

St. Martin's Care Limited

Woodside Grange Care Home

Inspection report

Teddar Avenue
Thornaby
Stockton On Tees
Cleveland
TS17 9JP

Tel: 01642848054
Website: www.smcgroup.co.uk

Date of inspection visit:
07 January 2021

Date of publication:
22 January 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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Woodside Grange Care Home is a residential care home providing personal and nursing care for up to 121 people. The home supported people with varied needs in six areas, spread across three floors in a purpose-built building. This included older people, people living with a dementia and people with a learning disability or autism. Eighty-five people were using the service when we inspected.

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

The people we spoke with were very happy with the care they received at Woodside Grange. One person told us, "I've got everything I need here; I can't think of anywhere else that would be suitable. Nothing could be better in my point of view; everything is here and that suits me. I'm doing well here." Another person said, "Everything is tickety-boo here."

People's relatives were also happy with the home. One relative told us, "We are very pleased with Woodside; I think the home is as good as you are going to get."

Records had improved since our last inspection. However, we found some areas that still needed more work. We discussed this with the management team and they assured us that further work would be done to make the necessary improvements. Quality checks were taking place regularly. Staff felt well supported and spoke highly of the manager.

The home was clean and tidy and safe infection control procedures were followed. Medicines were administered safely but some improvement was needed in medicines records. Risk assessments were in place to ensure staff had the information necessary to minimise risk to people. There were enough staff on duty to meet people's needs. Safe recruitment procedures were followed.

A good selection of healthy food options were offered at mealtimes and people enjoyed the food provided. However, people's special dietary needs were not always correctly recorded. Changes were made following our visit to improve this. The environment was homely with a number of pleasant communal areas for people to spend time and a specially adapted Covid safe visiting space. Staff had received all necessary training. External health professionals were contacted whenever 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.

Staff treated people with dignity and respected their privacy and independence. We observed positive interactions between staff and people living at the home. One person told us, "You see the same staff and get to know them, you have a bit of a banter."

People were involved in decisions about their care and detailed care plans reflected people's preferences. Staff were doing their best to ensure people were kept occupied and entertained despite limits on the activities that could take place during the pandemic. People were supported to keep in touch with loved ones when they were not able to see them. Any complaints received were handled appropriately.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture in the area of the home where people with a learning disability were living. People were supported to have maximum choice and control and their independence was encouraged. People received care and support that was adapted to their individual preferences. The environment was very homely and adapted to reflect people's likes and dislikes. Bedrooms were decorated in a very personalised way.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 January 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this inspection to check the provider had followed their action plan, to confirm they now met legal requirements and see whether improvements had been made since our last inspection.

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 coronavirus 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Woodside Grange 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

Three inspectors and a medicine inspector carried out this inspection. An Expert by Experience supported by making telephone calls to people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A fourth inspector supported by making telephone calls to staff members.

Service and service type

Woodside Grange 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.

Notice of inspection

The inspection was announced shortly before our visit. This supported the home and inspection team to manage any potential risks associated with COVID-19.

What we did before the 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and nine relatives about their experience of the care provided. We spoke with 15 members of staff including the manager, learning disability manager, deputy manager, quality manager and care workers. We also spoke with a visiting health care professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and seven medicine administration records with accompanying information. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records including medicines audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicine administration records showed medicines were administered safely. We found no missed doses and found staff recorded when required medicines were administered.
- The system in place for the application of creams was not always followed and records indicated creams were not being applied as prescribed.
- Medicines given when required had guidance in place to support staff on safe administration however they did not always contain enough information. For example, one person prescribed two laxatives on a when required basis had no information on which laxative was to be given first.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had procedures in place to minimise risk to individuals. Risk assessments had improved since our last inspection. People had comprehensive and up to date risk assessments in place and these were reviewed regularly.
- People's personal emergency evacuation plans had improved and were regularly reviewed and updated when needs changed. The records contained within the emergency file were not up to date and we pointed this out to the manager who made the necessary changes straight away.
- The manager and maintenance staff ensured all necessary checks and tests were carried out to make sure the building and equipment used were safe. Regular fire drills were taking place.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to safeguard people from the risk of abuse. Staff knew the procedures in place to report any concerns. One member of staff told us, "I am happy with the processes in place for safeguarding residents and I have no safeguarding concerns."
- People felt safe living at the home. One person told us, "I feel safe here, staff are careful and mindful." A relative told us, "[Family member] is very safe, the staff dote on her, that's what I want, they have kept me sane to be honest."

Staffing and recruitment

- People were supported by sufficient numbers of suitably qualified and competent staff. One person told us, "There is always staff when you need them."
- The provider followed safe recruitment practices to ensure suitable people were employed.

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 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 using PPE effectively and safely.
- 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

- Accidents and incidents were recorded and analysed for patterns and trends in order to minimise future risk.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection we recommended the provider ensure staff received further training on MCA and DoLS and people's records were reviewed in line with current best practice. The provider had made improvements.

- The provider had ensured MCA and DoLS training had been updated following the recommendation made after the last inspection.
- Management oversight of DoLS had improved since our last inspection. The management team submitted DoLS applications to the local authority for review/authorisation in line with legal requirements. Where people had conditions on their DoLS these were recorded on care plans and appropriate action taken.
- Where people had capacity to consent to care and treatment, we saw evidence of this taking place. One person told us, "I've just signed a consent to have the COVID injection." Where capacity assessments found a person was not able to give consent best interest decisions were made in line with best practice.

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

- The provider told us how assessments had been more challenging due to COVID restrictions. Whilst ideally they would visit people at home or in hospital prior to admission they were now relying more on information from social workers, family and the hospital discharge team. An assessment tool was provided and the information from these assessments along with the additional feedback was the basis for the care plan.

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

- Records to show people's specific dietary needs were not always completed and kitchen records were not up to date. We gave feedback to the manager regarding this and records were updated following our visit.
- The provider ensured people received a well-balanced diet. One person told us, "We get a choice of food. [Staff] come around with three choices for lunch and tea, it's nice, I enjoy it, it's well cooked."
- Staff were correctly thickening fluids for people where needed but records need improving to remove potential for error.

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

- The provider, management and staff had made positive changes to the environment since our last visit. There were pleasant communal areas for people to use when not in their own rooms. These included a bar area and tea room.
- An area of the home had been specially adapted to create a Covid secure visiting 'pod'.

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

- Staff worked in partnership with other professionals to ensure they delivered joined-up care and support for people. Some ways of working had been adapted due to the pandemic but support was still available via telephone or video call.

Staff support: induction, training, skills and experience

- Supervisions and appraisals were taking place and staff felt well supported.
- Staff training was up to date and the content of the training programme had been improved since our last inspection.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

- Staff were kind, patient and respectful. They knew people's preferences and delivered care and support in line with this. One person told us, "I like a bath rather than a shower, and they assist with that. They are very courteous."
- The atmosphere in the home was friendly and inviting and we observed positive interactions between people and staff in all areas. One person told us, "The staff are excellent; I can't fault them. They take the time to talk to you, they don't just do their jobs. They are very respectful."
- Equality and diversity was respected. People's religious needs were considered, recorded and supported. One person told us, "There is a multi-faith room here if you were so inclined."

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

- People were involved in decisions about their care. Their views were listened to and acted upon. One person told us, "They asked me if I would mind female carers, I'm old school so they always provide me with male carers."
- Information was available on local advocacy services for anyone who may wish to access them. An advocate helps people to access information and be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and staff supported them to maintain their privacy and independence. One person told us, "They leave me alone [in the bath], just popping their heads in to make sure I am OK, that's lovely."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now 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

- Care plans contained lots of detailed information informing staff exactly how people preferred to be supported.
- People and their relatives were involved in the planning of their care. One relative told us, "[Relative] was assessed in July and their care plan was done then, we helped fill it in on the phone".

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.

- People with communication difficulties were supported. AIS was followed and information was available in different formats to meet people's needs.

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 take part in activities and staff engaged with people to avoid social isolation. Due to the pandemic and restrictions on visiting, external activities had stopped but staff had been working hard to provide entertaining alternatives. One relative told us, "[Staff] always seem to spend time chatting with [my relative]. They always seem to have time for them all."
- People were able to keep in touch with their family despite visiting restrictions. Telephone or video calls were arranged by staff and a new visiting pod meant relatives were now able to visit in a safe environment.

Improving care quality in response to complaints or concerns

- Complaints were handled in line with the provider's policy. Records were kept but these did not always show the outcome of the complaint.

End of life care and support

- End of life care plans were in place. Some people did not wish to discuss their wishes and that was respected and recorded but other examples contained a good level of personalised detail.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question the rating remains the same. This meant the service management and leadership was inconsistent.

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

At our last inspection the provider had failed to ensure robust quality assurance systems were in place and accurate, up to date records were kept. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvement was needed with some records and audits.

- Records were still not always up to date or accurate. This included dietary information and medicines records. These issues were highlighted to the manager during feedback who told us action would be taken to make the necessary improvements. They explained how additional pressures caused by the Covid pandemic had meant staff resources had been prioritised to provide safe care and treatment which meant records were not always completed in a timely way.
- Auditing had improved since our last inspection and was successful in identifying the majority issues. Some further improvement was needed in respect of medicines audits. There had been a recent change in management structure and new senior staff appointed in order to make improvement in this area.
- The manager in post at the time of our inspection was not registered with CQC. The manager had previously submitted an application to register but unfortunately this could not be traced by the Commission. A new application was in the process of being submitted.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt well supported and despite the difficulties of the pandemic situation morale was good. One member of staff told us, "We've all pulled together. People have stepped up and worked extra. Lovely team spirit. Everyone helps each other."
- People and their relatives were happy with the management team. One relative told us, "The manager has been wonderful. She has been very proactive about putting things in place."

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 manager had a good understanding of the duty of candour. This is where we ask providers and

managers to be open, honest and transparent about their service. The manager assisted us throughout the inspection, listened to the advice given and quickly acted upon any issues raised. A relative told us, "I think it is well managed, they seem open and honest."

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

- Due to the challenges of the pandemic routine staff meetings had not been possible but staff told us they were able to raise any issues with the manager whenever they needed to. One member of staff told us, "The manager asks how I'm doing and stuff and says I can speak to her whenever I need to." Another staff member said "Manager is excellent, the best one I've worked for. The door is always open and I know that I could speak to the manager confidentially."
- A Covid-19 staff survey was conducted. The main theme from this was a need to improve communication. This resulted in an employee engagement platform being developed.
- The provider has engaged with relatives as much as possible during the pandemic. A visiting survey was conducted when plans were being made to reinstate visits. This was designed to understand demand so visits could be managed safely and resulted in the development of a visiting matrix.

Working in partnership with others

- The provider worked closely with GPs and external health professionals including community matrons, district nurses and social workers. There was also a good relationship with the local authority. One health care professional told us, "[The manager] certainly hit the ground running but she has done an awful lot since she came, things are much better."
- During the pandemic the home has sought advice and support from infection control specialists and Public Health England.