

Barchester Healthcare Homes Limited

Woodhorn Park

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Woodhorn Park is a residential care home providing accommodation and personal care for up to 61 people across two floors in a purpose-built building. The service provides support to people living with dementia and those requiring support with personal care. At the time of our inspection there were 59 people using the service.

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

People were safe from the risk of abuse. Risks to people were assessed and regularly reviewed when people's needs changed. The building was well maintained, and health and safety risks were assessed.

Medicines were managed safely. The provider employed sufficient staff, staff were trained appropriately and recruited safely. Staff worked effectively with visiting professionals. Infection control measures were in place, and visiting was managed safely.

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 said staff were very caring and kind. People were supported to maintain their independence and were treated with dignity and respect.

There was a positive culture. Staff and relatives said the management team were supportive. Quality assurance checks were taking place, lessons had been learnt and improvements were made continuously.

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 March 2022).

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 9, 10 and 17.

At our last inspection we recommended that the provider ensured they were following best practice guidance for recruitment. At this inspection we found that improvements had been made.

Why we inspected

We carried out an unannounced inspection of this service on 13 January 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care, dignity and respect and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, caring and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this 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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodhorn Park 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Woodhorn Park

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 carried out by 1 inspector 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

Woodhorn Park 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. Woodhorn park is a care home without 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. We contacted the local authority commissioning team for their feedback about 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 8 people who lived at Woodhorn Park and 4 people's relatives about their experience of the care provided. We observed interactions between staff and people in communal areas. We spoke with 7 members of staff including the registered manager, deputy manager, senior carers, care staff and housekeepers. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

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

At our last 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.

Using medicines safely

At our last inspection the provider had failed to maintain appropriate and complete records of medicines which 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.

- Medicines were managed and stored safely. Medicines records were accurate. Staff had received appropriate training to manage medicines safely and their competency was regularly assessed.
- Medicine patch records were not always completed fully. The registered manager took action to improve this during the inspection.
- Medicines audits were carried out regularly. Where issues were identified, action was taken to prevent similar issues occurring in the future.
- One person said, "I always get [my medicines] at the right time."

Preventing and controlling infection

At our last inspection the provider had failed to ensure PPE was stored safely, had not carried out audits and could not evidence testing of visitors for COVID-19, which 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.

- 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.
- People were able to receive visitors and visit out of the service in line with current guidance.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Safeguarding incidents were reported to the relevant authorities.
- Staff had received training in safeguarding and whistleblowing, and were able to explain what action they would take if they had concerns about someone.
- A relative said, "It's definitely safe here, [person] is so well looked after. If there is anything wrong, we just talk to [the staff] and it's sorted."

Assessing risk, safety monitoring and management

- Risks to people had been assessed. Appropriate mitigations put in place which were person-centred.
- Health and safety assessments had been carried out for the building. Action had been taken to reduce the temperature of the medicines room to ensure medicines were stored within safe temperature limits. Staff were up to date with fire evacuation training.
- Accidents and incidents were recorded and investigated appropriately. The management team were proactive in identifying emerging issues in relation to falls, choking risks and skin integrity and getting healthcare support in place for people.

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. Any conditions related to DoLS authorisations were being met.
- Best interest decisions and mental capacity assessments were in place for those who needed it. People's relatives and advocates were involved in care decisions when needed.
- Staff understood their responsibilities under the MCA.

Staffing and recruitment

- There were enough appropriately trained staff to care for people safely. Staff were recruited safely, with all necessary pre-employment checks completed in line with best practice guidance.
- There was an ongoing recruitment process to ensure staffing vacancies were filled as quickly as possible.
- A relative said, "I think that generally, there are enough staff on duty." One person said, "If I need to press my buzzer, staff come very quickly. They also pop in to see me throughout the day."

Learning lessons when things go wrong

- The management team had learnt lessons when things had gone wrong. Learning was cascaded to staff

members to help prevent similar issues occurring again.

- Some new staff felt that the induction period was not long enough to get to know people's routines properly. A one-to-one buddy system has been introduced to make sure new staff are supported while learning about people and their needs.

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 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.

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

At our last inspection the provider had failed to involve people in decisions about their care this was a breach of Regulation 9 (Person-centred care) 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 9.

- People were supported to make decisions about their care. Care records included detail about how people wished to be cared for. People's relatives and advocates were involved in helping people make decisions about their care.
- Regular resident's meetings were held. People were asked for feedback on various areas of care including activities and food. Feedback had been acted upon.
- One person said, "We discussed our care plan when we got here and it has been reviewed. We told them how we liked to be dressed and helped to get washed."

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to support and promote the autonomy and independence of people this was a breach of Regulation 10 (Dignity and respect) 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 10.

- People's privacy and dignity was promoted. Staff respected people when interacting with them.
- People were supported to maintain their independence and do household tasks they enjoyed. One person was supported to keep their room clean and make the bed themselves. Another person enjoyed helping staff clean the dining room and set the tables.
- A relative said, "[Person] makes her own bed every day; they like doing it and it helps to keep some independence. We get shooed out of the room if we try to make it for them."

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

- People were supported well. All the people and relatives we spoke to gave positive comments about the caring nature of the staff.
- One relative said, "Staff know [Person] very well indeed. They made a big fuss of them at the weekend, for their birthday."
- The service has a spa style bath. One person said, "We like a bath with bubbles and lights; that's really good. [Staff] stay with you all the time. We have a rota for when we can have a bath, so that everyone gets a chance to have the bath with the lights."
- People's diversity was respected. Care records included details of how people wished to be cared for in-line with their cultural needs. A relative said, "We're very happy with everything the staff do for [person]. Staff are very caring and always friendly; [person] likes to have a laugh and a joke and they always chat to her."

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 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.

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

At our last inspection the provider had failed to ensure robust systems and processes were in place to demonstrate the provider had effective oversight of the service. 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.

- The management team understood their roles. The registered manager had recently registered with CQC and was being supported by the provider in their role.
- The quality of the service was regularly reviewed. Quality assurance checks were taking place including infection control and care record audits, and analyses of accidents and incidents. When actions were identified, changes were made swiftly to rectify problems.
- CQC had received notifications about incidents in line with expectations. The registered manager was aware of their responsibilities under the duty of candour.

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

- The service had a positive, person-centred culture. Staff working at the service were proud of the care they provided to people. One staff member spoke about leaving the service and missing working there so returned when a vacancy became available.
- Good outcomes were being achieved for people. One couple were supported to share a bedroom and have a private sitting room so they could spend time together away from other residents. Other people were promoted to continue being independent in some household tasks.
- Staff treated people kindly. One person said, "The staff are very kind and caring. If you are feeling poorly, they look after you and check that you are alright."

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

- People were involved in the running of the service. Regular resident's meetings were held to gather

feedback and make changes to the service in-line with people's wishes.

- Staff were encouraged to feedback during regular staff meetings. Changes had been made to the rota for housekeepers which improved staff well-being.
- People's equality characteristics were considered and supported when care was provided.

Continuous learning and improving care

- The service was continually learning and improving. An action plan was in place to improve various areas of the service. Areas for improvement were discussed with staff and training provided when needed.
- Where trends in incidents were identified, improvements were put in place to help reduce reoccurrences.

Working in partnership with others

- Staff worked effectively with other healthcare professionals. People were referred to specialist services such as the falls team or behaviour team in a timely manner.
- One health care professional said, "Staff follow the advice we put in place. We have very good channels of communication between the staff and our team, and a good rapport with the management team."