Contemplation Homes Limited

Woodlands Ridge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Woodlands Ridge Nursing Home is a 'care home'. People in care homes receive accommodation, nursing and/or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides accommodation, nursing and personal care for up to 24 older people some of whom were living with physical health needs. At the time of our inspection there were 15 people living at the home. The accommodation is split over two floors with a staircase and lift to the first floor bedrooms and bathrooms. There is a large lounge and separate dining room on the ground floor. The home was undergoing a planned refurbishment and re-decoration. There are extensive, private grounds providing outdoor seating and eating areas for people to use.

At our inspection in September 2016 we found the provider was in breach of Regulation 9; person centred care. The provider had not always ensured people were supported in a way that met their individual needs and wishes. We asked the provider to tell us how they were going to make the improvements required. We received their action plan outlining the actions they intended to take. These actions have now been completed and the Regulation has been met.

The inspection was unannounced and was carried out on 10 January 2018 by a lead inspector, a bank inspector and an expert by experience. An expert by experience is someone who has experience of using, or caring for someone who uses this type of service. The lead inspector returned on 12 January 2018 to complete the inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

Sufficient staff were deployed to keep people safe and meet their needs. Recruitment procedures were safe and ensured only suitable staff were employed.

People were protected from abuse. Staff had received safeguarding training, knew how to identify abuse and how to report any concerns. People, their relatives, staff and healthcare professionals told us they thought people were safe.

People's medicines were managed safely and people received their medicines from staff who were regularly checked for their competency to do so.

Risks relating to people's health and welfare had been identified and assessed and action had been taken to reduce these. Environmental risks were assessed and maintenance issues were attended to promptly. Emergency plans were in place to deal with unforeseen events such as fire or flood. Plans to manage

emergency evacuations were displayed and understood by staff.

People's rights were protected because staff understood and followed the Mental Capacity Act 2005. Deprivation of liberty safeguards had been submitted to the local authority for authorisation when required.

Staff received regular training, supervision and appraisal which included observed practice. This ensured they had the skills and competencies necessary to support people effectively.

People had a choice of nutritious food and drink that met their specific dietary needs and preferences. Staff provided assistance to people to eat in a calm and unhurried manner.

People were supported to maintain their health and well-being and had access to a range of health care services, such as GPs, opticians and chiropodists, when required.

Staff knew people and their relatives well. People were encouraged to maintain family relationships and visitors were made welcome at any time. Staff were kind and caring and treated people with dignity and respect.

Care plans included details of people's life histories and personal preferences about how they would like to receive their care. People and their relatives were involved in planning their care.

People were encouraged to take part in a range of activities which included entertainment, quizzes and games. People's cultural and religious needs were provided for.

The provider was working towards meeting the Accessible Information Standard. Staff used a variety of ways to communicate with people such as pictures and objects of reference which helped them to make informed choices.

Systems were in place to monitor and assess the quality and safety of the care provided. There were opportunities for people and relatives to feedback their views about their care.

Complaints procedures were available and displayed throughout the home. People and relatives knew who to speak to if they had a complaint.

There was a positive, supportive and open culture within the home. Staff felt supported and involved in the development of the service. The registered manager understood their responsibilities to report incidents and events to the commission.

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 remains safe.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in developing and reviewing their plans of care. People were supported with compassion and care at the end of lives.

Staff provided a range of activities for people to take part in if they wished to do so. Staff communicated with people in a way which met their needs.

Complaints were dealt with in a timely way. People and relatives told us they would feel able to raise a complaint if they needed to.

Is the service well-led?

Good

The service remains well led.

Woodlands Ridge Nursing Home

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 checked 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. We also checked to make sure the provider had made improvements we asked them to make following our previous inspection in August 2016.

The inspection was carried out on 10 and 12 January 2018 by a lead inspector, a bank inspector and an expert by experience. An expert by experience is someone who has personal experience of using, or caring for a person who uses this type of service. The inspection was unannounced.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and notifications. Notifications are events that happen in the home which the provider is required to tell us about law. We reviewed the information the registered provider sent to us in the Provider Information Return.(PIR) A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

We spoke with five people who lived at the home. We also spoke with three relatives who were visiting. We observed people being supported during both days of the inspection to help us understand their experiences. We spoke with three members of care staff, two registered nurses, the quality manager and the registered manager. We also spoke briefly with the deputy manager. Following the inspection we spoke with three health professionals by telephone.

We looked at three people's care records and pathway tracked their care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We looked at records related to the running of the home, including incident and accident records, complaints, medicines

records, six staff recruitment, training and appraisal records and systems for monitoring the quality of the service provided.

The service was last inspected in September 2016 when we found one breach of regulation.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. When asked if they felt safe one person told us, "Oh yes. I'm aware that if I press the buzzer someone will come." Relatives were satisfied with safety in the home. One relative said, "It's totally safe. They [staff] put in extra measures when [my family member] was trying to get out."

People were protected from abuse and improper treatment. Staff had undertaken adult safeguarding training. They were able to correctly identify categories of abuse and understood the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made. We noted that referrals had been made appropriately.

People were protected from harm. Risks had been identified and measures put in place to mitigate the risks. For example, where a person might be at risk of falling out of bed or had fragile skin. A risk assessment had been carried out and guidance and practical measures were in place for staff to minimise these risks. For example, bed rails were in place where required and an air mattress was provided and this was regularly checked to ensure it remained at the correct pressure.

Staff understood the need to record and report any incidents and accidents, such as falls. They recorded detailed information concerning the frequency, time and place of incidents, in addition to staff actions. This enabled the provider to identify trends and causality, with a view to reduction or prevention of similar incidents in future. We noted there was also detailed action planning in the documents, outlining a decided course of action. For example, one person had been referred to the GP for a medicines review as it was thought this might be a contributing factor to their increased incidence of falls.

There were sufficient numbers of staff deployed to meet people's needs and keep them safe. We observed staff assisting people to move using a variety of hoists and stands. We noted there were enough staff do this safely and staff were evidently competent in managing this. Staff told us they thought there were sufficient staff to support people safely. On occasions when agency staff were required, these were regular staff who knew people well and were familiar to them, providing continuity of care.

People received their medicines from staff who were trained to do so and who had regular competency checks. People received their medicines as prescribed. Where people took their medicines covertly, for example, disguised in food or drink, we noted in each case that a mental capacity assessment and best interests meeting had been carried out. PRN protocols were in place for all medicines taken on an 'as and when required' basis. We also noted that 'time-critical' medicines were given at the appropriate time. Medicines were appropriately signed for when given.

Medicines were stored securely, including topical creams and controlled drugs (CDs). CDs are regulated under the Misuse of Drugs Act 1971 and require specific management and storage.
The temperature of the fridge and the room in which medicines were stored was monitored regularly to ensure they were stored correctly and remained safe and effective to use.

One person had a percutaneous endoscopic gastrostomy (PEG) in place. PEGs involve placement of a tube through the abdominal wall and into the stomach through which nutritional liquids and medicines can be infused, when taking in food and drink orally was limited or no longer possible. We noted staff were knowledgeable about the management of these and all nursing staff had been trained in this area.

The provider had a range of daily, weekly and monthly procedures in place to audit all aspects of medicines management. These included specific audits on the management of anticoagulants, fridge temperatures and of drugs disposal. We noted issues arising as a result of audits were dealt with in line with the provider's policy, in the form of detailed action planning.

We noted the home was very clean. There were ample hand hygiene stations throughout the home. Personal protective equipment, such as aprons and gloves, were readily available to staff. All hand basins contained hot running water, soap and disposable towels. Bathrooms and toilets were clean and were free of litter or debris. Staff had undertaken training in infection control. We did not detect any malodours during our visit.

The provider complied with guidance aimed at controlling the prevention and control of infectious diseases. Cleaning schedules outlined each staff member's responsibilities to keep areas and equipment clean and hygienic. They were signed and dated by responsible staff. We also examined the provider's monthly infection control audits and annual statement. Spot checks were undertaken in specific areas, such as kitchen facilities and mattress cleanliness. Swift action had been taken when issues were identified; for example, cake tins were replaced when beginning to rust.

Robust recruitment processes were in place which ensured only staff suitable to work in a social care setting were employed. Each staff member had provided an application form detailing their employment history, proof of their identity and had attended an interview. Satisfactory employment references and a Disclosure and Barring Service (DBS) criminal records check had also been obtained before staff started work. DBS checks help employers to make safer recruitment decisions. Nursing staff were required to maintain their professional registration with the National Midwifery Council each year. Evidence of this was held by the provider.

Maintenance staff were employed to manage the safety of the environment. Risk assessments had been completed to identify any hazards such as the management of legionella, fire and electrical equipment. Appropriate guidance was in place for staff in how to mitigate these risks. Staff carried out a range of daily, weekly and monthly checks to ensure the environment remained safe and well managed. For example; bed rails, hoists, window restrictors, flushing of water outlets, and water temperatures. Fire alarm systems were tested regularly by staff and periodically serviced by external contractors. The provider had an emergency plan which provided guidance to staff about what to do in the event of an emergency, such as fire and flood. There were Personal Emergency Evacuation Plans (PEEP) in people's care plans which outlined the support people would need to safely evacuate the home in an emergency.

Good

Is the service effective?

Our findings

People had a choice of nutritious food and drink. One person told us, "It's very good. There's plenty of choice." Another person said, "I'm not a big eater but it's very nice." A relative told us, "It's delicious food. The chef sometimes does a nut roast. They always have tea and cake in the afternoon."

People with specific dietary requirements were offered appropriate food and drink. For example, a staff member offered diabetic ice cream to one person living with diabetes as an alternative to the main dessert. We observed the lunch meal and saw that people who required assistance to eat were supported in an unhurried manner by staff who offered gentle encouragement to people to eat. People were asked if they would prefer to eat with a spoon or fork, and whether they would prefer a cup or beaker to drink out of. We observed that their choice was respected.

There were risk assessments in place for those at risk of malnutrition. We noted a variety of referrals and assessments had taken place, including those involving dieticians and speech therapists. There were several people living at the home who were at risk of choking. We noted these peoples care plans contained up to date choking risk assessments with clear instructions for staff on how to prevent or manage emergency situations. Where people required their food to be prepared in a specific way to reduce the risk of choking, such as pureed or soft, this was prepared appropriately.

People's rights were protected because staff worked within the principles of the Mental Capacity Act 2005. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments had been completed when required and best interest decisions were made as necessary.

Where people had capacity to consent to their care and treatment this was obtained by staff. For example, staff asked people before providing their personal care or giving them their medicines. Where people were checked during the night to make sure they were safe, this had been agreed in advance and recorded in their care plans.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the deprivation of liberty safeguards (DoLS). Appropriate applications had been submitted to the local authority for authorisation where required.

People received appropriate healthcare advice and treatment. A healthcare professional commented, "The nursing staff are good. They manage well on a day to day basis. A lot of it is left for the doctors to sort out but that's okay. It's what we're there for. They ask for appropriate help and liaise with us if they have any concerns." Another healthcare professional said, "When I go, the staff are really helpful. I have really enjoyed

working with them. I have no worries that they wouldn't take my advice." We noted from people's care plans, that they were able to access a wide variety of specialist external services. For example, referrals had been made on behalf of people to health care professionals such as Tissue Viability Nurses, dieticians and hospital consultants.

Staff received regular supervision and appraisal to support them in their roles. Supervision and appraisals are formal opportunities for staff to review their performance as well as any issues, concerns or training needs they may have. Observed practice sessions were also carried out which enabled the registered manager to assess staff competency. Staff told us supervision was a two way process and they were able to raise issues.

Staff received training in key topics such as moving and handling, emergency first aid and food hygiene to equip them with the knowledge and skills to support people effectively. Additional specialist training was available for staff to enhance specific key skills. For example, palliative care and the use of PEGs. New staff completed a period of induction, which included shadowing experienced staff, attending training and satisfactory completion of their probation. New staff were also required to complete the Care Certificate. This is a national standard that staff are required to meet when working in social care.

The premises were not purpose built; however, people had access to all appropriate areas of the home and gardens. There was a lift and a main staircase which provided access to the first floor bedrooms and bathrooms. The rear gardens were accessible and people and their relatives told us they enjoyed sitting in the gardens when the weather was good. We saw that the provider was making progress with a programme of refurbishments, such as decorating and replacement of soft furnishings.

Good

Is the service caring?

Our findings

People and relatives told us the staff were caring. One person told us, "[The staff] are very nice." Another person said, "They're [staff] lovely." A relative told us, "They're all so caring. It's not just a job. It's really personal. They take the time to get to know them. When they go past [my family member's] room, they blow kisses to him and wave." Another relative said, "They are all so loving and patient. They treat her as an adult, with dignity and respect, and communicate really well. I love this place." Healthcare professionals confirmed that staff were caring. Comments included, "They [staff] have a very caring attitude," and "They're well looked after. The staff are very kind and caring."

We observed care and support given to people throughout the two days of our visit. We found the care to be unhurried and saw excellent interaction between people and staff who took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff who were responsive to people's needs and addressed them promptly and courteously. Staff took time to explain their actions to people when providing care and support to ensure they did not become anxious. There was a calm and inclusive atmosphere in the home. Staff were respectful and kind to people living at the home and we observed many instances of genuine warmth between staff and people. Staff respected people's privacy. For example, there were signs on people's bedroom doors for staff to use when they were providing personal care to ensure other staff and visitors did not enter the room at this time.

People's care plans were securely stored in line with the provider's confidentiality policy and staff understood their responsibility to manage people's personal information sensitively. We looked at people's care plans in order to ascertain how staff involved people and their families with their care, as much as possible. Care plans and risk assessments were reviewed regularly and we noted from the family involvement section of care plans that both people and their relatives were able to discuss and influence the care people received. Three relatives all confirmed to us that they felt involved in [their family members'] care.

Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. A relative told us, "[Staff member's] daughter wore a Newcastle shirt in one day. She knows dad supported them. [Another staff member] brought in a bird book. She knows he likes looking at the birds. They went through the book and tried to identify them [the birds in the garden]."

Relatives and friends were welcome to visit at any time and people were also supported by staff to maintain relationships with friends and family outside of the home. We observed that two relatives had joined their family member for lunch. They told us they were always made to feel welcome. One relative said, "I'd like to move in myself. They are really well looked after. If we phone up it's never too much trouble. We can talk to dad on the phone, even at busy times."

Staff helped people to celebrate their birthdays and other key events throughout the year, such as Christmas. A relative told us, "They have a list of everyone's birthdays. On dad's birthday they made a cake

for him. They put candles on it as well. They gave us some photos too. We came in at Christmas and had sherry and crackers. They really go above and beyond to make us feel welcome and involved."

Good

Is the service responsive?

Our findings

Healthcare professionals told us the staff were responsive and provided person centred care. One healthcare professional said, "I have a good experience with them. They have a 'can do' attitude. The manager, deputy and qualified nurses have been really proactive in meeting people's needs." Another healthcare professional told us, "I'm quite happy that people are getting the support they need."

At our previous inspection we found the provider was in breach of Regulation 9; Person centred care. The provider had not always ensured that people were supported in a way that met their specific needs and wishes. At this inspection we found that improvements had been made and the Regulation had been met.

People's care plans were legible, person centred and securely stored. We noted personal and social histories were contained within them and it was possible to 'see the person' in their care plans. People's choices and preferences were also documented. Care plans contained detailed information about people's care needs and actions required in order to provide responsive care. For example, one person was at risk of developing pressure sores. Risk assessments had been made concerning the person's skin integrity, in addition to possible contributory factors, such as mobility, continence, nutrition and hydration. The staff we spoke with were knowledgeable about this person and their care requirements.

We looked at the care plan of one person approaching the end of their life. We noted it contained information concerning the management of pain and how it might best be managed to help ensure the person was kept comfortable. There was also dietary information and a description of the level of family involvement, in addition to the person's wishes concerning treatment in their final days. For example, the person did not wish to die in hospital if at all possible but in the home surrounded by family. We also noted there was frequent involvement of the person's GP, particularly with the management of pain. A healthcare professional told us, "I have been really impressed. Staff go above and beyond to respond. It's nice to see individual people's needs taken into account, wanting to get things right for them [at the end of their lives]. They're good advocates for their patients."

The provider had systems in place to manage complaints. We noted there had been two formal complaints made in 2017. They had been addressed by the provider in a timely and satisfactory manner, in the line with the provider's policy. We also noted the provider's complaints procedure was available to view in communal areas. People and relatives told us they would speak to the manager or staff if they had any complaints.

The provider was working towards meeting the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. The registered manager told us, "Most people have family and they can normally tell us about [their family members]. We have picture cards for menus, cups of tea and the toilet. We don't really have a problem communicating. We make sure they have their hearing aids and we always have plenty of batteries. We clean glasses as part of people's personal care routines." They told us they could provide day to day information in large print and would review their formal literature, such as their service user guide, to ensure it met people's needs. Staff told us they used

different methods of communication, such as body language, gestures and objects of reference to ensure people could voice their wishes. For example, they would hold up different clothes for people to choose from when they got dressed.

The provider employed an activities co-ordinator who worked with staff to provide a range of activities throughout the week. We observed staff playing a guessing game with people and observed there were positive interactions and laughter between people and staff. A relative told us, "They do have activities. They put an activity sheet [programme] in dad's room." Another relative told us, "[The activities co-ordinator] is a Godsend. She's a brilliant lady." They told us about some of the activities which included singers, arts and crafts and quizzes. The activities co-ordinator explained their role and said they provided group and one to one activities for people which met their interests. This included reminiscing about entertainers from their home country and going to the pub. They told us activities were in place to meet people's cultural and religious needs. For example, they said "The local church comes in once a month for communion. If anyone was [of another faith] I will source someone for them." On the first day of our inspection a visitor arrived to read scriptures to people in the lounge. We noted, however, that people were not asked if they wished to listen to the readings and we were concerned that the content of the scriptures might not be to each person's taste? Staff had not remained in the lounge so were unaware of what was being said and people were unable to leave independently if they had wanted to do so. We discussed this with the registered manager and quality manager who suggested something a little more uplifting might be more appropriate. They told us in future they would discuss the subject of readings with the visitor in advance and ensure staff were always present to support people.

Good

Is the service well-led?

Our findings

People and relatives knew who the registered manager and deputy manager were and often saw them around the home. One person said, "The deputy manager is very nice." A relative said, "The manager is very friendly" and another relative told us, "He [the deputy manager] is brilliant." Our observations confirmed that the registered manager was visible and knew people well. They understood their responsibilities under the Health and Social Care Act 2008 to submit relevant notifications of events to the Care Quality Commission when required.

There was an open, relaxed and supportive culture within the home. Staff felt supported by the registered manager, deputy manager and senior staff. One staff member said, "I feel very supported. There is always an RGN [registered general nurse] on duty. They're always there, always on hand. The [registered manager and deputy manager] are always on call. It's a small home. There are no problems whatsoever. I enjoy coming to work." Another staff member told us, "I'm really happy. It's like a family. The staff all help each other and the manager is friendly and approachable."

Staff told us communication within the home was effective. Daily handover meetings ensured important information and any changes to people's care needs were communicated to staff coming on shift. The staff room also had notice boards and white boards with information which was amended frequently. For example, a new note requesting staff to read a person's updated care plan. Department meetings, such as care staff, kitchen and night staff meetings took place which provided opportunities for staff to get together. Although these were not always held regularly, staff told us they were able to raise their own issues and ideas at meetings and felt listened to. Minutes of the most recent meetings showed staff discussed cleaning schedules, uniform, moving and handling and budgets.

The provider had systems in place to monitor the quality and safety of the home and drive improvement. Audits were carried out by senior staff as well as the provider's quality manager who visited regularly to carry out external checks. There were audits in the areas of infection control, dignity, choice and independence, care planning, night spot checks, wound management and medicines management. Information was analysed with a view to finding areas for improvement. This led to an action plan which contained timelines and identified a nominated staff member to ensure the prompt completion of actions.

Policies and procedures were in place which provided guidance for the management team and staff in their responsibilities for themselves and the people they supported. For example, bullying and harassment, whistleblowing, health and safety, direct sharing of information and residents rights, including sexuality and relationships and advocacy. Staff knew where to find the policies if they needed to refer to them.

Meetings were held for people and relatives to get together and discuss issues that were important to them. The most recent meeting minutes showed they discussed staffing, decorating and appointments for care plan reviews. Annual surveys were sent to people, their relatives and healthcare professionals for their views about the home. Feedback from the most recent surveys included comments, 'Staff are always friendly' and 'Home is very clean' and 'Activities are good.'