Care Quality Commission

Care Homes of Distinction Limited

Woodside View

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Woodside View is a nursing home for up to twenty-six people including people who have dementia, physical and mental health needs. At the time of our inspection 15 people were living at the home.

There was a registered manager in post. 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. The registered manager was not at the home during the time of our inspection. A registered manager from another of the provider's services was covering in her absence.

We last inspected Woodside View in July 2016 where we found the registered provider was in breach of two regulations. These related to assessing people's capacity to make decisions and the effectiveness of their quality assurance systems. Following this inspection the registered provider sent us an action plan of how they would address these two issues. At this inspection we found that both concerns had been addressed by the provider.

The inspection took place on 21 September 2017 and was unannounced.

There was positive feedback about the home and caring nature of staff from people who live here.

People were safe at Woodside View. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building.

There were sufficient staff deployed to meet the needs and preferences of the people that lived here. The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff were heard to ask people for their permission before

they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had enough to eat and drink, and specialist diets either through medical requirements, or personal choices were provided. People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. When people's health deteriorated staff responded quickly to help people and made sure they received appropriate treatment.

Good interactions were seen throughout the day of our inspection, such as staff talking with people and showing interest in what people were doing. Care plans gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans. The staff knew the people they cared for as individuals, and many had supported them for a number of years.

People had access to activities and these were being further developed by the activities co-ordinator.

People knew how to make a complaint. Where complaints and comments had been received the staff had responded to try to put things right.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe living at the home. Staff understood their responsibilities around protecting people from harm.

There were enough staff to meet the needs of the people. Appropriate checks were completed to ensure staff were safe to work at the home.

The provider had identified risks to people's health and safety with them, and put guidelines in place for staff to minimise the risk.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's liberty may be being restricted, appropriate applications for DoLS had been completed.

People had enough to eat and drink and had specialist diets where a need, or preference, had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff

that showed respect and care.

Staff knew the people they cared for as individuals. Communication was good as staff were able to understand the people they supported.

People could have visits from friends and family, or go out with them, whenever they wanted.

Is the service responsive?

Good

The service was responsive.

Care plans gave detail about the support needs of people. People were involved in their care plans, and their reviews.

Staff offered a range of activities that matched people's interests.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well- led.

Quality assurance checks were effective at ensuring the home was following best practice. Records management had improved to ensure management oversight of the home was effective.

People and staff were involved in improving the service. Feedback was sought from people via an annual survey.

Staff felt supported and able to discuss any issues with the manager. The provider and registered manager regularly spoke to people and staff to make sure they were happy.

The manager understood their responsibilities with regards to the regulations, such as when to notify CQC of events.

Care Quality Commission

Woodside View

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 21 September 2017 and was unannounced.

The inspection team consisted of one inspector and a nurse specialist who was experienced in care and support for elderly people.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed 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. This information was reviewed to see if we would need to focus on any particular areas at the home.

We spoke with five people who lived at the home, two relatives and six staff which included the manager who was present on the day. We also 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. We observed how staff cared for people, and worked together. We also reviewed care and other records within the home. These included seven care plans and associated records, five medicine administration records, three staff recruitment files, and the records of quality assurance checks carried out by the staff. After the inspection we contact a further four relatives to gain their feedback about the service.

We also contacted commissioners of the service to see if they had any information to share about the home. At our previous inspection in July 2016 we had identified two breaches in the regulations at the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Woodside View. One person said, "Yes I am totally safe here, the building is secure and there are always plenty of staff to provide assurance. I only have to press the bell and they come running." Another person said, "There are no real problems here, I ring my bell and they come, and it's nice and clean." There was a calm, warm and happy atmosphere throughout the home.

People were protected from the risk of abuse. People knew who they could speak to if they had any concerns, and believed their concerns would be addressed promptly. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Team or police should be made.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. Appropriate action following incidents had been taken. At the time of our inspection there had been very few accidents at the home, showing people received a good safe level of care. People confirmed they were involved in reviews if accidents did happen to try and minimise it happening again.

People were kept safe because the risks of harm related to their health and support needs had been assessed. Measures had been put in place to reduce these risks. People who had been assessed for clinical needs such as PEGs (feeding tubes) and catheterisation, had a risk assessment in place which gave instructions to the staff as to how to manage them. Daily records and our conversations with staff confirmed these were understood and implemented in line with the guidance. As people's needs changed the staff ensured that risk assessments were updated and appropriate equipment was used to support people.

People were cared for in a clean and safe environment. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. Staff understood their responsibilities around maintaining a safe environment for people. They ensured the floors were kept free from trip hazards and that equipment such as mobile hoists were regularly serviced to make sure they were safe to use.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, was clearly displayed around the home. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. There was also a continuity plan in place to ensure people would be cared for if the home could not be used after an emergency.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people living at the home. Staffing rotas recorded that the number of staff on duty matched with the numbers

specified by the registered manager. Staffing levels were based on the individual needs of people, and took into account people who may need two staff to help them mobilise. During our inspection people confirmed they felt there were enough staff. Our observations on the day included call bells being answered promptly and two care staff always being involved when moving people.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely. Where possible, people understood what their medicines were for and told us they were involved in the process. One person said, "I have paracetamol for my leg, but I wanted something a bit stronger. Staff helped me to see the GP about it and he has given me something a bit stronger to try."

Staff that administered medicines to people received appropriate training, which was regularly updated. When administering medicines nursing staff were calm and unrushed and ensured people received the support they required. Where a person required their medicine at mealtimes the nurse was patient and told the person, 'Don't worry to rush, you take your time and have it when you are ready, I will wait'. She then discreetly waited by the door to observe he that he took the medication. Staff who supported people with medicines were able to describe what the medicine was in a jargon free way for to ensure people were safe when taking it. For 'as required' medicine, such as pain killers, there were guidelines in place which told staff when and how to administer the pain relief in a safe way. Where people had allergies this was recorded on the MARs, and staff who gave medicines knew about them.

The ordering, storage, and disposal of medicines were safe. Medicines were stored in locked cabinets and within the recommended temperature to keep them safe when not in use. Medicines that required storage in the refrigerator were kept in the fridge. The temperature of the fridge was checked daily and monitored. When medicines were received at the home staff logged them in. They detailed the date received, name of person they were for, the name of the medicine and the quantity. Used medicine was collected by a specialist contractor for safe disposal and a receipt given for records.

Good

Is the service effective?

Our findings

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.

At our last inspection in July 2016 we found the provider was not providing people's care in accordance with the requirements of the MCA and associated code of practice. People's capacity to make decisions had not been assessed, which meant the provider could not be sure their care was being provided in the way they wished.

At this inspection the registered provider had acted to address these concerns. Staff had completed assessments and followed an appropriate process to determine whether or not the person had capacity to make decisions for themselves. Examples included managing their medicines, managing their money and living in the home.

Where people lacked capacity to make certain decisions, appropriate assessments had been completed to ensure the requirements of the Act were met. Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff were seen to ask for people's consent before giving care and support throughout the inspection. They also took time to explain decisions and possible consequences to help people make decisions for themselves. One staff said: 'I prompt residents with medicines because sometimes residents can forget or become agitated and anxious. I always remind them of the purpose of the medicine."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where people's liberty was restricted to keep them safe, appropriate applications had been made to the DoLS Board. People were supported in accordance with these DoLS. Clear records were in place for where best interest decisions had been made, such as for the use of bedrails to keep people safe from falls out of when in bed.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. The induction process for new staff, which included the temporary manager in post during the inspection, was robust to ensure they would have the skills to support people effectively. The covering manager said told us, "I have been given a good induction and handover, and I am clear about my role." Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice.

Staff were effectively supported. Staff told us that they felt supported in their work. Regular one to one meeting took place with their line manager. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. Staff told us they could approach management anytime with concerns, and that they would be listened to and the management would take action.

People had enough to eat and drink to keep them healthy and had good quality and quantity of food and drinks available to them. Some people felt that more variety would make mealtimes more interesting. The homes menus were based on a four week cycle that changed with the seasons. At the time of the inspection they were at the end of the summer menu, which explained the comments about lack of variety. A person said, "There is a choice, we have fried fish on Fridays, which I don't like, so the chef does me steamed fish instead." People also praised the chef's homemade soups and desserts.

People's special dietary needs were met, such as soft diets for people who had difficulty swallowing, or vegetarian diets for those that choose not to eat meat. Menu plans, and food stored in the kitchen matched with people's preferences and dietary needs. These reflected what people had told us, and where known by the chef. One person told us they hated semolina. When we talked with the chef about peoples preferences this was one of the many examples he gave us, without having to refer to peoples notes. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy. One person said, "I hurt my leg, and the staff help me do exercises to make it better, I'm also going to see a physiotherapist so she can see how I am getting on." People also had regular access to healthcare professionals such as dentists, opticians and chiropodists.

People who had nursing support needs were effectively cared for by staff. People's health was seen to improve due to the care and support of staff. One person said, "The staff are very caring, they always notice my skin when it is not good, and help make it better." To ensure a good standard of care staff sought support from other health professionals including the GP, physiotherapist, tissue viability nurse, and incontinence specialist.

People where protected against the risk pressure sores. People cared for in bed all had pressure mattresses and there was a culture of routine diligent skin care by staff. No one had any pressure wounds at the time of our inspection. Records of past instances demonstrated that effective care had been given, for example pictures of the wound were taken at regular intervals which showed progress with healing. The daily notes recorded that the wounds were regularly cleansed and dressed. The entries showed the involvement of the tissue viability nurse (TVN), so the person had received appropriate care and support.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said, "They (staff) are all very nice." Another person, who chose to spend much of their time in their bedroom, said, "They come and have a chat with me and are friendly." A staff member said, "I treat my residents as I would treat family. I always think about how I would want my mum to be treated."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. People looked well cared for, with clean clothes, tidy hair and appropriately dressed for the activities they were doing.

Staff were very caring and attentive with people. They knew the people they looked after and involved them in making decisions about their life. All the care staff were seen to talk to people, asking their opinions and involving them in what was happening around the home. Staff were knowledgeable about people and their past histories. Throughout the inspection it was evident the staff knew the people they supported well. Staff were able to tell us a lot about the people they supported without access to the care notes, including their hobbies and interests, as well as medical support needs. Care records recorded personal histories, likes and dislikes, and matched with what staff had told us.

Staff communicated effectively with people. Staff communication with people was warm and friendly, showing caring attitudes during their conversations. The service had a strong person-centred approach to providing people's care. One staff member said, "I always take the time to have a chat. Chats are very important to the residents." When providing support staff checked with the person to see what they wanted. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication needs.

People were given information about their care and support in a manner they could understand. One person had specific communication support needs. Communication from staff to this person was seen to be kind, caring and personal. The person obviously appreciated this by the look on their face and their relaxed manner during the conversation. Information was available to people around the home. It covered areas such as local events that people may be interested in.

Staff treated people with dignity and respect. When staff interacted with people they had considerate and respectful attitudes and addressed people by their preferred names. Before changing channels on the television staff asked people if they were watching the programme that was on, and respected their replies. During mealtimes where staff supported people to eat this was unhurried and staff gave the person they supported their full attention. One staff member said, "We will take as much time as needed with them." Another example of the respectful attitude of staff was when people received post. Staff took it to them as soon as it had arrived. They also offered to help people read it, if they wished.

Staff used their specialist knowledge about dementia to recognise how the condition affected people's lives and provided their care in a dignified way. One staff said, "I know what my residents like doing. Just because

they have dementia does not mean they stop liking the things they liked. I always engage with them and try and not make them feel bad because they forget things." Staff were very caring and attentive throughout the inspection, and involved people in their support.

People's rooms were personalised which made it individual to the person that lived there. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs, and how the person's care may be affected due to those beliefs. People had access to services in the home so they could practice their faith. People told us they could have relatives visit when they wanted, or go out on their own or with their relatives if they wished.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they moved into the service to ensure that their needs could be met. People were involved in this process. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility, as well as personal preferences and histories.

People were involved in their care and support planning. Care plans were based on what people wanted from their care and support. They were written with the person by the nurses or registered manager. Reviews of the care plans were completed regularly with people whenever possible so they reflected the person's current support needs. A relative told us, They always keep me updated with changes in my family member's health or care needs."

People's choices and preferences were documented and were seen to be met. There was detailed information concerning people's likes and dislikes and the delivery of care. The files gave a clear and detailed overview of the person, their life, preferences and support needs such as, health and physical well-being, medication, diet and nutrition, personal care, spiritual and religious belief.

Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them. Other areas covered included keeping safe in the environment, personal care, mobility support needs, behaviour and emotional needs. The information matched with that recorded in the initial assessments, which gave staff the information to be able to care for people. Staff helped people regain their confidence and re-learn their daily life skills. For example one person's mobility had deteriorated before they came to live at Woodside View. Staff had a plan in place for the person to use a walking frame to promote their independence. One staff member said, "She can go around the home where she wants, we will just keep a discreet eye out to make sure she is ok." The person's independence and mobility had been increased as a result of this.

People had access to a range of activities, to keep them entertained and stimulate their minds. There was a dedicated activities co-ordinator in post who visited the service a number of times during the week. Activities were group based activities, but the co-ordinator and staff also took time to give one to one support to people. A project was underway to capture people's dreams and hobbies that they would like to do. The plan to use this information to provide an even greater level of individualisation to the activities offered. Activities were also put into place to meet people's physical needs. Where people were blind or partially sighted the activities co-ordinator had made a sensory book. This contained lots of different textured objects that could be used to generate discussion with the person. The activities co-ordinator was passionate about providing interesting and entertaining activities for people, and had a clear plan in how she was going to do this.

People were supported by staff that listened to and would respond to complaints or comments. People that had asked for something to improve told us this had been done to their satisfaction. One person said, "I had to wait ages to be supported to bed the other day. I told the staff and they have put it right for me, it has only

happened once. They told me they were terribly sorry it had happened and checked the following day to make sure everything had been sorted for me." We were aware of one complaint made about the service, and during the inspection we confirmed that actions had been put into place to address the concerns raised. For example peoples' post was given to them, and families were in the process of being contacted around powers of attorney and do not attempt resuscitation forms.

There was a complaints policy in place which was clearly displayed around the home. The policy included clear guidelines, in an easy to read format, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission.

Good

Is the service well-led?

Our findings

At our previous inspection in July 2016 we had identified one breach in the regulations to do how the service was managed. This was around the failure of the provider's quality assurance process to pick up on the issues we had identified at the time. The provider had sent us an action plan on how they would improve the service. At this inspection we found the provider had taken appropriate action to meet the requirements of the regulations.

Regular weekly and monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. In addition the provider's quality assurance manager had introduced monthly checks to give an independent review of how the service was meeting people's needs. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion.

There was a positive culture within the home, between the people that lived here, the staff and the manager. The atmosphere was very welcoming and open during our inspection. Staff were confident in their roles and had a clear understanding of the values and visions of the service. Their professionalism, kindness and compassion demonstrated over the course of the inspection matched with these values.

The home was well managed to ensure people received a good quality of care and support. Many people and relatives described the registered manager as being available, visible and somebody who would help if necessary. We did note that some opportunities to gather feedback had been missed. During our conversations with one visitor they were uncertain if they were allowed to talk to staff about the care of the person they were here to visit. They had a couple of suggestions for minor changes in the person's bedtime routine that may have benefitted the individual. We passed this information, and the missed opportunity to gain valuable information from visitors to the manager. The suggested changes were made as a result of this feedback, and the manager said they would look at how visitors could be encouraged to pass on preferences to staff. People felt secure and were happy to share thoughts about their life at Woodside View with us.

People experienced a level of care and support that promoted their wellbeing because staff understood their roles and were confident about their skills and the management. Staff told us the manager had an open door policy and they could approach the manager at any time. Staff felt supported and able to raise any concerns with the manager, or senior management within the provider.

People and relatives were asked for feedback about how the service was managed. Questionnaires were used to ask for opinions on all aspects of the home. The results were then reviewed by the provider and a summary report put on display for people, staff and visitors to see the results. A response to the feedback was also generated to address any issues raised. Although no formal relative and residents meetings took place regularly, the opportunity was taken at organised events such as the summer BBQ to give relatives and people the chance to feedback. The staff also used these occasions to share information and updates

about the home with those that attended. At the last meeting the manager talked about CQC inspections, and encouraged people to be open and honest with staff if they were unhappy about anything. She reiterated that comments were welcomed and her door was always open to them.

Staff were involved in how the service was run and improving it. One staff member said, "I love working here. We are a good team." Regular staff meetings took place and were used to discuss how well people were being looked after, to review best practice, and share information, such as feedback from families. One example was where a comment had been received about a perceived lack of activities for people. A discussion with staff identified that this was due to only scheduled activities being recorded in people's daily notes. The meetings were also used to learn and respond to external information. During the September staff meeting a discussion was held about the result of a CQC inspection at another of the provider's homes. As a result staff knowledge of the mental capacity act was reviewed, and refreshed. This resulted in them having a clear understanding of what they needed to do in their day to day roles to ensure people's rights were protected.

The manager on duty during the inspection was visible around the home, supporting staff and talking with people to make sure they were happy. This made them accessible to people and staff, and enabled him to observe care and practice to ensure it met the home's standards. The manager had a good rapport with the people that lived here, and knew them as individuals.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.