

Bupa Care Homes (ANS) Limited

Woodend Care Home

Inspection report

Bradgate Road
Altrincham
Cheshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Woodend Care Home is a nursing care home providing personal and nursing care to up to 79 people. The service provides support to older people, some of whom were living with dementia, over three floors in one adapted building. At the time of our inspection there were 54 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People felt safe living at Woodend. Risks were identified and guidance was in place to manage them. People received their medicines as prescribed. There were enough staff to meet people's needs. Staff were safely recruited. Equipment was regularly checked and serviced in line with legal guidelines. Incidents and accidents were reviewed for any learning to reduce further occurrences. The home was clean throughout and infection control was well managed.

Staff had the training and support to carry out their roles. Staff said the management team were visible in the home and approachable if they needed to speak with them. People's health, nutritional and hydration needs were being met. Referrals were made to medical professionals when required.

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.

People and relatives said the staff were kind, caring and respectful. Staff knew people's needs and preferences. People's cultural needs were met.

Care plans provided guidance for staff in meeting people's needs. We were told the care and support at the end of people's lives was good. One care plan had not synced correctly to the hand held devices used by the care assistants. This was resolved and the reasons identified to reduce the risk of it happening again. The activity team had been increased and a planned programme of activities was in place.

A quality assurance system was in place. Regular audits were completed, and any actions identified assigned to a named person with agreed timescales for completion. The provider had oversight of the service through provider audits and frequent visits to Woodend by the regional managers. Relatives said there was good communication with the staff team and any concerns they had were addressed.

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

Rating at last inspection

The last rating for this service was requires improvement (published 25 September 2020).

Why we inspected

This inspection was carried out to follow up on the requires improvement rating at the last inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Woodend 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 Health and Social Care Act 2008.

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

Inspection team

The inspection was completed by 2 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

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with 5 people who used the service and 11 relatives about their experience of the care provided at Woodend. We spoke with 17 members of staff including the registered manager, deputy manager, nurses, senior care workers, care workers, chef, hospitality and activity co-ordinator. We also spoke with 2 visiting professionals.

We reviewed a range of records, including 6 people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including quality assurance and incident reports.

We observed the support provided throughout our inspection and viewed the environment of the home.

Is the service safe?

Our findings

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

At our last focused inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed and planned for. Where necessary referrals were made to external agencies so additional advice and support could be provided.
- Additional monitoring was in place where changes in people's needs had been identified, such as weight loss, falls or behaviour. Hoists, call bells and sensors mats were used to help keep people safe and alert staff if someone needed support.
- Equipment was regularly checked and serviced in line with legal guidelines.

Using medicines safely

- People received their medicines as prescribed. Prescribed medicines were managed and administered safely. Medicine administration records (MARs) were fully completed. Daily and weekly medicines checks were made on each floor to ensure all medicines had been administered and the nurse had made additional checks for people considered as high risk, for example because they were prescribed anti-coagulant medicine or insulin.
- Guidance was in place for medicines administered 'as required' (PRN), including how the person communicated, either verbally or non-verbally, they required the PRN to be given. Instructions for the covert administration of medicines was also in place where required.
- Additional information was provided to guide staff in the use of topical creams and thickeners. Thickeners are added to people's food and drinks if they experience difficulty in swallowing and can help prevent choking.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives thought they were safe living at Woodend.
- Staff knew how to report and record any concerns, incidents or accidents. Incidents were reviewed, and risk assessments updated where appropriate. Care staff said they discussed any incidents during the daily handovers and how they could support people to reduce the risk of a reoccurrence.
- Staff had completed training in safeguarding vulnerable adults.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. A dependency tool was used to identify the staffing requirements for the home. The registered manager said staff numbers were reviewed when more people moved to Woodend. A relative said, "The staff are approachable and there are sufficient staff."
- Each floor had a member of 'hotel' staff to support people with drinks, snacks and meals and to clear away after a meal. This enabled the care assistants to have more time to provide people with support.

- Staff were safely recruited, with all pre-employment checks completed prior to the new member of staff starting work.

Preventing and controlling infection

- The home was clean throughout. The local authority infection control team had recently visited Woodend and their audit resulted in a score of 96% compliance.
- We were assured that the provider was admitting people safely to the service. Staff used PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed and the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives were freely able to visit the home and stay for as long as they wished to.

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.

At our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff said they were well supported by their colleagues, unit managers and the deputy and registered managers. They felt able to speak with them if they had any concerns or ideas. Daily handovers were held to ensure care staff knew about any changes in people's support needs and wellbeing. Whilst supervisions were said to be infrequent, all the staff spoken with felt there were good levels of support provided and they were able to speak with managers at any time.
- Staff received the training for their roles. Compliance with the training courses considered mandatory at Woodend was high. Additional training was being arranged for staff who wanted to become 'champions' for an area they were interested in, for example oral care or infection control.
- The registered manager was also holding 'Customer First' training sessions. These included staff experiencing what it was like to be supported with their food or to be pushed in a wheelchair. The course also highlighted small, extra things that could be done to enhance people's quality of life, for example having a soak in the bath with bubbles.
- New members of staff completed a Bupa 4-day face to face induction before completing shadow shifts with experienced members of staff. This meant staff had completed all their required training and had the opportunity to get to know people, their support needs, preferences and routines, before being part of the rota.
- Bupa were arranging staff awareness training for supporting people with a learning disability and autistic people.

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

- People were supported to maintain their nutrition and fluid intake. We observed staff supporting and prompting people to eat and drink throughout the inspection.
- People's nutritional needs were identified in people's care plans. The chef was made aware of all people who required a modified diet, and this was recorded on a white board in the kitchen so it could be easily accessible. We noted people who were diabetic were not identified on the white board. This was rectified during our inspection. The hotel and care staff knew the people who were diabetic, and suitable diabetic desserts and snacks were always available on each floor.
- Where people were at risk of malnutrition they were offered a fortified diet, supplements and their weight and nutritional intake were monitored.

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

- People were supported to maintain their health. People's health needs were identified in their care and support plans. People and relatives said medical attention was requested when they needed it.
- People had access to a range of health care professionals, for example speech and language team and dieticians, to help maintain their health and well-being. Weekly visits were made by the local GP surgery. This helped to ensure people's changing needs were quickly responded to.

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

- The home had recently been refurbished and was fully accessible to meet people's needs. The corridors were wide to enable wheelchair access and adapted bathrooms were available on each floor.
- Appropriate signage and memory boxes were used to support people living with dementia to orientate themselves within the home.
- An accessible garden enabled people to spend time outside when the weather allowed. We saw raised beds were being planned for the garden to support people to enjoy the plants and flowers.
- People's rooms were personalised with their own belongings and photographs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A pre-admission assessment was completed for everyone moving to Woodend. This used the information provided by other professionals, for example the hospital.
- The deputy manager would also contact the professionals to clarify the support needed and to ask for additional information. If necessary, the deputy would visit the person to obtain the information required. People's relatives were also involved in the initial assessment where appropriate.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People's capacity to make particular decisions was assessed. Where people were not able to make decisions for themselves, a best interest decision was made involving relevant people.
- Where people's relatives made decisions on their behalf, we saw legal authorisation was in place for them to do so.
- We observed and heard care assistants asking for people's consent before providing support.

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.

At our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Respecting and promoting people's privacy, dignity and independence

- We observed positive, warm interactions between people and all members of staff throughout our inspection. People were relaxed and staff gave people choices and explained what they were doing when supporting them. Staff were seen to be responsive and anticipated people's needs well.
- People and relatives were positive about the staff team. One person said, "The care is excellent. They look after me, always seeing if I want anything. They knock on my door and ask my permission before doing anything." Another person told us, "The staff seem to care about me. It's a good home, there's nothing here that I don't like. They are supportive of me and positive in their attitudes."
- A relative felt all staff (regardless of role) 'knew' who their relative was, from things like what they liked to eat and drink, hobbies and interests and where they used to live. They said the standard of care and support was very personalised. Another relative said, "[Name] is always well groomed and her nails are looked after."
- Care plans detailed what people were able to do for themselves and care assistants described how they prompted people to be involved in their own care where possible.
- People's cultural needs were identified and respected. The home had links with local churches and accessed a weekly church service via Zoom. People were given a large print hymn book for the service so they could join in if they wished to do so.

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

- Regular residents' meetings were held to gather people's views about the home, including the menus and activities.
- A residents and relatives survey was carried out annually. The results were collated, and a report written. The overall results from the 2022 survey showed 80% of people were satisfied living at Woodend.
- There had also been 13 positive reviews left on the carehome.co.uk website in last 12 months. This is a website providing information about care homes and allows people to make comments about the home. A member of the customer service team responded to all reviews written on the website.

Is the service responsive?

Our findings

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

At our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. Information was kept under review reflecting people's current and changing needs.
- We identified an issue with 1 updated electronic record not syncing and updating on the hand-held devices used by the care assistants. This meant they did not have the up to date information about 1 person's needs on their hand-held devices. The deputy manager rectified this straight away and found the cause of the issue, meaning steps could be taken to prevent the same thing happening again.
- Where appropriate, people's relatives were involved in planning and reviewing people's care and support needs.

End of life care and support

- Feedback was very complimentary about the care and kindness provided at the end of people's lives. A relative described staff as being, "Excellent, caring, compassionate and respectful." A prompt sheet was being used to ensure the support met people's needs at the end of their lives.
- Care plans, for those wanting to, outlined their wishes and feelings about their care at the end of their life. This included advanced care plans and 'Do not attempt cardiopulmonary resuscitation' (DNACPR). People's religious and cultural wishes were also outlined within records.
- As people's care and support needs changed quickly at the end of their lives, the support plans did not always reflect the current support needed. We discussed this with the management team. Currently all of the care plans had to be rewritten to reflect a person's end of life support needs. The registered manager agreed to look into being able to have just one short end of life plan, so a person's care plan could be quickly updated as their needs changed and this information would then be easily accessible for the care assistants.

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

- The activity team had recently been increased to 4 members. This meant more activities could be arranged across all 7 days. A planned activity programme was in place. We observed the planned activities during the inspection, which included one to one time for individuals as well as baking. External entertainers also visited the home. A relative said, "Something happens every day."
- An interactive touch table was available for those people living with dementia, helping them to engage in different activities.
- Each person had an activity book which detailed the activities they had taken part in, including

photographs where applicable. This enabled relatives to see what people had done and promoted conversations when they visited.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known and recorded. We observed staff communicating with people throughout the inspection.
- Menus were displayed each day and the hotel staff spoke with people individually to ask what they would like for their meals. Information about activities and a weekly newsletter were displayed on each floor. The newsletter is also emailed to relatives, so they are aware of what has been happening at Woodend that week.

Improving care quality in response to complaints or concerns

- Woodend had a complaints policy in place. One complaint had been received since the registered manager joined the home and this had been investigated and responded to as per the policy.
- Relatives and people said they knew how to make a complaint if they needed to. Issues would be dealt with informally after speaking with a member of staff and therefore not need to move to a formal complaint.

Is the service well-led?

Our findings

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

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

Continuous learning and improving care

- A quality assurance system was in place. The provider's electronic system scheduled the audits to be completed and alerted the registered and deputy managers when they were due to be completed. These included care plans, medicines, infection control, night visits and a provider audit completed by the regional director and regional support manager.
- Where issues were identified, an action plan was automatically generated. The action could be delegated to the person required to complete it and timescales agreed. The registered and deputy managers monitored the actions to ensure they were completed as planned.
- The deputy manager and nurses held a weekly clinical risk meeting. This reviewed all people at higher risk through, for example weight loss, wounds or infections and reviewed any changes in people's support needs.
- The registered manager reviewed all incidents, falls, weight loss, wounds, medicines errors and pressure ulcers to look for any trends or patterns and ensure appropriate actions were in place to support people and reduce the risk of any reoccurrence.
- The provider had their own internal inspection team who had recently visited Woodend and rated the home as 'green'.
- The registered manager and deputy manager attended meetings with their counterparts in the provider's other local homes. This enabled them to learn from each other, for example to problem solve or if there had been an incident in one home and how the lessons learnt could be used in all of the homes.

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

- There was a clear staff structure at Woodend and staff knew their own roles and who to speak with if they needed advice or if there was an issue or incident.
- The management team said they felt well supported by the regional director and regional support manager; at least one of whom visited the home each week. The regional director and regional support manager were also able to access the electronic records remotely so could have oversight and provide advice when not at Woodend.

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

- Relatives said the communication with the home was good, with staff calling them when needed to

update them on how their relative was. People and relatives knew the registered and deputy managers and the staff team supporting them. They said they could speak to the management team if they needed to do so and any concerns they had would be addressed.

- The staff were positive about working at Woodend. They liked working at the home and felt able to speak to the nurse, unit manager or management team if they needed to. They said communication was good within the team. A daily huddle meeting was held with the head of each floor and the different departments in the home (for example kitchen, maintenance, hospitality) so everyone could be kept up to date with any changes each day.
- The management team were visible within the home, carrying out several 'walk rounds' each floor every day.

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 and deputy managers were aware of their legal responsibilities and notified the CQC and local authorities appropriately when required.

Working in partnership with others

- The home worked well with a range of professionals and made appropriate referrals, for example, to the GP, dieticians, speech and language team (SALT) and podiatry. A professional from a local hospice we spoke with was complimentary about the support provided at Woodend. They said, "Staff know how to support [name] and discuss different options with me and take on board the advice I give."