Premium Care Limited

Woodside Hall 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

Overall summary

The inspection took place on the 25 March 2015 and was unannounced.

Woodside Hall Nursing Home is a care home with nursing located in Hailsham. It is registered to support a maximum of 59 people. The service provides personal care and support to people with nursing needs and increasing physical frailty, such as Parkinson's disease, multiple sclerosis and strokes. We were told that some people were also now living with a mild dementia type illness. There were 51 people living at Woodside Hall Nursing Home during our inspection.

At the last inspection in July 2014, we identified concerns in relation to care records and audits, dignity and privacy, gaining consent, which were breaches of Regulation 10, 17, 18 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. An action plan was received from the provider and at this comprehensive inspection we found that the required improvements had been made by the provider.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made.

Summary of findings

People were safe. Care plans and risk assessments included people's assessed level of care needs, action for staff to follow and an outcome to be achieved. People's medicines were stored safely and in line with legal regulations. People received their medicines on time and from a registered nurse.

Risk assessments for health care needs such as mobility, skin integrity, nutrition and had been undertaken to ensure that people received safe care.

The delivery of care was based on people's preferences. Care plans contained sufficient information on people's likes, dislikes, what time they wanted to get up in the morning or go to bed. Information was available on people's preferences and choices.

Staff received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and they had a good understanding of the legal requirements of the Act and the implications for their practice.

Everyone we spoke with was happy with the food provided and people were supported to eat and drink enough to meet their nutritional and hydration needs. The main meal service was staggered which ensured that people received the assistance they required. The dining experience was a social and enjoyable experience for people.

People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and they responded to staff with smiles. People that chose to were seen in communal areas for meal times, activities and at other various times were seen to enjoy the atmosphere and stimulation.

Staff told us the people were important and they took their responsibility of caring very seriously. They had developed a culture within the service of a desire for all staff at all levels to continually improve. Areas of concern had been identified and changes made so that quality of care was not compromised.

Feedback was regularly sought from people, relatives and staff. Staff meetings were being held on a regular basis which enabled staff to be involved in decisions relating to the home. Resident meetings were held and people were also encouraged to share their views on a daily basis.

Incidents and accidents were recorded and acted upon which had then prevented a reoccurrence.

People were protected, as far as possible, by a comprehensive recruitment system.

Staff told us the home was well managed and robust communication systems were in place. These included handover sessions between each shift, regular supervision and appraisals, staff meetings, and plenty of opportunity to request advice, support, or express views or concerns. Their comments included "Really good, we work as a team, really supportive team."

Quality assurance systems were in place to identify, assess and manage risks to the health, safety and welfare of the people. Care plan audits were robust and identified issues which were promptly amended. For example, one audit identified a person's risk assessment for skin integrity (had not been updated and skin damage not identified in a timely manner). An action plan was implemented and a review of the person's care plan found the actions had been met.

Summary of findings

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

Woodside Hall Nursing Home provided safe care and was meeting the legal

requirements that were previously in breach. Based on the evidence seen we have revised the rating for this key question to good.

People told us they felt safe at the home and with the staff who supported them.

Risks to people's safety where identified by the staff and the registered manager and measures were put in place to reduce these risks as far as possible.

Staff had received training in how to safeguard people from abuse and were clear about how to respond to allegations of abuse.

Is the service effective?

Good

Woodside Hall Nursing Home provided effective care and was meeting the legal requirements that were previously in breach. Based on the evidence seen we have revised the rating for this key question to Good.

People's nutritional needs were met and people could choose what to eat and drink on a daily basis. People enjoyed their meal times .

People spoke positively of care staff, and told us that communication with staff was good.

Staff received on-going professional development through regular supervisions, and training that was specific to the needs of people was available and put in to practice on a daily basis.

Is the service caring?

Good

Woodside Hall Nursing Home was caring and was meeting the legal requirements that were previously in breach. Based on the evidence seen we have revised the rating for this key question to Good.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff spoke with people and supported them in a very caring, respectful and

friendly manner.

Is the service responsive?

Good

Woodside Hall Nursing Home was responsive and was meeting the legal requirements that were previously in breach. Based on the evidence seen we have revised the rating for this key question to Good.

Care plans showed the most up-to-date information on people's needs, preferences and risks to their care.

Summary of findings

People told us that they were able to make everyday choices, and we saw this happened during our visit. There were meaningful activities provided for people to participate in as groups or individually to meet their social and welfare needs;

Staff were seen to interact positively with people throughout our inspection. It was clear staff had built rapport with people and they responded to staff well.

Is the service well-led?

Good

Woodside Hall Nursing Home was well-led. Improvements had been made from the last inspection, and based on the evidence seen we have revised the rating for this key question to Good.

Feedback was sought from people and staff, residents meetings were held on a regular basis.

There was a strong management team in place. The clinical lead had submitted an application to CQC to become registered as the manager.

Staff spoke positively of the culture and vision of the home.

A robust quality assurance framework was now in place and communication

within the home had significantly improved.

Woodside Hall Nursing 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. The inspections checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

On 1 April 2015 the Care Act 2014 came into force. To accommodate the introduction of this new Legislation there is a short transition period. Therefore within this inspection report two sets of Regulations are referred to. These are, The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As from 01 April 2015, CQC will only inspect the service against the new Regulations - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out a comprehensive inspection of all inspects of the home on the 23 and 25 July 2014. The comprehensive inspection identified breaches of regulations. We undertook an out of hours unannounced comprehensive inspection of Woodside Hall Nursing Home on 25 March 2015. This inspection was to check that improvements to meet legal requirements planned by the provider after our inspection in July 2014 had been made.

The inspection team consisted of two inspectors and an Expert by Experience who had experience of older people's residential care homes. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. During the inspection we spoke with 15 people who lived at the home, five visiting relatives, five registered nurses, ten care staff members, the manager, and a director who provided day to day leadership. .

We looked at all areas of the building, including people's bedrooms, bathrooms, the lounge areas and the dining areas. Some people had complex ways of communicating and several had limited verbal communication. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the records of the home, which included quality assurance audits. We looked at ten care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

At the last inspection in July 2014, the provider was in breach of Regulation 20 of the Health and Social Care Act 2008. This was because people's documentation had not always included sufficient guidance for care staff to provide safe care in respect of the administration of topical creams and there had not been consistent recording to evidence the application of creams. Staff had not reported significant bruising to the local safeguarding team for consideration of investigation. An action plan was submitted by the provider that detailed how they would meet the legal requirements. Significant improvements were made and the provider is now meeting the requirements of Regulations 20 of the Health and Social Care Act 2008 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Woodside Hall Nursing Home. One person told us, I feel very secure living here." Staff expressed a strong commitment to providing care in a safe and secure environment.

At our in inspection in July 2014, we found that topical medication creams and lotions used had not been consistently signed for and we were not assured that that people received them as prescribed. This inspection found that recording of medication cream had improved significantly.

People told us their medicines were administered safely. Comments included "I don't have to worry about anything, I get my tablets at the right time and that is important to me. Another said, "I can rely on the staff to give me the right tablets and that is so important." We were also told, "They check to make sure I am not in pain, if I need a pain killer I can just ask."

Medicines were supplied by a medication provider to the service monthly, in blister packs. We observed the lunch time medicines being administered. The nurse administered the medicines and we saw they were checked and double checked at each step of the administration process. The staff also checked with each person that they wanted to receive the medicines and asked if they had any pain or discomfort.

We checked that medicines were ordered appropriately and staff confirmed this was done on a 28 day cycle.

Medicines which were out of date or no longer needed were disposed of appropriately. We looked at a sample of medicine administration records and found that they were completed correctly, with no gaps identified.

We checked that medicines were ordered appropriately and staff confirmed this was done on a 28 day cycle. Medicines which were out of date or no longer needed were disposed of appropriately. The storage of the medicines were safe and appropriate and records of temperatures of medicine storage rooms and medicine fridges were recorded daily and within the recommended temperatures. This meant medicines were handled safely and ensured peoples health and well-being.

At our last inspection we identified that accident and incident records had not been reported for consideration by the local safeguarding team and this was an area that needed improvement. At this inspection we found clear records of incidents and accidents with demonstrated an investigation by staff in to the cause and an action plan to prevent a re-occurrence. Where injuries had occurred these were reported to safeguarding.

People told us they felt safe and were confident the provider did everything possible to protect them from harm. They told us they could speak with the registered manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon, with no recriminations. Relatives told us they had confidence their loved ones were safe. For example, one relative told us, "I would not have placed my family member just anywhere, I know she is safe and cared for here." One person told us, "Staff ensure the bell is nearby at all times, my balance is not good but staff are always available to help me."

Staff received training on safeguarding adults. All staff confirmed this and knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care they had seen and were able to talk about the steps they had taken to respond to it. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Policies and procedures on safeguarding were available in the office for staff to refer to if they needed to. Staff we spoke with knowledgeable about how to safeguard people from potential abuse. One staff member said, "By being observant, and knowing our residents." Another said, "We

Good

Is the service safe?

receive really explicit training of how to protect residents from different forms of abuse. That includes financial, sexual and physical. We all know where to find the phone numbers for adult social care."

Individual risk assessments had been reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments identified the specific risk, the control measures to minimise risk and the level of risk, whether it was high, medium or low. These covered a range of possible risks, for example nutritional risk, choking, skin integrity, falls and mobility. Where the risk to a person was high, clear measures were in place along with input from relevant healthcare professionals.

People's skin integrity was managed safely. Staff could tell us the measures required to maintain good skin integrity. One member of staff told us, "We regularly ensure people are assisted to change their position, apply barrier creams and promote their hydration." Risk assessments were in place which calculated people's risk of skin breakdown (Waterlow score) and included a clear plan of care. For one person identified at risk due to multiple factors, the risk assessment included clear and detailed information on the person's medical background, nutritional intake and any contributory factors which may cause skin damage such as pressure sores. Information was recorded and regularly updated to prevent skin damage.

Good skin care involves good management of continence and support to regularly change position. People were provided with appropriate pressure relieving equipment and staff supported people with poor mobility to change their position regularly to reduce the risk of damage to their skin. People were also regularly supported to access the toilet and staff told us that they had sufficient and appropriate moving and handling equipment to safely assist people who were not able to mobilise independently. For example, they had the hoists and individual people's slings in the correct sizes. Systems were also in place to ensure that people were protected against the risks associated with certain medical conditions such as diabetes. This included regular blood glucose monitoring by finger blood testing up to twice a day. Staff told us that medical equipment was maintained in good working order, and accident records showed that there were no accidents or injuries relating to the environment or equipment.

Sufficient numbers of skilled and experienced staff contributed to the safety of people who lived at the home. During the inspection, we observed that people received care in a timely manner and call bells were answered promptly. Staff at Woodside Hall, told us that staffing levels were always a discussion point at staff meetings due to people's changing needs. One staff member said, "It can be manic when people feel unwell but to be fair the manager does listen. We know mornings can be a challenge and try to delegate staff appropriately." The night staff said that the introduction of a staff member coming in at 7 am has helped ensuring people were not being rushed. The general feedback was that extra staff at busy times would assist in person centred care being more consistent. As one staff member said, "People are safe, they get good care but when it's really busy they don't get the extra 10 minute chat or company, which is what some people really love."

We looked at accident records and audits to see if there were any trends or certain times that people may be at risk of falls. There were no identified trends noted that indicated there were sufficient staff on duty to keep people safe.

Staffing levels were based on the needs of individuals. The manager told us, "Our staffing levels are based on the needs of people. When needed, I've increased staffing levels to provide one to one or if we have a resident with complex care needs." People and staff we spoke with commented that they felt the home was sufficiently staffed. Two relatives told us, "Good amount of staff around," and "I think the staffing levels are good, I am here most days and not had any worries."

On the day of the inspection (06:45 am), we saw people were supported without being rushed, staff spent time with people ensuring they were comfortable and call bells were answered promptly. This meant that there were sufficient experienced and qualified numbers of staff on duty to provide safe care.

Recruitment processes were safe. Staff files confirmed that a robust recruitment procedure was in place. Files contained evidence of disclosure and barring service (DBS) checks, references included two from previous employers and application forms. We evidence of nurse's PIN numbers being checked and renewed yearly as required by the Nursing and Midwifery Council.

Good

Is the service safe?

People were cared for in an environment that was safe. There were procedures in place for regular maintenance checks of equipment such as the lift, fire fighting equipment, lifting and moving and handling equipment (hoists). Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Health and safety checks had been undertaken to ensure safe management of food hygiene, hazardous substances, staff safety and welfare. People had personal emergency evacuation plans (PEEPs) which detailed their needs should there be a need to evacuate in an emergency. Staff had received regular fire training which included using fire extinguishers and evacuation training. Staff confirmed that they had received fire and evacuation training and this was supported by the training records.

Good

Is the service effective?

Our findings

At the last inspection in July 2014, the provider was in breach of Regulation18 of the Health and Social Care Act 2008. This was because the documentation did not fully reflect people's mental capacity and how staff were to support people who were not able to agree and consent to care and treatment, such as bed rails. We received information from the provider that told us that people with bed rails in place had had a mental capacity assessment and best interest meeting to underpin the use of bed rails.

People we spoke with said they felt the care was good and the food very good. One person said, "Excellent meals, always a choice." We were also told, "I chose to have the security of the bedrails as I was scared of falling out of bed."

This inspection found that people who had bed rails on their beds had a mental capacity assessment undertaken and a documented rationale that the use of bed rails was for the well-being of the person. We were also told staff had received training in Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). This inspection found the provider was now meeting the requirements of Regulation 18 of the Health and Social Care Act 2008, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with understood the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff undertook a mental capacity assessment on people admitted to the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. There was evidence in individual files that best interest meetings had been held and enduring power of attorney consulted. During the inspection we heard staff ask people for their consent and agreement to care. For example we heard the nurse say, "I have your tablets if you would like to take them."

The CQC is required by law to monitor the operation of DoLS. In March 2014, changes were made to DoLS and what may constitute a deprivation of liberty. During the inspection, we saw that the manager had sought appropriate advice in respect of these changes and how they may affect the service. The service currently had no one that required a DoLS referral. The registered manager knew how to make an application for consideration to deprive a person of their liberty.

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw the GP, chiropodist and optician and visiting relatives felt staff were effective in responding to people's changing needs. One visiting relative told us, "My relative has had an infection that was picked up quickly. He's had a medication assessment and an annual review done too." Staff recognised that people's health needs could change rapidly especially for people living with a deteriorating illness, such as Parkinson's disease. One staff member told us, "We monitor for signs, changes in their mobility and facial expressions which may indicate their health is deteriorating."

The manager organised all staff training and worked with staff regularly to underpin the training sessions. These sessions contributed towards staff supervisions by giving staff and the registered manager an opportunity to share and reflect on their practise. Staff received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were competent to work unsupervised. They also received additional training specific to peoples' needs, for example care of catheters, dementia care and end of life care provided by the local hospice. Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, "All the staff get training. I have completed a National Vocational Qualification in Care -level 2. We all complete mandatory training." We saw that staff applied their training whilst delivering care and support. People were moved safely, and they received assistance with eating and drinking, all undertaken in a respectful and professional manner. Staff also showed they understood how to assist people who were becoming forgetful and demonstrating early signs of dementia. Staff ensured clocks were correct and people were reminded of the day and date in order to re-orientate people and lessen their anxiety of forgetting things.

Staff received supervision regularly. Feedback from staff and the registered manager confirmed that formal systems

of staff development, including an annual appraisal was undertaken. The manager told us, "It's important to develop all staff as it keeps them up to date, committed and interested." Staff told us that they felt supported and enjoyed the training they received. Comments included 'really interesting and the RN (registered nurse) works with us on the floor to make sure we do things correctly.'

People's continence needs were managed effectively. Care plans identified when a person was incontinent, and there was guidance for staff in promoting continence such as taking the individual to the toilet on waking and prompting to use the bathroom throughout the day. Continence assessments had been completed. Mobility care plans contained guidance for staff to maintain what mobility people had and encouraged people to retain their mobility. For example, they offered people the opportunity to move. We saw that staff approached people throughout our inspection asking if they would like to move to a different chair or go for a walk.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. People told us that their favourite foods were always available, "They know what I like and don't like, always give me my preferred drink." The cook told us, "People have a nutritional assessment when they arrive. We can cater for vegan, soft or pureed and any other special diets. We have some people who live with diabetes and would be able to meet any dietetic requirement."

People's weight was regularly monitored and documented in their care plan. Staff said some people didn't wish to be weighed and this was respected, "We notice how their clothes fit, that indicates weight loss or weight gain sometimes." The registered manager said, "The cook and staff talk daily about people's requirements, and there is regular liaison with Speech and Language Therapists (SALT) and GP." The staff we spoke with understood people's dietary requirements and how to support them to stay healthy.

We observed breakfast, the mid-day meal service and the evening meal. People either ate in their room or from a small table in the lounge. There was a dining room on each of the floors. People told us they could choose where they ate, "The staff always ask me where I would like to take my meals, alone in my bedroom or in the lounge." One person who ate in their room said, "I always join my friends at lunch time, I have a glass of sherry and its good fun." Another person said, "I like to eat alone, it's what I did at home." Staff told us, "People can choose where they eat, most people chose to have breakfast in bed or in their bedroom. We do have a few that like to eat in the lounge. We saw that many people enjoyed a fried breakfast most days, one person said, "It's my favourite meal."

Staff set the dining tables for lunch with glasses, condiments, and napkins. Fresh fruit was set out in communal areas for people to have as they wished. People told us they looked forward to their meals. Comments included, "Really good food, they always qive us what we enjoy, I like the company." Menus were displayed in communal areas and many people we spoke with knew what choices were on offer, one person commented, "We can change our minds, they are very accommodating." The food looked appetising and was well presented, and people were seen to enjoy their meals. Pureed food was presented in a colourful manner and separated so people get to eat individual flavours. The atmosphere was pleasant in both dining areas and Staff recorded amounts eaten and ensured people ate a healthy diet. We were also told that snacks were available during the evening and night if someone felt hungry. Not everyone was aware of this, but as one person said, "If I was hungry I would ask anyway."

Good

Is the service caring?

Our findings

At the last inspection in July 2014, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008. This was because staff had not always listened to and involved people in their care delivery or lifestyle choices and this had had a negative effect on people's individual needs and wellbeing. People had not always been treated with respect and had their dignity protected.

The concerns identified at the last inspection found Woodside Hall Nursing Home was not consistently caring. An action plan had been submitted by the provider detailing how they would meet the legal requirements. Improvements had been made and the provider was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008, which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke highly of the care received. One person told us, "The staff are caring." A visiting relative told us, "I'm happy with how care is provided." Staff demonstrated commitment to listening to people and delivering kind and supportive care to people.

This inspection demonstrated that staff promoted people's dignity and privacy. For example, staff ensured that screens were used to protect people's dignity whilst supporting them to move. When moving people from a wheelchair to an armchair, care staff ensured the person's privacy was promoted. We also saw that people's personal care was of a good standard. Relationships between staff and people receiving support consistently demonstrated dignity and respect. Staff understood the principles of privacy and dignity. Throughout the inspection, people were called by their preferred name. We observed staff knocking on people's doors and waiting before entering. We observed one person calling staff as they wanted to go to the toilet. This was attended to immediately, with appropriate equipment used by two staff and good interactions between the person and staff. The staff were respectful in how they approached each person. They knew people well and of how to manage them in situations where irritations were demonstrated. For example during the meal, one person became very vocal and upset a fellow diner. Staff dealt with the situation quickly and diffused the tension. People soon returned to exchanging banter and stories.

When staff assisted people with their food, it was done in a sensitive way, with staff ensuring eye contact and chatting to them throughout the meal. The same staff member assisted a person with their whole meal making it an inclusive and enjoyable experience.

At the last inspection, we raised concerns that call bell response was slow leaving people waiting for their needs to be attended to. We saw quick response to call bells. We looked at 24 hours of response times and found only one that went for five minutes. We were also told that a new call bell system was being installed.

Staff members demonstrated they had a good understanding of the people they were supporting and they were able to meet their various needs. One staff member told us, "We're like a family here and we've got to know each person, their likes and dislikes." Staff were clear on their roles and responsibilities and the importance of promoting people to maintain their independence as long as possible. One staff member told us, "We always try and enable people to be independent. For example, we'll always try and support people to wash themselves or do as much for themselves as possible."

Throughout our inspection, we saw staff who strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people. One person said, "Most of the staff have a great sense of humour, and I think they are very sweet and caring." Another said, "Its homely, I am cared for and I love the staff, I have my favourites, but they are all lovely."

People received nursing care in a kind and caring manner. Staff spent time with people who were on continuous bed rest and ensured they were comfortable, clean and pain free. Staff ensured those who were not able to drink and eat had regular mouth and lip care. People told us that they were in a lovely home and felt staff understood their health restrictions and frailty.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "People's likes and dislikes

Good

Is the service caring?

are recorded, we get to know people well because we spend time with them." All the people we spoke with confirmed that they had been involved with developing their or their relative's care plans.

Care records both computer and paper were stored securely in the office area. Confidential information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The registered manager told us, "There are no restrictions on visitors." A visitor said, "I visit daily and stay as long as I want, I am always made welcome and feel comfortable visiting."

Good

Is the service responsive?

Our findings

At the last inspection in July2014, the provider was in breach of Regulation 20 of the Health and Social Care Act 2008. This was because some people living at Woodside Hall Nursing Home had not had their care plans reviewed regularly or changed to reflect their changing needs. There was also a lack of meaningful activities for people. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements. Improvements had been made and the provider is now meeting the requirements of Regulation 20, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke positively of care staff and of their life at Woodside Hall. A visitor said, "I see staff smile but they say very little to my mum," and "I think that staff are kind, and I see them chat to the residents, I visit my mum and see nothing but kindness." One person said, "Very quick to sort out any health problems, I recently felt unwell and they got the doctor out immediately."

At the last inspection, we found that care plans had not been updated regularly. This inspection found that documentation for people was up to date and reflected their current needs.

Person centred care planning provides a way of helping a person plan all aspects of their life, thus ensuring that the individual remains central to the creation of any plan which will affect them. Care plans were reviewed monthly or when people's needs had changed. In order to ensure that people's care plans always remained current, the senior staff checked them regularly alongside daily notes and handover records. Daily records provided detailed information for each person, staff could see at a glance, for example how people were feeling and what they had eaten. For people who were on continuous bed rest, staff documented all interactions. This ensured that the care was person and not task based. People and their families told us they were involved in the care delivery and in any changes made to their medicines or health.

Care plans were detailed and were reviewed on a monthly basis with input from people and their relatives. Care plans provided information around the person's life history and what was important to them. From talking to staff it was clear they had spent time getting to know the person, their likes, dislikes and background, this was now consistently reflected in the person's care plan.

The opportunity to take part in activities that help to maintain or improve health and mental wellbeing can be integral to the promotion of wellbeing for older people. We found staff had created opportunities for social engagement and activities for people. There was a social calendar that identified a range of activities and events for people. There was good interaction seen from staff members as they supported people with activities throughout the home. In the afternoon we attended a quiz event, which 15 people attended. Other people were seen to be spending time with visitors in the conservatory or in their rooms. We received positive comments from staff and visitors about activities and the one to one sessions being undertaken for people who preferred or needed to remain on bed rest or in their room. One staff member said, "People enjoy activities, some don't want to join in or are too poorly, but we get to spend time with those people when it's quiet."

The home encouraged people to maintain relationships with their friends and families. A relative told us, "We visit all the time, and that is so important to us." One person said, "I look forward to my family coming to see me. It brightens my day and is important to me." We saw that visitors were welcomed throughout our inspection. Visitors were complimentary about the home, "Very welcoming, always laughter here, and a relaxed atmosphere."

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the manager or any of the staff, they are all wonderful". The manager said, "People are given information about how to complain. It's important that you reassure people, so that they are comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in." A visitor said, "If I had a complaint, I would speak to the manager, who is so approachable."

A 'service user / relatives' satisfaction survey', had been completed in the Winter of 2014. Results of people's feedback was used to make changes and improve the

Good

Is the service responsive?

service, for example menu and choices of food. Resident meetings were held three monthly and people were encouraged to share feedback on a daily basis and visitors and people confirmed this. One visitor said, “The meetings tell us what’s going on and changes that are happening.” One person said they felt meetings were helpful as they got niggles out of the way.

Good

Is the service well-led?

Our findings

At the last inspection in July 2014, we identified concerns in relation to care records and audits, which were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Improvements had been made and the provider is now meeting the requirements of Regulation 10, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and staff spoke well of the manager and felt the home was well-led. Staff commented that they could approach the manager with any concerns or questions. Relatives and people said that they felt communication was good and that there were systems in place to share their concerns.

Quality assurance is about improving service standards and ensuring that services are delivered consistently and according to legislation. At the last inspection, we found the provider's audits were incorrect and did not follow up on concerns identified. For example, audits of care plans had not identified the discrepancies we found during the inspection. Improvements had been made and systems were in place to identify, assess and manage risks to the health, safety and welfare of the people. Care plan audits were now robust and identified issues which were promptly amended. For example, one audit identified a person's Waterlow score had not been updated and skin damage not identified in a timely manner. An action plan was implemented and a review of the person's care plan found the actions had been met. A nurse was now taking responsibility for the audits and the tracking of wound care.

Systems were in place to obtain the views of staff. Staff meetings were held on a regular basis. Staff told us these were an opportunity to discuss any issues relating to individuals as well as general working practices and training requirements. Minutes of the previous staff meeting verified this. Staff commented they found the forum of staff meetings helpful and felt confident in raising any concerns. At the previous inspection, staff comments and feedback had not been taken forward for action. Staff told us, "We do feel listened to, morale has definitely improved, obviously we need to always be more forward in raising concerns if we have any."

Systems were in place to obtain the views of people. Regular resident and visitor meetings had been held. These provided people with the forum to discuss any concerns, queries or make any suggestions. Feedback from staff told us that staff felt supported, that communication had improved and they felt listened to. Visitors told us, "Communication has improved, the nurses are always visible and we are welcomed by every member of staff."

Information following investigations into accidents and incidents were used to aid learning and drive quality across the service. Daily handovers, supervisions and meetings were used to reflect on standard practice and challenge current procedures. For example, the care plan system and infection control measures were improved following review.

In a positive culture, the ethos of care remains person-centred, relationship-centred, evidence-based and continually effective within a changing health and social care context. The provider, director and manager had spent time improving the culture of Woodside Hall Nursing Home. This was because the last inspection found the values and culture of the provider were not fully embedded into every day care practice which was demonstrated by aspects of task based care, Staff told us, "Person centred care is so important, we need to focus on people and I feel we do a good job here." Staff spoke of the vision of the home and felt that Woodside Hall provided a "lovely environment, good food and good care, I'm proud to work here." Staff commented on improvements that had been made and they felt they worked more as a team now. They commented on nurse support whilst delivering care and felt that care and communication had improved considerably. One care staff member said, "It's a pleasure to come to work because we all now contribute to the care, I feel supported and can be honest when things are not right, I really feel listened to."

The management confirmed as an organisation they had been open and honest with staff and kept staff informed of the last inspection and the failings identified. Staff confirmed they been kept updated and involved in discussions on how improvements could be made. The staff felt they were important to the running of the home.

Throughout the inspection it was clear significant time had been spent making improvements and improving staff morale. Visiting relatives commented that they had seen improvements and felt they had no concerns with how care

Good

Is the service well-led?

was being delivered. The manager and provider were open and responsive to the concerns previously identified and had already identified the areas of practice that required improvement. It was clear the management team and staff were committed to the continued on-going improvement of the home. We discussed the importance of sustaining the improvements made and that whilst the improvements were obvious, they needed to be embedded in to practice by all staff.