

Premium Care Limited

Woodside Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Woodside Hall Nursing Home is a residential care home providing personal and nursing care for up to 59 people. The service provides care and support to adults with physical disabilities, and older people, including those with dementia. At the time of our inspection there were 37 people using the service. The home is a large purpose built building in a rural setting.

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

People were receiving a person-centred service that supported their needs. People told us they were happy with the service and felt safe living at Woodside Hall Nursing Home. One person said, "There are always staff around and it feels very safe."

Staff understood their responsibilities for safeguarding people from abuse and for protecting them from avoidable harm. Risks were well managed, and people were involved in making decisions about their care.

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.

Staff had received the support and training they needed and described effective team work and an open culture where they could raise any concerns. Staff, people and their relatives spoke highly of the management of the home. One person told us, "The best thing is the staff, it is very well run. I would definitely recommend it."

Staff knew people well and were familiar with their needs and preferences. When people's needs changed staff were responsive and supported people to plan their care. A relative told us, "It is a fantastic place, the staff are great and it re-assures me to know people are safe and happy."

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 good (published 16 June 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this 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.

We carried out an unannounced comprehensive inspection of this service on 16 May 2017. We undertook

this focused inspection to confirm they had continued to meet legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Responsive and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodside Hall Nursing Home on our website at www.cqc.org.uk.

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 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 

Woodside Hall Nursing 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.

Inspection team

The inspection team consisted of 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

Woodside Hall Nursing Home 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. Woodside Hall Nursing Home 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 the inspection

We reviewed information we had received about the service since the last inspection. 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 4 people during the inspection about their experience of the care provided and 6 relatives and 1 person's friend by telephone. We spoke with 7 staff including the registered manager, clinical lead, 2 nurses and 3 care staff. We observed care being provided and reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment. 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were safe systems to ensure people were protected from risks of abuse.
- Staff described how they would recognise signs that might indicate abuse and were aware of their responsibilities to safeguard people. One staff member told us, "I would report anything I was worried about." They gave an example of a time when they had reported a safeguarding concern.
- People and their relatives told us they felt the home was safe. One person said, "There's always staff around if you need them." A relative told us, "It is absolutely safe here."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and managed to support them to stay safe whilst respecting their freedom.
- Risk assessments were based on individual needs and were regularly updated and reviewed.
- People's health needs were assessed and care plans provided information and guidance for staff in how to support people in the way they preferred. For example, a person had a wound that required a dressing to be changed regularly. Their care plan was detailed and included that the person preferred to be in charge of the process and described how they liked the dressing to be applied. This ensured the person had as much control as possible.
- Assessments, information and guidance from health care professionals was included within people's care plans. For example, a Speech and Language Therapy (SaLT) assessment identified that a person was at risk of choking and needed a modified diet and support with eating and drinking. There was clear guidance for staff in how to support the person. Staff were knowledgeable about the person's needs and we observed staff supporting the person at lunchtime in line with the guidance.
- People and their relatives told us they felt risks were well managed. One relative told us about their relation who was at high risk of falls. They said, "There is a high risk for falling but they (staff) keep a good eye on them, and they have had no falls."
- There was an effective system in place for recording and monitoring incidents and accidents.
- Records showed how risk management was consistently reviewed and good safety practice was sustained. For example, when a person had fallen this had prompted a review of their manual handling assessment and equipment was put in place to alert staff so they could support them when moving around.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- 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.

Using medicines safely

- People were supported to receive their medicines safely.
- People told us they received their medicines when they needed them. One person said, "If I'm in pain I ask them for a tablet, they always bring meds round, there's no problem with that." A relative said, "(Relative) has bucket loads of medication and staff stay with him while he takes it. They are very good in that respect."
- There were safe systems in place for ordering, storing and administration of medicines. Only staff who were trained could administer medicines. Regular audits ensured stocks of medicines were maintained and accounted for and Medication Administration Record (MAR) charts were accurate.
- Staff who were administering medicines were knowledgeable about people's individual needs and preferences. People's medicines were regularly reviewed with the GP to ensure the benefits of medicines were maximised.

Staffing and recruitment

- There were enough suitable staff to care for people safely.
- People and their relatives told us there were enough staff on duty. One person said, "There are always staff around if you need them." A relative said, "There are enough staff and they are all trained and they have a good balance."
- We observed that staff were busy but were able to respond when people needed support. Staff told us they had spoken with the registered manager about staffing levels because some people's needs had increased. One staff member said, "They have upped the staffing level because a lot of people have a higher level of needs now."
- There were safe systems in place for recruitment of staff. There were appropriate checks to ensure staff were suitable to work with people. For example, Disclosure and Barring Service (DBS) checks had been undertaken before staff began to work with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- Arrangements for visitors were in line with current government guidance. There were no restrictions in place at the time of the inspection.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People were receiving a personalised service from staff who knew them well and understood their needs and preferences.
- People told us they were happy with the care they received and had developed positive relationships with staff. One person said, "There is nothing they wouldn't do for us here. They understand my needs." A visitor told us, "They(staff) are very good, caring, patient and gentle and they watch over people well."
- The service supported good outcomes for people. For example, staff had noticed a change in a person's mood and requested a review with the GP. Following a change of medicines, staff noted an improvement and records showed the person was observed to be more alert and their mood appeared brighter.
- People were supported to make choices and to have as much control and independence as possible. For example, one person had been assessed as needing bed rails but had chosen not to use them. Their decision was respected and recorded. Another person had struggled to sleep on a pressure relieving mattress which they found to be noisy. Staff arranged for a different mattress to support them to sleep comfortably.
- Staff described supporting people to retain as much independence as possible. One staff member said, "We try and keep people as active as possible and help them do what they can themselves." A person described the support they received, saying, "They (staff) have been helping me to use the walking frame and I can now go to the other room myself, so I am improving." A relative told us, "My (relative) is eighty percent better and fitter now and she is well cared for."

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 assessed and recorded in line with the Accessible Information Standard.
- People received support with their communication needs, one person with poor eyesight said, "I ask the staff to read things for me if I can't see them, I have books with large print now too."

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 were supported to maintain relationships that were important to them.

- People and their relatives described effective communication systems that supported them to keep in touch. One relative said, "Staff will put (relative) on the phone if she wants to talk to me so she has good contact with us." Other relatives described having regular contact with staff at the home to update them on any changes. Some people had mobile phones or a telephone in their room and staff explained they supported people to keep in touch with their loved ones.
- People were supported and encouraged to follow their interests. One person described the organised activities as "quite good." Another person told us, "We sit around twiddling our thumbs sometimes, but the staff give us things to do, it's a nice place." A visitor said, "There is very good entertainment, they have singers and they join in."
- Staff knew people well and were able to describe what was important to people. One staff member told us how a person was very religious and spent time praying throughout the day. They explained how staff were mindful to respect their privacy during these times. A person told us how maintaining their appearance was particularly important to them and staff were aware of this and supported them. The person said, "They (staff) help me paint my nails, I love bright colours and to have my hair done nicely. They are really kind and thoughtful."

Improving care quality in response to complaints or concerns

- There was a system for recording and reporting complaints.
- The registered manager explained that complaints were rarely received because issues were usually resolved as soon as they arose.
- People and their relatives told us they knew how to raise any complaints or concerns and felt comfortable to do so. One person told us, "I know the manager, she is very nice and approachable and I would have no concerns about raising any complaints."

End of life care and support

- People were supported to plan for end of life care.
- Records showed how people's views and choices were considered and included within end of life care plans. For example, where people wished to remain at the home and not be admitted to hospital this was clearly recorded and had been reviewed to ensure people's wishes remained up to date.
- People who were receiving end of life care had 'just in case' medicines in place to support the management of symptoms should they be needed.

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 inspection we rated this key question good. The rating for this key question has remained 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; Continuous learning and improving care

- The service was well led and there was a positive culture that supported a personalised approach and achieved good outcomes for people.
- People and their relatives described the service as being well managed. Comments included, "It is well run, I can't fault it whatsoever", "It is well run, a five star service" and, "The manager is approachable and it's a nice atmosphere, always."
- Staff also spoke highly of the management of the home and described an open atmosphere. One staff member told us how the inclusive culture of the service supported diversity. They said, "We make sure people are comfortable with the staff and staff are comfortable with the people, we change things around so everyone is well supported. It's a good team, and we look out for each other."
- Staff were focused on supporting people in the way they preferred and to achieve good outcomes. One relative told us their relation had been at the home for 4 months. They told us their condition had "dramatically improved" since being at the home.
- Systems supported continuous learning and improvements in care. People and their relatives described being asked for feedback about the service. One relative told us, "There is a questionnaire and they ask if you are happy with the care."
- Staff described being supported in their role and receiving the training they needed. Records confirmed that training was relevant for the needs of people.
- The registered manager had clear oversight of the service and described a development plan to support improvements. This included a refurbishment plan to upgrade bedrooms, replace furniture and improve the garden. They said the main priority for the service was to recruit more permanent staff.

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

- There were clear and effective systems in place to monitor the quality of the service.
- Regular audits were completed and the registered manager used these to identify areas for improvement and ensure risks were identified and managed. For example, we spoke with the registered manager and the clinical lead about some records that needed to be reviewed. The issue had already been identified by the clinical lead and they were in the process of updating the records.
- Staff were clear about their roles and responsibilities and described being well supported with regular supervision meetings. One staff member told us they received constructive feedback during supervision and

described this a positive and helpful.

- The registered manager understood their responsibilities to comply with the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff described being involved and engaged with the service.
- One person told us, "The staff are always checking how things are going and seeing if there's anything more needed." A relative told us they felt included and said, "They do invite me to meetings. I also get a leaflet to update me about what is said in the meetings."
- Staff also described being involved and encouraged to share their views and opinions. One staff member told us about staff meetings, they said, "They (management) always want us to talk to them about any issues. Staff can add anything to the agenda and we are able to ask whatever we want."
- Staff had developed positive working relationships with other agencies including the GP, SaLT and mental health team. The registered manager described working with the local university to support practice placements for student nurses. They had received positive feedback following the placement and this supported an open and transparent culture.