

Bradwell Hall Nursing Home Limited

Woodview Care Home

Inspection report

Old Hall Drive
Newcastle
ST5 8RQ

Date of inspection visit:
22 April 2021

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13 May 2021

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

About the service

Woodview Care Home is a care home providing personal and nursing care for up to 60 people aged 65 and over some of whom are living with dementia and mental health conditions. Woodview Care Home accommodates people across two different units, each which have their own adapted facilities. At the time of the inspection 32 people were living at the service.

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

Woodview Care Home was a newly registered service but had previously been part of a larger care home which had reduced in size as part of their on-going improvement programme.

People were cared for by trained staff who knew people's needs well and understood how to keep people safe from the risk of harm and abuse.

There were enough staff to safely support people and staff worked well with other professionals and organisations to ensure people received timely and effective support.

People received care and support in a dignified way which was tailored to meet individual needs. People and their relatives were consulted about their care needs and people knew how to make a complaint.

The management team were visible and approachable, and staff felt supported in their roles. The management team had worked with a number of professionals and external organisations to improve the quality of care people received.

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

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

Rating at last inspection

This was the first time the service had been inspected.

Why we inspected

This was a planned inspection for the first rating of the service.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Woodview Care 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

Woodview is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and 12 relatives about their experience of the care provided. We spoke with nine members of staff including the providers, registered manager, unit managers, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse.
- Staff were trained to recognise and respond to safeguarding concerns. A staff member said, "I would always report any concerns to management, and we have external numbers we can call to report anything. I am confident any concerns are always acted upon."
- There was a safeguarding policy in place and the providers had worked closely with the local safeguarding team to improve practices to ensure people were kept safe.

Assessing risk, safety monitoring and management

- People's risks were individually assessed and there were systems in place to identify and safely mitigate risks. A relative told us, "My only concern with [Relative] is risk of falls. I have had discussions about this with the management and they have been responsive. I am confident that the risk assessment is there."
- Care plans gave staff detailed guidance to keep people safe. For example, people who had specific health conditions, such as epilepsy had plans in place to support staff to reduce the risk of avoidable harm.
- Environmental risk assessments were in place to ensure Woodview Care Home was a safe place for people to live.

Staffing and recruitment

- There were enough staff to meet people's needs. One person said, "I have a buzzer and the staff come when I press it. Staff do come quickly, my goodness, they do." We observed people being supported in a timely way.
- There had been lots of staff changes across the service to ensure staff were suitably skilled to support people in the most effective way.
- Staff were subject to pre-employment checks to ascertain their suitability to work with people, such as with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions.

Using medicines safely

- People received their medication in a safe way and on time.
- Staff had received medicine training and were subject to checks to ensure they were competent in the administration of medicines. The unit manager had been integral in improving the medicine management system and as a result, there had been fewer errors made.
- Medicine administration records were completed for each person receiving medication and people who received medicines 'as required' had protocols in place. A sample of medicines were checked against the

records and found to be accurate.

- There were safe arrangements in place to receive, store and dispose of medicines.

Preventing and controlling infection

- Staff were not always able to describe the ways in which they used PPE in line with government guidance. However, we did not see any evidence of staff donning and doffing their PPE in the incorrect manner. We discussed this with the registered manager who took immediate remedial actions to ensure we could be assured that the provider was using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were effective systems in place to record accidents and incidents and actions put in place to prevent future reoccurrences.
- People's care plans reflected where changes had been made to improve people's care.
- The registered manager had shared learning from the provider's other care home who had been on a journey of improvement and lessons learned were shared with staff to improve the service and reduce the risk of similar incidents occurring.
- The registered manager said, "We have regular meetings with all the staff to go through how we can continually improve. We have come so far but we are constantly learning lessons all the time."

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant 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

- People's needs were assessed and plans of care in place gave staff details about people's needs and choices. Plans were regularly reviewed, and we saw where care plans had been changed to reflect people's changing needs.
- Staff were part of an informative handover process at the start of their working day to keep up to date with changes to enable them to continue to provide effective care and support for people.
- The service had developed and promoted the use of champions. This enabled specific staff members to develop their skills and knowledge in an area of interest. The champions promoted best practice in their particular area of interest and shared this with other staff members to promote positive outcomes for people.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were well trained. One person said, "Staff are trained and know my needs well." A relative said, "The staff I have met so far are very professional and seem to be very well trained."
- Staff had been provided with training to enable them to care for people in the most appropriate way and training records we viewed evidenced all staff had undertaken relevant training. Additional training had been made available to staff to enhance their skills and knowledge in other areas of practice.
- Staff received regular supervisions from the registered manager to allow them to discuss their practice and to identify areas for further development. A staff member said, "There is always someone to go to for support. I feel I can go to any of the managers and I will be listened to."

Supporting people to eat and drink enough to maintain a balanced diet

- People had their nutritional needs met.
- Where additional support was required to support people with their dietary and nutritional needs, relevant professionals were consulted, and actions taken to ensure people's needs were met. A relative said, "The food has improved. The staff are anticipating [relative's] needs and are making good choices for them. Their weight is now significantly better."
- The management team had consulted people living at Woodview Care Home about the food to improve mealtimes for people. Feedback we received confirmed people were happy with the improved menu and additional food choices which were now available.
- Meal times were seen to be calm and relaxed and a positive experience for people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked well with other professionals and agencies to provide effective care and treatment for people.
- People who needed support from a qualified healthcare professional had the care arranged and delivered in a timely manner. Records we viewed evidenced where appointments had been arranged and where people had been seen by professionals, such as the GP or the Community Psychiatric Nurse.
- We observed visiting professionals supporting people at the time of inspection.

Adapting service, design, decoration to meet people's needs

- The providers had invested in ensuring Woodview Care Home was a suitable and safe place for people to live.
- The communal areas had been adapted to meet people's needs in a more efficient way. For example, one of the lounge areas had been partitioned to make two rooms. This had reduced the noise levels within the lounge areas and had positively impacted on reducing people's challenging behaviours which may have been triggered by excessive noise.
- People's own space, such as bedrooms were personalised and we saw people in their own rooms enjoying their own space and privacy.

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 when this is in their best interests and legally authorised under the MCA. 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.

- Where possible, people were encouraged to make decisions for themselves. Where people did not have the capacity to make day to day decisions, we saw staff exploring different choices with people, providing visual options supporting people to make a decision in line with the principles of the MCA.
- Staff told us about the MCA and DoLS and what this meant for people, ensuring that when people were deprived of their liberty, staff were taking the most appropriate actions to ensure it was lawful to do so.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they felt well cared for at Woodview Care Home. One person told us, "They [staff] treat me so good, they are so helpful, and I could not be treated better anywhere else." Relatives also thought the care their relatives received was of a high standard. One relative said, "I can't praise them [staff] enough. They are just wonderful all of them! I couldn't fault any of them." Another relative said, "They [staff] are always nice. It is a nice and comfortable environment for [relative] to be in and I am happy for them to be there."
- People were treated with kindness and compassion by staff when providing support. We observed staff engaging with people, taking the time to listen to people showing signs of affection and fondness.
- The management team had undertaken work to develop a new Equality, Diversity and Human Rights policy and had rewritten people's care plans to consider people's protected characteristics under the Equality Act 2010.

Supporting people to express their views and be involved in making decisions about their care

- We observed positive interactions between people and staff where people were asked specifically about their wishes and views. Questions were asked such as, 'Are you ok? What would you like to do now? Can I get you anything?' People we spoke with confirmed they were consulted about their care needs. One person told us, "We have gatherings every now and again and I definitely feel listened to."
- Where appropriate, care plans evidenced people and or their relatives had been involved with developing their care plans. Support was also available for people to access advocates. Advocates are trained to support vulnerable or disadvantaged people to understand their rights, express their views and have their voices heard.
- People were verbally consulted on a daily basis to determine if there was anything they required. Records evidenced people had requested things such as a haircut or to go for a walk. All requests had been actioned.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. Staff told us about the actions they took to ensure people's dignity was upheld and we observed this in practice on the day of our inspection.
- People were encouraged to retain their independence. We observed staff actively supporting people, prompting them to undertake tasks and activities independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care which was specific and tailored to each individual living at Woodview Care Home.
- Care plans reflected people's likes, dislikes, preferences and wishes and further work was being undertaken to enhance care records to make them more person-centred. The registered manager said, "We are reviewing all the care plans to see what else we can do or change to make our care more individualised."
- The 'butterfly' initiative had been introduced across the home with the aim of combating loneliness and reducing social isolation. People who were participating had a butterfly symbol on their door to indicate they were happy for staff to enter their rooms to chat. People had a brief outline of their life histories on the back of their doors as an aid-memoire for staff to aid conversation and discussion.
- People were supported with opportunities for social interaction and activities that were individualised to meet people's needs and choices. People told us there were activities for them to participate in should they wish to do so.
- Relatives told us they felt activities were much improved. One relative said, "This is again something that has significantly improved. There has been clear communication about what activities there are and timetables as to when." Another relative told us, "[Relative] tells me that they had a go at different activities such as painting and colouring. They [staff] do try and involve [relative]."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their obligations in meeting the AIS.
- A new communication policy had been developed and the communication champions were responsible for upholding the standards. They had developed communication corners in the home where information and various pieces of equipment, such as magnifying glasses and white boards were accessible for all.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people and their relatives told us they would be able to make a complaint with the confidence it would be dealt with appropriately and timely. One person told us, "I know how to make a complaint and I know where the office is." A relative said, "I had to make a complaint

once, but this was dealt with."

End of life care and support

- The management team were promoting new initiatives across the service to enhance the standard of end of life care people received. For example, the 'purple bow scheme' had recently been introduced. The purple bow scheme enables staff to become more responsive to people's individualised needs at the end of their life, providing care and support for relatives and improving the end of life care pathway.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was committed to ensuring Woodview Care Home was a safe place to live and had taken actions to improve the quality of care for people. They told us, "We have done lots of work to make the right improvements and get staff on board to help us deliver the change. We have been able to develop the care delivered and tailor this to make it more individualised for people."
- People and their relatives gave us positive feedback about the home and the registered manager. A relative told us, "There is a visible management presence now which was not the case before, everyone seems to be just working more professionally."
- Staff also spoke positively about the recent changes across the service and spoke highly of the registered manager. One staff member said, "It is 100% better with the recent changes. The [registered manager] really knows their stuff and is lovely to work with, just superb! We see the providers everyday now too, seven days a week. I feel the atmosphere has changed, staff morale has changed, and everyone seems more upbeat to what they were."
- The registered manager understood their obligations in relation to the duty of candour. They said, "It is about being open, honest and transparent and saying sorry when things go wrong." Since the registered manager had been in post, there had been no incidents which required a response under the Duty of Candour.

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

- The management team had oversight of the service as there was a scheme of delegation in place which meant staff had clear lines of responsibility and accountability.
- Staff were clear about their own duties and responsibilities and were positive about how the service was managed. A staff member told us, "It is a lot better now we have made changes. There is new management and the unit manager is supporting the registered manager; there is always somebody here to query things with and just more support. I feel I could go to anyone and they would listen."
- There were effective quality assurance systems in place. The registered manager and senior staff teams carried out a programme of audits to assess the safety and quality of the service and identify issues. These audits supported the management team to identify shortfalls which needed to be addressed. Where shortfalls were found, action was taken, and further improvements had been made.

- The registered manager had been submitting notifications to the CQC about key events at the service, such as deaths and safeguarding concerns, as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- As part of the on-going improvement programme across the service, the registered manager had improved communication with people, their relatives and staff and regularly sought feedback about the service. Views were obtained through surveys, meetings and staff supervisions. A staff member told us, "I can give feedback and it is received and there is always somebody available to give feedback to me."
- The management had introduced 'The Green Card' scheme where staff were recognised and rewarded for their hard work, dedication and commitment.

Continuous learning and improving care

- There had been a notable change in the culture at the service. A relative said, "[Registered manager] seems to know what they are doing. They are very pleasant and seems determined to turn the place into a first-class care home. Hats off to them!" Our observations on the day of the inspection confirmed what people, relatives and staff had told us about the improvements.
- The management team had introduced new initiatives across the service to improve the quality of care people received, as already outlined in this report. The registered manager said, "We will continue to develop and improve but we will ensure all the processes are really embedded into practice and staff are fully on-board before moving on and developing the next thing. This is the only way we will sustain the improvements."
- The management team had developed an improvement action plan which outlined the changes which had been made and the future plans for the service.

Working in partnership with others

- The management team had been part of an external improvement process with partner agencies. They had worked with a variety of professionals as part of the overall improvement programme for the home and there was a general consensus amongst partner agencies that people were in receipt of safe and effective care.
- The registered manager had begun, and was continuing to develop community links with outside organisations such as the local church and schools to enhance and improve the care people living at Woodview Care Home received.