wrong. For example, after a staff member's care practice had fallen below the standards expected, the provider used their disciplinary procedures. Staff were reminded of those standards and supported to maintain them using the provider's staff appraisal process.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The registered manager or a nurse assessed people prior to admission to ensure their needs could be safely and effectively met at Woodthorpe Manor Nursing Home.
• People told us that they were well looked after. A person said, "They've always looked after me well. I couldn't ask for better care."
• Assessments covered people's health and social care needs and their life history, preferences, hobbies and interests.
• Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had so that those needs could be met.

Staff skills, knowledge and experience
• People told us that the staff understood their needs and that they appeared to be well trained. A relative said, "They definitely understand [person's needs], otherwise [person] wouldn't be here."
• Staff received training training that equipped them with the knowledge they needed to support people. The registered manager maintained records to ensure that staff completed their training. The provider's training motto was 'Good training equals good care.'
• The registered manager evaluated the effectiveness of training through 'walk-about observations' and regular testing staff member's knowledge of policies, procedures and legal requirements.
• The staff team was very experienced. Fifty per-cent of the staff had worked at the service for 15 years or more.
• Nursing staff were registered nurses who kept their registrations with the Nursing and Mid-wifery Council up to date.
• People and relatives could be confident that people were supported by staff with the right skills, knowledge and experience.

Supporting people to eat and drink enough with choice in a balanced diet
• People had a choice of healthy and nutritional meals and were provided with their preferred drinks throughout the day. People with cultural dietary requirements were supported to have their favourite meals.
• Nurses used a nutritional screening tool to assess people's dietary needs. This considered people's weight, ability to eat, skin type, medicines, appetite and psychological state. People with special dietary requirements such as soft or pureed food had their meals in that form. Where required, nurses involved dieticians in developing people's nutritional care plans.
•The registered manager and nurses ensured that the cook knew about people's dietary needs and preferences so that people's meals could be prepared in a way that met their needs.
• We saw that people enjoyed a pleasant dining experience. People chose where they wanted to eat, for

example in their rooms, a lounge or dining room. Staff supported people who needed support with eating their meal. For example, staff supported people to use cutlery and asked them quietly and respectfully if they wanted help to cut their food. People were supported to eat at a pace that was comfortable for them.
• People could request alternative meals if they changed their minds about what they had previously asked for. There was enough variety of food in store to cater for people's preferences.

Staff providing consistent, effective, timely care within and across organisations and supporting people to live healthier lives and access healthcare services and support
• People told us that staff were attentive to their health needs. We saw in people's care records that they had access to a range of healthcare professionals including GPs, dentists, opticians, dieticians and dementia specialists when they needed them.
• If people needed emergency healthcare staff acted quickly to arrange this. They contacted out of hours GPs and called for an ambulance if a person needed one.

Adapting service, design, decoration to meet people's needs
• People told us they liked the premises and the way the home was decorated. People could have furniture and furnishings such as curtains from their family home in their rooms. The provider had changed carpets in people's rooms after they had requested this. People's rooms were personalised to their taste. They told us they liked their rooms.

• Accessibility was good throughout the home and people could choose to sit in quiet or more social areas. People had access to a garden area that had, at their suggestion, been enhanced with a fish pond and aviary. A relative told us, "[Person] can see the aviary and fish pond from their room, it's lovely for them." People told us they went into the garden to relax and for fresh-air.

Ensuring consent to care and treatment in line with law and guidance
• 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 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 had the appropriate legal authority and were being met. We found they were.
• Staff were trained in the MCA and understood the importance of seeking consent before supporting people. Staff always asked for their consent before providing them with care and support and we saw this in practice during our inspection.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported
• People told us the staff were kind and compassionate. A relative said, "'The care has been excellent, we've been listened to, the staff act as though they love [person]."
• Relatives told us that they felt their family members and staff had developed caring relationships.
• Staff supported people in a way that made them feel they mattered. They did this because they knew what was important to people. A relative told us, "They always made sure [person] is nicely dressed and that their hair was done nicely."
• People's care plans included information about their life history and interests. This meant that staff knew what kinds of things people liked to talk about. We saw staff have conversations with people which people evidently enjoyed.
• Staff remembered people's birthdays. They helped relatives organise events and celebrations that were important to people.
• Relatives could visit the home at any time without undue restriction. We saw from the visitor's signing-in book that relatives came from early morning to late evening. This supported people to maintain contact with those who mattered to them.
• People with relatives who lived abroad were supported to contact them using the internet.

Supporting people to express their views and be involved in making decisions about their care
• People were involved in decisions about their care. The registered manager invited relatives to be involved in reviews of their family member's care plan. A relative told us, "We had a full interview with the manager before [person] came here. We felt involved."
• The registered manager kept relatives informed about their family member and if necessary invited them to discuss changes to a person's care and support. Relatives told us that staff had advised them about independent advocacy services they could contact for support.
• Care records showed that people and/or their relatives were consulted when care plans were written.

Respecting and promoting people's privacy, dignity and independence
• Staff respected people's privacy. We saw that staff knocked on people's doors before entering their room. A relative told us, "We're always asked to leave [person's room] when staff come to provide care. They pull the blinds and shut the door."
• When staff supported people, they did so discreetly and adjusted people's clothing to protect their dignity when transferring them using a hoist. Staff spoke softly to people so others could not overhear.
• People were encouraged and supported to be independent. Staff supported people to do as much for themselves as possible, for example wash and dress. People told us that on some days they did more themselves because they wanted to, but they knew they could ask staff for support if they needed it. Some

people went out to do their own shopping.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care
• People's care plans were personalised and included the information staff needed to provide responsive care and support. A relative told us, "The care is very good. That's because they care for all [person's] needs, they know what they want and what they need. I couldn't care for them as well as they do." Another relative said the care was "Personalised, appropriate, caring and kind."
• People's preferred daily routines were set out in their care plans so staff knew how they liked their care and support delivered and when.
• Staff were knowledgeable about how people wanted to be supported. Daily records of people's care and our observations confirmed that people had been supported in line with their preferences and needs.
• Care plans were regularly reviewed and updated. People were consulted about their care and relatives were invited to reviews of their family member's care plans.
• People were supported to follow their hobbies and interests. A person who played tennis was supported to watch games at a tennis club next to the home from a patio overlooking the club. A person with an interest in trains had access to a model railway layout in a lounge.
• We saw evidence that people participated in social events at the home such as dances.
• Some activities such as sing-a-long sessions and dancing supported people to socialise with each other. Relatives could participate in activities. Those types of activities meant that people were not socially isolated.
• People with faith needs were supported to attend church services. A person's care plan included information about their faith.
• The registered manager understood their responsibilities in line with the Accessible Information Standard and ensured information was provided to people in a way they found accessible. For example, the provider's complaints procedure was available in an easy to read format. People's care plans included a section about how staff should communicate with people who experienced communication difficulties.
• We saw a staff member using signs and symbols whilst reading a story to a group of people during a book reading activity. It was evident from people's reactions that they understood and enjoyed the story.

Improving care quality in response to complaints or concerns
• People and relatives knew how to make a complaint if they felt they needed to. The complaints procedure was prominently displayed in the entrance hall and was included in people's information packs about the service.
• People and relatives would approach the registered manager if they had a complaint or a concern. Relatives told us the registered manager was friendly and approachable and that they were confident and comfortable about raising any concerns with them.
• There was a system for logging complaints and analysing them to see if any action was needed to improve the service.

End of life care and support

• People had been asked for their wishes and preferences about how they wanted to be cared for at the end of their lives and had advance care plans in place for this.

• At the time of our visit no person required end of life care. People's care plans included information about their chose funeral arrangements. We saw feedback from relatives of deceased people which complimented staff on the quality of care they provided at the end of people's lives.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.
• The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last CQC inspection was prominently displayed and they ensured there were systems in place to notify CQC of incidents at the home.
• The home had a comprehensive audit system in place. This was based on CQC guidance for providers about the essential standards of care. The registered manager carried out a range of audits to check that people's needs were being met and that the premises were safe.
• The registered manager checked that staff worked to consistently good standards by providing care and support that met people's needs. Staff received feedback about their performance.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong
• People were happy living at the home and felt well-cared for.
• Staff were confident about raising any concerns with the registered manager.
• Relatives were kept informed of incidents involving their family members.

Engaging and involving people using the service, the public and staff
• The registered manager and staff sought people's views about their care and support. Residents meetings were used to seek people's feedback which had been acted upon. For example, people asked for the garden to include a fish pond and aviary. They also requested that a canopy be installed in the patio area.
•The provider sought people's, relative's and staff views through annual questionnaire surveys. At the time of our inspection the responses to the surveys were being analysed.
• Staff had opportunities to make suggestions and contribute to the development of the service at staff meetings and through the provider's appraisal procedure.

Continuous learning and improving care
• The registered manager was committed to continually improving the service. For example, they recognised that staff would benefit from training about sepsis. They arranged for district nurses to provide the training. This was successful and the registered manager now liaises with district nurses about providing further training on other topics which they have agreed to do.

Working in partnership with others
• The registered manager worked with external organisations to develop the service they provided. They

participated in a regional NHS 'Red Bag' scheme. This meant the service used NHS systems to ensure that ambulance and hospital staff received all the information they needed in the event of a person being admitted to hospital.

• The registered manager had established links with schools and colleges. Pupils attended the home for special events where they socialised with people and participated in activities such as choir singing. Pupils also showed people how to use computers and mobile phones to keep in touch with others and as a source of information.