Barchester Healthcare Homes Limited

Woodgrange

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 5 August 2015 and was unannounced. Woodgrange provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 62 people who require personal and nursing care. At the time of our inspection there were 61 people living at the home. The location is divided into three units, a unit for people who require residential care, a nursing unit and a specialist unit providing dementia care.

At the time of our inspection 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

On the day of our inspection we found that staff in all the units interacted well with people and people were cared

Summary of findings

for safely. People and their relatives told us that they felt safe and well cared for. Staff were able to tell us about how to keep people safe. The provider had systems and processes in place to keep people safe.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed and care planned and delivered

to meet those needs. People had access to other healthcare professionals such as a dietician and GP and were supported to eat enough to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were usually sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. However the dementia care unit did not have sufficient staff some times during the day. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered.

Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received regular supervision, however they had not received appraisals.

We saw that staff obtained people's consent before providing care to them. People had access to activities and community facilities.

Staff felt able to raise concerns and issues with management. Relatives were clear about the process for raising concerns and were confident that they would be listened to. The complaints process was on display however it was only available in written form so not everyone could access it.

Regular audits were carried out and action plans put in place to address any issues which were identified. Audits were in place for areas such as falls and infection control.

Accidents and incidents were recorded. The provider had informed us of incidents as required by law. Notifications are events which have happened in the service that the provider is required to tell us about.

Summary of findings

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 not consistently safe.

There were occasions when there were insufficient staff.

Staff were aware of how to keep people safe. People felt safe living at the home.

Medicines were stored and administered safely.

Requires Improvement

Is the service effective?
The service was effective.

Staff received regular supervision and training.

People had their nutritional needs met.

The provider acted in accordance with the Mental Capacity Act 2005.

Good

Is the service caring?
The service was caring

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

People were treated with privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People had access to a range of activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Care plans were personalised and people were aware of their care plans.

Good

Is the service well-led?
The service was well led.

There were effective systems and processes in place to check the quality of care and improve the service.

Staff felt able to raise concerns.

The registered manager created an environment of openness.

Good

Woodgrange

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 5 August 2015 and was unannounced. The inspection was completed by 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

Before the inspection, the provider 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. We also reviewed information which we held about the home and looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager and the regulation manager, two nurses, four members of care staff, three relatives and three people who used the service. We also looked at four people's care plans and records of staff training, audits and medicines. We spoke with two visiting professionals.

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.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home and had confidence in the staff. A person said, "Oh yes I feel very safe." Relatives told us that they felt their family member was safe.

People and staff told us that there was usually enough staff to provide safe care to people. We observed staff responded to people promptly. When we spoke to relatives in the dementia care unit two relatives told us that there were times when they felt they could do with more staff. One person said that they needed two carers to help to move them with a hoist and that on occasions the second carer could get called away so they had to wait for them to come back. Another person told us, "They do have to borrow people from one floor to another". When we observed lunchtime in the dementia care unit we observed that there appeared to be insufficient staff to meet everyone's needs and people were waiting for their meals and support with them. As a consequence people were becoming agitated. We spoke with the registered manager about this who said that they would look into the issue.

The registered manager told us that employment of nurses was a challenge for the whole home. At the time of our inspection the home had one vacancy for a nurse at night. The registered manager told us that when they had vacancies they had their own bank arrangements however if this couldn't fill the gap they would use agency staff. They said that they tried to use the same agency and staff in order to provide continuity of care to people. The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed that they had had checks carried out before they started employment with the provider. These checks ensured that only suitable people were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Individual risk assessments were completed and where there were specific risks such as a risk of a person falling these were highlighted to make sure that staff were aware of these and how to support the person to keep them safe. For example, one person was at risk of neglect because of their refusal to have personal care. A plan of care was in place and guidance for staff as to how to support the person. Risk assessments were also in place where equipment was used such as bed rails and lap belts.

Accidents and incidents were recorded and investigated to help prevent them happening again. Plans were in place to support people in the event of an emergency such as fire or flood. People had access to call bells throughout the building to ensure they could access help. Where people were unable to use call bells risk assessments had been completed to ensure that they were safe and staff provided regular visual checks.

We saw that medicines were administered and handled safely. Staff ensured that people were aware of their medicines and observed that they had taken them. People were asked if they required their PRN medicines. (PRN medicines are medicines which are not required on a regular basis). Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. For example, one person refused their medicines at lunchtime and this was appropriately destroyed and recorded. Staff told us and records confirmed, they received training about how to manage medicines safely and that their competence was reviewed on a regular basis. The training officer told us that they had a monthly meeting with the registered manager and every member of staff in the service who had been trained to administer medication. This provided an opportunity to discuss collectively any issues relating to the administration of medicines that had occurred in the previous month, and to agree any changes to practice for the future.

We saw that the medication administration records (MARS) had been fully completed according to the provider's policy and guidance. However we did ask the registered manager to review the procedure for administering creams supplied on prescription. We found that although the MARs had

Requires Improvement

Is the service safe?

been completed some other administration records for these medicines had not been completed fully, particularly at night. It was not clear from the records whether creams had been applied or not.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One person who was visiting someone who had just moved into the service told us there had been, "A big improvement" in their friend's condition and that it was 'incredible' to watch the nurses and care staff in action. A relative told us, "I feel they have the right experience and knowledge of [my relative]."

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. They told us that they had received training on areas specific to people's needs such as dementia care.

We spoke with a member of staff who had recently commenced employment with the provider and they told us that they had received an induction which they had found useful. Another member of staff told us that they had recently been promoted to another role with the same provider and had received an induction to ensure that they were prepared for their new role. The registered manager told us that she had also been given a full induction when appointed and that this was the first company she had worked for as a manager that had provided an induction to a manager.

The registered manager told us that there was a system for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. The home had a nominated person to lead on training and they told us that they were always developing new training to meet the needs of staff and ensure that people received appropriate care. For example the provider was about to introduce a new package of training about falls prevention. Staff also had access to nationally recognised qualifications.

Staff were also satisfied with the support they received from other staff and the registered manager of the service. They told us that they had received regular support and supervision and that supervision provided an opportunity to review staff's skills and experience. The registered manager told us that staff received at least six regular supervisions a year but that they often did one off sessions when required. Supervisions included a review of performance and training requirements. However the registered manager told us that they were in the process of starting a programme of annual appraisals as these were out of date. They said that because they were relatively new in post they wanted to do all the initial supervisions themselves which was why they were behind.

We observed that people were asked for their consent before care was provided. For example when administering medicines the staff member asked, "Can I give you your tablet and yoghurt?" Staff were able to tell us what they would do if people refused care. We observed a person refused their medicines at lunchtime but that staff tried a number of ways to explain to the person why it was important to take their medicines. Where people were unable to consent best interest assessments had been carried out and plans put in place to support people with these decisions. For example, a person required their medicines to be given in their food without them knowing.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was one person who was subject to DoLS. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. We saw that the appropriate paperwork had been completed and the CQC had been notified of this. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

People who used the service told us that they enjoyed the food at the home. One person said their meal at lunchtime was 'lovely'. One visitor told us that their relative was, "Enjoying the food – there is a really good variety."

Choices were available for people and staff told us if people didn't want the offered meals they were able to provide

Good

Is the service effective?

alternatives. We observed staff asking people what they would like for meals and showing people the meals which were available. Staff sat with people when supporting them and asked them if it was 'ok' to help them.

We observed the lunchtime meal in two of the three units in the service. In one of the dining rooms, the atmosphere was quiet and relaxed with staff serving the meals and engaging in conversation with people. The food smelt very appetising and each person was supported to make their own choice from the menu. Several people were enjoying a glass of wine with their meal, although water and soft drinks were also available for those who wanted them. However in the unit for people with dementia we found that lunchtime was disorganised and people were waiting for their meals.

People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. Where people had allergies or particular dislikes these were highlighted in the care plans. We observed people were offered drinks during the day according to their assessed needs. Staff were familiar with the nutritional requirements of people and records of food and fluid intake were maintained appropriately.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. For example, people had been referred for health screening and received regular check-ups. One person told us, "The nurse knows when I need the doctor." Another person said that they were having some blood tests later that day and the GP would come in a few days' time to tell them about the results. They confirmed that they visited the dentist locally and the optician visited people at the home.

Where people had specific health needs such as diabetes or required catheter care, information was available to staff to ensure that they provided the appropriate care. Staff received daily handovers where they discussed what had happened to people on the previous shift and their health and wellbeing. Records showed that when people were ill staff had acted in a timely manner and obtained advice and support from other professionals such as the GP and district nurse. We spoke with a visiting professional during our inspection and they told us, that the provider carried out care effectively and worked well with the visiting team. The provider had a number of beds which were specifically to support people to rehabilitate and return back home. The beds were linked to a team of NHS staff and a member of staff from the unit attended their team meeting on a regular basis to ensure that care was coordinated and people's needs were met.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. Relatives confirmed they thought the staff were kind, courteous and treated the residents with respect. All the people we spoke with said that they felt well cared for. One person who had recently moved in told us, "It's great so far – my room, the staff and the food. No problems whatsoever." A relative said, "The home is brilliant - everyone is very kind. I come in every day and am very happy with the care."

A visiting healthcare professional told us, "I visit a lot of homes and see many different standards of care. The staff here are very attentive and listen to people in their care. If one of my loved ones needed care I would definitely consider this service." Another visiting professional told us, "The care provided here is very good. Staff have compassion and there is a strong emphasis on caring for people."

People who received care told us that the staff provided care which met their needs and were very kind to them. A relative said, "Very happy with [my relative's care]."

People were involved in deciding how their care was provided. We observed that all the staff were aware of respecting people's needs and wishes. For example, where people preferred particular staff or staff of a certain gender this was documented and staff told us that they would try to facilitate this.

For example, one person preferred assistance by a female carer and this was recorded in their care plan. Another record detailed a person preference with how they liked to look, it said, "Likes to wear light makeup."

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. When administering care, staff explained to people what they needed to do, for example, a person required cream to be administered and staff explained, "I need to put cream on your back and take your dressing gown off, is that OK?" Another person who was nursed in bed for most of the day was observed to have a dry mouth by staff and they promptly obtained a drink for them and supported them with the drink.

When providing support to people staff sat with them at their own level and communicated with them. For example, when administering medicines to a person in bed the staff sat at their bedside and chatted with them about what they were watching on television. They did not rush the person and spent time with them to ensure that the medicines were taken safely.

When staff supported people to move they did so at their own pace and provided encouragement and support. Staff checked that they were alright and comfortable during the process. Staff explained what they were going to do and also what the person needed to do to assist them. They said, "Lift your foot. Going to move now."

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record.

People could choose where they spent their time in the service. There was a variety of communal lounges and people also had their own bedrooms. We saw that people had been encouraged to bring in their own items to personalise them. Some people had their name and photograph on their bedroom door which staff told us was to help the person to find their own room more easily. During our visit we observed one person asking a member of staff if the name on their bedroom door could be changed as they did not use their full first name. We raised this with the registered manager who arranged for the door sign to be changed immediately. We saw that a photograph of someone who had recently passed away was on display in the reception area. We were told that it was the service's practice to do this until the funeral had taken place to assist people with their grieving.

Good

Is the service responsive?

Our findings

Activities were provided on a daily basis. We observed people taking part in group and individual activities. We also saw that games and leisure equipment was available for people to access when they wished throughout the day. A relative told us that their family member really enjoyed the Tai-chi activity which was provided once a month. One person who lived at the home said they were particularly pleased that the home had Wi-Fi so that they could use their tablet to play games and speak to their family. The Wi-Fi was currently only downstairs but there were plans to put this upstairs also. People had access to community facilities and activities. For example, a person had been taken out for lunch at a local café.

Relatives and people who used the service told us that they were aware of their care plan. People's care records detailed people's past life experiences in order to help inform staff about people's interests. We looked at care records for four people who lived at the home. Care records included risk assessments and personal care support plans. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. Care records included information about people's past and what areas of interest they liked to discuss.

Care plans had been reviewed and updated with people who used the service. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment was required to ensure staff were able to respond to people's changing needs. One person was unable to communicate verbally and the record explained how staff should communicate with them. The record said, "Chooses when and where to express their needs, to continue to encourage [person] to communicate their needs to staff." We observed staff communicating with a person who had special communication needs and saw that staff responded to their facial expressions.

Where people's needs had changed care plans reflected this and identified what care the person required. One person who experienced pain was no longer able to express themselves verbally and the care record stated this and explained how to monitor their pain by observing facial expressions and body language, for example ,"Holding or rubbing body area."

A complaints policy and procedure was in place and on display in the entrance area. Relatives and people who lived at the home were aware of how to make a complaint if they needed to. At the time of our inspection there was one ongoing complaint. The complaints procedure was only available in a written format which meant not everyone may be able to access it. However, people told us that they would know how to complain if they needed to. Complaints were monitored centrally for themes and learning.

Good

Is the service well-led?

Our findings

Systems and processes were in place to ensure the delivery of a quality service within the home. External audits had been carried out in relation to medicines and there was an internal audit system in place to check the current service and drive improvements forward. The internal audit process included audits carried out locally by the registered manager and an overall yearly audit carried out by the provider's regulation team. We spoke with the regulation manager who told us that action plans for audits were monitored via an electronic system which would highlight if actions had not been completed. They told us that the system ensured that improvements were made.

Following our previous inspection in 2014 the provider had developed an action plan because we had identified some areas which required improvement. We observed at this inspection that these actions had been completed and improvements to care had taken place.

Staff were aware of their roles and who they were accountable to. Members of staff and others told us that the registered manager and other senior staff were approachable and supportive. One member of staff said, "Her door is always open. I went to see her with a problem and she really helped me." One relative told us, "The manager is very approachable and usually about." A visiting healthcare professional told us, "The manager is very proactive – my team tell me that standards have improved a lot."

Staff said that they felt able to raise issues and there were a range of forums when they could do so, for example supervisions. Although the registered manager had not carried out yearly appraisals, staff had received regular support and they were in the process of developing a plan for these. They told us that staff meetings were held on a regular basis and if there were specific issues which needed discussing additional meetings would be arranged.

Relatives' meetings were held and relatives told us that they would be happy to raise any concerns they had. A relative said that they would go to the registered manager and were confident that they would sort it out quickly. Surveys had been carried out with people and their relatives and positive responses received. The registered manager also told us that she encouraged people and staff to come and speak with her at any time and that she had an 'open door' policy. She told us that she had worked hard to strengthen the management team and develop an open culture within the service. For example she had also introduced a 'Tea at three' slot where staff could come and have a chat about issues in an informal environment.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager.

We observed that the registered manager had a good knowledge of the people who used the service and the staff. The registered manager told us that they regularly spent time out of the office in the main areas of the service so that they were aware of what was happening and be available to people for support and advice, staff confirmed this. They told us that the registered manager and other senior staff were very visible in the home. One member of staff said, "Every morning either the registered manager or the deputy comes up to the unit."

The registered manager had recently reorganised the staffing within each unit to ensure that staff had the appropriate skills to care for the people who lived in each unit. In particular, they had withdrawn the nurses' involvement in the residential unit and upskilled the care staff who worked there so that they were able to provide medicines and personal care to people. Staff told us that they felt that this arrangement worked better and staff knew what their roles and responsibilities were as a consequence of the change.

The registered manager told us that they had also appointed a lead person for dementia care in the dementia unit and were in the process of planning a refurbishment to make the environment more suitable to meet the needs of the people who lived there. They told us that they were looking at best practice guidance to provide a more dementia friendly environment.