

Care UK Community Partnerships Ltd

Woodside Resource Centre

Inspection report

The Willows
Cavendish Road
Middlesbrough
Cleveland
TS4 3EB

Date of inspection visit:
22 January 2020

Date of publication:
14 February 2020

Tel: 01642828146

Website: www.thewillowsmiddlesbrough.co.uk

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

About the service

Woodside Resource Centre provides nursing and personal care for up to 60 older people in one single storey building. Some people supported were living with dementia. At the time of the inspection 56 people were using the service.

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

People said they felt safe and well cared for. Relatives confirmed this was the case. Staff knew how to protect people from abuse. Risks to people were assessed and managed. Health and safety checks were made of the building and the equipment used. The provider's recruitment procedures reduced the risk of unsuitable staff being employed.

Staff received the training they needed to carry out their roles effectively. 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.

Positive relationships between people and staff had been formed. The care people received was person-centred. People and relatives knew how to complain if needed. A range of activities were available to people.

Audits and checks to monitor and improve the service were carried out by the registered manager and provider. The provider sought and acted on feedback. The service worked in partnership with other agencies to fully meet people's needs.

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

The last rating for this service was requires improvement (published 17 August 2016). There was also an inspection on 10 August 2017 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

The provider completed an action plan after the August 2016 inspection to show what they would do and by when to improve.

Why we inspected

This is a planned re-inspection because of the issues highlighted above.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Woodside Resource Centre

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.

Inspection team

One inspector, a medicines inspector, a nurse specialist and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Woodside Resource Centre is a 'care home'. People in care homes receive accommodation and nursing 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch to gather information. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and six relatives. 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 spoke with 17 members of staff. This included the registered manager, a unit manager, four nurses, a senior care worker, six care assistants, the lifestyle lead activities co-coordinator, a cook and two housekeepers.

We reviewed a range of records. This included seven people's care records and a range of medicine records. We looked at three 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 the inspection on 17 August 2016 this key question was rated as requires improvement. At this inspection this key question has been rated as good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the inspection in August 2016 we found staffing levels in the nursing unit were not always sufficient overnight. There was a breach of Regulation 18 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 18.

- Staffing levels were monitored by the registered manager to ensure people received safe support. Staff told us there were usually sufficient staff on duty to meet people's needs. Some staff said they felt staffing levels had improved recently with the recruitment of additional staff. Call bells were answered quickly.
- The provider's recruitment process reduced the risk of unsuitable staff being employed.

Assessing risk, safety monitoring and management

- Risks to people were assessed. Staff knew the action to take to reduce any risks identified.
- People and relatives said people were kept safe. One person told us, "'I feel safe and comfortable." A relative said, "I cannot fault it at all. It's nice to know that [person] is safe when I am not here."
- A range of health and safety checks were carried out to ensure the safety of the building and equipment in use.
- We identified staff were not always clear on some aspects of a person's catheter care. We discussed this with the registered manager who told they would review catheter care procedures.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. The provider had a safeguarding policy and protocol in place for staff to follow if they suspected abuse.
- Staff had received training in safeguarding adults and knew how to protect people from abuse.

Using medicines safely

- At the inspection in August 2016 we found some records related to medicines required improving. We found improvements had been made at this inspection and medicines were managed safely.
- Medicine records viewed were complete with no unexplained gaps.
- Senior staff were trained in medicines management and had their competency checked.
- People told us they received their prescribed medicines appropriately. One person told us, "The medication is on time and I am pain free. If I was in pain, they would get me something."

Learning lessons when things go wrong

- Lessons were learnt from adverse events. The provider and registered manager analysed accidents and

incidents to identify any patterns and trends.

- Lessons learnt were shared with the staff team to reduce the risk of similar incidents happening.

Preventing and controlling infection

- People were protected from the risk of abuse. Staff received infection control training and knew how to reduce the risk of infection spreading. Personal, protective equipment such as gloves and aprons were available to staff.
- The premises were clean and tidy.

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 inspection on 17 August 2016 this key question was rated as requires improvement. At this inspection this key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences had been fully assessed and were regularly reviewed.
- An assessment of people's needs was made before they moved into the home to ensure staff could provide the right support. People and their relatives told us they were involved in this process. One relative said, "I got a memory book to fill in, so that staff would know all about [relative]."

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

- Staff assisted people with their health needs. They worked with external professionals to ensure people received the right healthcare support.
- People attended appointments and check-ups with a range of external health professionals. Staff supported people at medical appointments if needed. Where recommendations had been made by healthcare professionals staff had followed the guidance provided.

Staff support: induction, training, skills and experience

- Staff were suitably skilled, experienced and trained to carry out their roles. They told us they received the training they needed for their role.
- Newly recruited staff completed an induction which included shadowing more experienced staff.
- We found some staff had not had regular supervision meetings with the management team. We discussed this with the registered manager who showed us dates had been scheduled.

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

- People's nutritional needs were met.
- People were supported to eat and drink sufficient amounts to maintain a healthy and balanced diet.
- Lunch was a pleasant experience for people. Enough staff were available to support people with eating and drinking. People told us they enjoyed the food and got a choice of meals.

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

- The building was adapted to meet people's needs.
- Consideration had been given to providing an environment to meet the needs of people living with dementia. This included memory boxes outside people's bedrooms containing items of sentimental value. People's bedrooms were personalised with their own belongings.

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.

- Staff understood the principles of the MCA and DoLS. People made decisions for themselves where able.
- DoLS had been applied for appropriately. Care plans contained details of decisions made in people's best interests where appropriate.

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 inspection on 17 August 2016 this key question was rated as requires improvement. At this inspection this key question has been rated as 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

- People told us staff were caring and kind. One person said, "The staff are very good. They are ideal for my needs."
- People were able to maintain important relationships. Families told us they were made welcome. One relative said, "As a family, it was a massive step [relative] coming in here. I am absolutely comfortable about him being here. I had huge concerns when he came here but the staff are lovely. Nothing is too much trouble for the staff. He trusts the staff."
- An area of the building was dedicated to providing information to people, staff and relatives about living with dementia.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. Staff were patient. When people were getting anxious staff took the right action to support them. Staff knew people well including their life history, likes and dislikes. One relative said, "The staff are very interactive with people. If someone shouts, they are straight there."
- Staff respected people's privacy. One relative told us, "The staff are very respectful. They respect his privacy and if he needs to go to the toilet, they ask visitors to leave and they make sure he is sorted out and clean and tidy, before visitors come."
- Staff asked for permission from people before assisting them. They patiently waited for people to make as many decisions for themselves as possible. One relative told us, "The staff do encourage [person] to be independent, on his good days, and they will encourage him to wash and dress himself."

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

- People were supported to express their feelings and views. Feedback was sought from people and relatives through informal chats and resident's meeting. One person told us, "One person said, "The staff are so kind and work so hard, they listen to me and are always helpful."
- The provider carried out surveys of people and relatives to gain their views on the service. The results of this were analysed and actions plans were developed to address any issues raised.

Is the service responsive?

Our findings

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

At the inspection on 17 August 2016 this key question was rated as requires improvement. At this inspection this key question has been rated as 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

At the inspection in August 2016 we found gaps in a range of records. 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.

- People's care plans recorded people's wishes and choices. People's needs were reviewed monthly to ensure staff were clear on any changes.
- Handovers took place between staff shifts to ensure staff had up to date knowledge of any changes to people's needs.
- People's religious and spiritual needs were met. Representatives of different faiths visited the service.

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's communication needs were met. Care plans documented these. Staff knew the people they were working with very well and communicated with them well. Staff used a range of techniques to communicate with people such as signs and gestures.
- The registered manager told us information in alternative formats would be provided on a bespoke basis if needed. For example, one person living with dementia had a first language other than English and the manager had ensured the sign for their toilet was in their first language.

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

- At the inspection of August 2016 we found activities for people needed improving. At this inspection this issue had been addressed and people were able to participate in a wide range of activities. This included chair exercises, baking, crafts, quizzes, pamper days, gardening and flower arranging. The lifestyle coordinator told us "I try and make activities as meaningful as I can."
- Opportunities for one to one activities were offered to people who did not want to join in with group activities.

- Outside entertainment was brought into the home such as singers and pets for therapy. The service had also developed links with the local community including visits by the Brownies.
- A range of newspapers and magazines were available for people to browse as they wished.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints appropriately. Complaints received had been managed appropriately and outcomes were recorded. People and relatives said they knew how to raise concerns.
- Informal complaints were not being documented. We discussed this with the registered manager who told us they would action this.

End of life care and support

- At the time of our visit no one was receiving end of life care. Staff knew how to support people and their loved ones well at this important time.

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 inspection on 17 August 2016 this key question was rated as requires improvement. At this inspection this key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 culture of the home was positive. People and relatives said they were happy with the service provided. One relative said, "It's a good atmosphere here." They told us communication with the service was usually good.
- Staff spoke positively about the service. They told us they enjoyed working at the home.

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

- The provider and registered manager completed a range of audits to monitor the quality and improve standards within the service.
- People and relatives spoke positively of the registered manager. One person said, "She is very helpful, very good. She asks me how I am managing and do I need any help."
- Staff told us they felt supported by the management team and could raise any concerns they might have.
- The registered manager had submitted required notifications of accidents and significant events to the relevant bodies in a timely manner.

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

- Feedback was sought from people and relatives. A 'wish tree' was available at the entrance of the home where people and relatives could hang up their suggestions and wishes for the future. These were reviewed and acted upon by the management team.
- Thank you cards and compliments had been received about the care provided. One person said, "I would recommend this place to anybody. It's very friendly. You can make yourself at home, you can settle here."
- Staff told us they could air their views and were listened to.

Continuous learning and improving care; Working in partnership with others

- Staff worked with outside agencies to fully meet people's needs. The registered manager was keen to continue developing the service.