Shires Healthcare (Woodside) Limited

Woodside Nursing and Residential Care Home

Inspection report

The Old Vicarage
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Slip End
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Website:

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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

We undertook an unannounced inspection of Woodside Nursing and Residential Care Home on 17 December 2014. The home provides accommodation, support and nursing care for up to 27 older people. At the time of our inspection there were 14 people living in the home.

There was a manager in post and they were in the process of registering. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were aware of people's choices and provided people with support in a manner which put the person before the task.

The provider had a robust recruitment process in place which ensure that qualified and experience staff were employed at the home. Staff received on-going training and support and were aware of their responsibilities when providing care and support to people at the service.

CQC is required by law to monitor compliance with the Deprivation of Liberty Safeguards (DoLS) requirements of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The manager and staff had received training and had a good understanding of MCA and DoLS.

The requirements of the MCA were implemented in the daily delivery of care. The provider met with the requirements of the Mental Capacity Act 2005 and the related Deprivation of Liberty Safeguards.

Plans were in place detailing how people wished to be supported. People were involved in making decisions about their care or, where they were unable to, then the staff involved the person's family or representative with any decision making. All care was reviewed regularly with the person or their family.

People were supported to eat and drink well and were supported to access healthcare professionals as they were required. Staff were quick to act on peoples' changing needs and accessing the required support.

Medication was administered by staff who had received training on the safe administration of medication.

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?
The service was safe.

Staff had been trained in safeguarding and were aware of the processes that were to be followed if abuse was suspected.

Staffing levels were appropriate to meet the needs of people who used the service.

Medicines were managed appropriately.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs).

People were supported to eat and drink to maintain good health.

Good

Is the service caring?
The service was caring.

People who used the service had developed positive relationships with staff at the service.

People's privacy and dignity were maintained.

Good

Is the service responsive?
The service was responsive.

Staff were aware of people's support needs, their interests and preferences and were therefore able to provide a personalised service.

People were provided with regular opportunities to raise any concerns that they may have.

Good

Is the service well-led?
The service was well led.

Staff felt comfortable discussing any concerns with their manager.

The manager regularly checked the quality of the service provided.

Good

Woodside Nursing and Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 17th December 2014 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service this included information we had received from the local authority and the provider since the last inspection, including notifications of incidents and action plans. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with three people who used the service, the manager of the home and a senior nurse and a member of care staff who was on duty. We reviewed the care records of four people that used the service, reviewed the records for three staff and records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection visit we contacted three relatives of people who used the service by telephone and three additional staff members were also contacted by telephone.

We also spoke with the home's hair dresser and activities co-ordinator. In addition we contacted eight healthcare professionals involved with the service in order to gain feedback from them on the quality of care provided by the home.

Good

Is the service safe?

Our findings

We were unable to speak to many people at the service because they no longer had verbal communication skills due to their health conditions. We were however able to speak with three people at the service and families who were visiting the service.

People told us that they "feel safe". They told us that there was "enough staff" to care for them and during the course of the day we observed this to be the case. When we spoke with some relatives they also supported what people had told us and what we had observed within the home. They said that they felt their family member was kept safe and supported by staff that were 'proactive' about people's changing needs.

We found that the provider had suitable arrangements in place to keep people safe from harm. We saw from documentation provided that the manager was quick to report any safeguarding concerns raised by staff or family and from our own records we saw that the provider had reported any safeguarding concerns appropriately. Staff we spoke with had completed training in safeguarding and were able to demonstrate a good knowledge of the processes they would follow to report anything which they considered to be neglectful or abuse. The provider encouraged people to raise any concerns with them. They displayed contact details of the local authority safeguarding team throughout the home so that people would know who they could contact if they had any concerns.

Each person had an individual risk assessment in place which addressed any areas of care where risks had been identified. The risk assessments included information about the level of risk to the person, what support was required to minimise the risk and the desired outcome of the risk assessment. For example, some people were assessed to be at a high risk of falls. Information was provided about how to support them when moving around the home and any preventative measures put in place in order to minimise the risk of a fall. We saw that these assessments were regularly reviewed and updated. Records of accidents and incidents were regularly reviewed and analysed to enable patterns and trends to be identified, and staff to learn from them. We saw that staff held a meeting each time they changed shifts to update staff on daily issues or concerns. All the information shared at these meetings was recorded so that the required information was available for staff to refer to later if required.

We saw that the home had general assessments carried which included fire risk assessments, water temperature checks and also environmental assessments which looked at risks from potential power cuts and bad weather. There was an emergency evacuation plan in place, which ensured that in the event of an emergency people using the service were kept safe and could be removed from the service safely, quickly and efficiently.

There were sufficient numbers of staff available to meet people's needs safely. People we spoke with told us that there were enough staff in the home to support them and generally they did not have to wait for staff to respond to their call bells. We observed that staff were available throughout the home and they responded quickly when people needed assistance. We saw that there was always staff visible in the communal areas of the home and they were on hand to support people. Staff we spoke with told us that there was enough staff and that the manager was quick to increase staffing levels if people's needs changed. We saw that the staffing levels were determined by the number of people living in the home and the level of their needs. For example we saw that one person was exhibiting behaviour that could put others at risk. The manager told us that they had increased the number of staff in order to provide this person with temporary one to one care until the local authority were able to carry out an assessment and provide permanent support for them.

One visiting relative we spoke with raised concerns that although staffing levels at present were sufficient, they were concerned that as more people moved into the home the number of staff would need to be increased. We discussed this with the manager who advised that they were proactively recruiting new staff to ensure that this problem did not arise. The manager told us that the home had recently recruited a number of new, experienced staff. We reviewed the recruitment files and saw that new staff underwent all the necessary pre employment checks before they started work. These included reference checks, Disclosure and Barring Service(DBS) checks and a full employment history. This enable the manager to check

Good

Is the service safe?

that staff were suitable and qualified for the role they were being appointed to. The staff records showed that new staff had previous experience of working in health and social care settings and care homes.

We saw that medication was only administered by staff who had received training on the safe administration of medication and they were able to talk us through the processes for administering medication. Medication records had been appropriately completed to show when medication was given or if it had been refused. For example, we observed that medication that was required before breakfast was administered on time. People who required insulin injections were provided with their injections within the required time frames. We observed medication being administered to people and saw that staff were attentive towards people and ensured that they had a drink available to assist them in taking the medication. Staff were able to talk us through the processes in place for the safe disposal of medication and also the processes around the safe administration of controlled drugs. We carried out a check of the medication stock, and the Medication Administration Records [MAR], and found that staff were administering and recording the medication efficiently. We saw that checks were carried out regularly by the senior staff to ensure that all medication was accounted for. All medication was stored securely.

Good

Is the service effective?

Our findings

People received care and support from staff that were knowledgeable about their needs. One person told us that staff were "good". A family member said that "I only have to mention something, next time I go down its done".

People were assisted with the use of walking aids and where hoisting was required then staff carried out the task competently and ensured that the person was comfortable and relaxed with the equipment used. Staff told us that they were aware of people's individual needs.

Staff we spoke with said they had received training in a range of subjects such as safeguarding, medicines management and how to safely assist people in moving around the home. They said that the manager had their "finger on the pulse" and provided them with the skills and training they needed to support people effectively. All staff were required to complete an induction programme and in house training and their performance was regularly reviewed by the manager to ensure that they were competent in their role. We reviewed the training records of staff and found that all training was up to date and where training was due to expire the manager had arranged for refresher training to be undertaken.

Staff received regular supervision and appraisal from their manager. This gave staff an opportunity to discuss their performance and identify any further training they required. The manager also used this time to review training with staff and assess their understanding of new training that had been provided. If staff were unable to demonstrate their understanding then we saw that they were provided with further support and their progress was reviewed regularly by the manager.

The home also carried out a staff survey which showed that staff were happy working at the home. All staff stated that they felt supported in their role, and that adequate training was provided to them.

Staff were aware of safe food handling practices. Some staff had also received training on how to assist people with their nutrition and hydration when they were unable to eat or drink themselves.

We were told by family members that, "The standard of food has gone up dramatically" and was, "…really good". The food was freshly prepared daily by the home's cook who was aware of people's food preferences which were discussed with the person as part of their care package. We observed that during lunch people were supported to access food and drink of their choice. People's weight was regularly checked and any concerns were raise with the dietician. We saw that people who required additional food supplements to assist with their weight management were provided with additional nutrition to support their needs.

CQC is required by law to monitor compliance with the Deprivation of Liberty Safeguards (DoLS) requirements of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The manager and staff were able to explain their understanding of MCA and DoLS. They gave us explanations and examples on how the MCA and DoLS would be used in the home. At the time of our inspection there was one person who had a DoLs in place. When we spoke with staff they were able to explain the support that they provided to that person. For people who did not have the capacity to make decisions about their day to day health care requirements, their family members and health and social care professionals were involved in making decisions for them in their 'best interest'. The manager told us that if they had any concerns regarding a person's ability to make a decision they would ensure that appropriate capacity assessments were undertaken.

Staff gained consent from people before providing any care or support. Although many people in the home were unable to verbally provide consent we saw that care plans contained written consent which had been obtained by the person using the service or where best interest decisions were required, family members or representatives had been involved in making these decisions. Staff told us that although people were unable to provide verbal consent they would still talk with people before providing care and gain their consent by non-verbal methods, We asked staff to explain how they ensured that they were providing care that people were happy with. They told us that they would sit with the person and slowly explain the tasks. They would know from the body language of the person whether they were happy with it.

When we spoke with family members we were told that the home was quick to contact them when changes in care

Good

Is the service effective?

were required due to health care professional's advice. They also confirmed that they attended regular meetings in the home to discuss the care packages and changes to them.

People were supported to access healthcare appointments when required and there was regular contact with health and social care professionals involved in their care if their health or support needs changed. A Healthcare professional we spoke with told us that the staff and manager of the service were quick to act on any health concerns that were raised and responded quickly to any changes to people's needs. We were told that although staff did not attend people's appointments, the home would always ensure that the person was supported when attending appointments by their family or friends. Where people were unable to leave the home then staff would arrange, where possible, for them to be seen to at the home

Good

Is the service caring?

Our findings

People were support by staff that were kind and caring towards them. One person we spoke with told us "staff are sweet and kind" to me. A relative of a person who used the service told us, "The staff are lovely, so gentle and always aware of my relative, the staff know them." Another person told us, "[My relative] likes jewellery and bangles. Staff always make sure they have their jewellery on". They told us that they were able to visit the home when they wished and staff were always happy to see them. There were no restrictions on visiting and staff told us that when people were unwell then family members were also welcome to visit during the night if they wished to be with their relative.

We observed throughout the day that staff assisted people in a kind and respectful manner.

A GP we spoke with also praised the staff at the home and said that the people were treated with respect and dignity at all times and that staff had a good understanding of people's needs.

Staff had good understanding and knowledge of the people they supported. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. For example we observed that one person was in an anxious state and was unable to settle. The staff sat by them and provided them with reassurance. We heard them saying in a slow and soft manner, "You can relax, you don't need to worry about anything. Sit back and relax there is nothing to worry about at all."

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook personal care. We observed that people had been dressed and received their personal care in line with their wishes. Where people had requested a bath or shower they were assisted with this. We were told by one family member that the home tailored people's personal care around their preferences. We saw that staff knocked before entering people's rooms and spoke with people in a soft and caring manner.

People's independence was promoted by staff. We saw that where people were able to walk unaided then they were encouraged to do so. People were encouraged to eat and drink themselves, and staff only intervened if assistance was required. We also saw that from care plans that staff were instructed to encourage people to wash themselves where possible which enabled them to maintain their independence for as long as possible.

Staff we spoke with clearly understood the importance of engaging with people in a way that they understood, and had good understanding of dignity and respect. Staff were aware of each person they cared for and their history. When we spoke with staff they were able to provide us with information about people's like and dislikes and their mood states. For example, we tried to speak with one person but found that they were reluctant to speak to us. Staff explained that the person did not like to speak with strangers. The staff member therefore intervened and began to speak with the person about our visit and engaged them in conversation.

Good

Is the service responsive?

Our findings

The home responded to people's day to day care and social needs. One relative told us "staff let [relative] do what they want, they take them out to the shops when they want". Another relative we spoke with told us staff are, "…dedicated to improving people's lives."

We saw that people were supported to access the community in order to minimise the risks of isolation and where they were unable to go out, the home arranged for community groups and volunteers to attend the home. We were told that people who were unable to attend the local church services were provided with a monthly pastoral service within the home. Another person enjoyed reading the local paper, so staff always ensured that they had the daily paper available to them in the mornings when they came down for breakfast.

Relatives described the activities within the home as, "…brilliant." They said that the activities person, "really loves them, and takes them to the shops regularly." We observed that people who liked to be active around the home were supported to do so. People who were unable to move about the home were supported in the communal areas to interact through activities such as singing, playing games, and using sensory objects.

We observed that on the day of our inspection a local pre-school attended the home to sing carols for the residents. We saw that although the atmosphere initially was very busy and noisy, staff were vigilant in observing whether residents become agitated or confused. Staff were quick to reassure people and explain to them why the children were in the home and what was happening. If required they moved them to a quieter area of the lounge. Most people enjoyed the company of the children and were provided with song books so they could participate in the singing.

Most people using the service were unable to tell us if they were involved in the planning of their care. However family members confirmed that they were in regular contact with the home regarding the on-going care of their relative. One relative told us, "We are consulted over everything." They went on to say, "We get quite involved in the care planning of [our relative]."

At the time of our inspection we saw that a care package for a person using the service had to be changed urgently and additional support arrangements initiated. We saw that the home responded quickly to ensure that the person's transition was carried out as smoothly as possible. We also saw that the person's family was informed of the changes by the home manager. They had explained the processes which had been followed, provided the family with the required information and answered any concerns that they had about their relative.

People using the service and their relatives were aware of the complaints procedure within the home. This was provided to them in the resident's information packs and was also displayed on the resident's notice board in a format that they understood. People we spoke with told us that they would raise any concerns with the manager of the home and were confident that their concerns would be addressed quickly. We reviewed the complaints that had been received at the home and found that the manager had responded to them in a timely manner and was able to demonstrate how each complaint had been investigated and resolved. We saw from documents provided, and from speaking with relatives that the home had kept people regularly informed of the progress of investigations. Any complaints or issues received were listened to and responded to by the manager.

We saw that some recently raised concerns about the home had been addressed, and people using the service and their families had been given the opportunity to discuss any concerns with the manager and the provider. The manager told us that they tried to be as 'transparent' as possible and keep families involved and updated with any concerns within the home. The manager told us that they were learning from past issues and working with the provider and families to ensure that a culture that puts the person before the task was embedded within the home. When we spoke with families they also expressed that they were always kept informed by the home of any concerns and that the manager was 'working hard' to bring a positive change within the home.

Good

Is the service well-led?

Our findings

The home had recently recruited a manager, who was in the process of registering with the Care Quality Commission (CQC) One person told us, “They are brilliant, the manager has been marvellous”.

The manager was able to demonstrate how they had been working towards embedding a positive culture within the home, which was clearly visible during this inspection and from feedback received from the local authority. The philosophy within the home was to put people at the centre of all decisions that were made regarding the care and support provided. The manager was driving improvements to achieve a better standard of care for the people living within the home. For example, we saw that medication administration was clearly monitored and staff were held accountable for any concerns around the safe administration of medication. We also saw that the manager had ensured that people were involved with the changes.

One person told us that the manager was, “Marvellous, and has listened to and done all they can for me.” Staff told us that the manager was, “very approachable” and also was, “…very knowledgeable and caring.” Staff said they felt great job satisfaction working at the home. They said that they knew their roles within the home and the importance of providing a high standard of care. Staff were aware of the Whistleblowing policy and were encouraged to speak out if there were any areas of concerns. Staff told us that they felt reassured that the manager would take any concerns raised seriously and act on them.

The manager carried out regular quality checks within the home. These included checks of the premises, care plans and medicines administration records. When the manager identified issues and concerns, these were documented and discussed with staff to enable learning. We saw that regular care plan audits were undertaken and any issues identified were recorded. Action plans were put in place to provide timescales and directives for improvements. The manager told us that they had an action plan in place to further improve the quality of care they provided, and they were working with the provider to drive these improvements forward. For example, they were planning to update the appearance of some of the rooms within the home. We saw that this had been authorised and was due to begin in the new year.

Satisfaction questionnaires had been given to people and their relatives to enable them to share their views and experiences, and to provide feedback about the home. The provider had also recently carried out a quality audit on the home. Of the 13 residents in the home at the time, the provider had received feedback from seven families. The majority of comments were positive and indicated that people felt they were listened to by the provider.

We saw that people knew the manager well and they were visible and accessible to people. They encouraged open and transparent communication within the home. We observed that the manager kept people informed of external quality monitoring visits to the home. For example there were notices around the home advising people of a planned visit from the local authority. This invited and encouraged people to take the opportunity to speak with the visiting representative if they had any issues or concerns.

The home had robust systems in place to ensure that documentation within the home was accessible and up to date. The provider informed the Care Quality Commission of any notifiable incidents within the home and actions that had been taken to prevent any further incidents from occurring. This demonstrated how the provider promoted learning to drive improvements in the home.