Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Woodlands Nursing Home

8-14 Primrose Valley Road, Filey, YO14 9QR

Tel: 01723513545

Date of Inspection: 30 October 2012

Date of Publication: November 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✗ Action needed
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Hexon Limited
Registered Manager	Mrs. Melanie Jenkinson
Overview of the service	Woodlands is a nursing home located in a countryside setting. It has accommodation for 34 people, with some of these places being EMI nursing. It provides permanent and respite accommodation. There are grounds for people to access, and the building is accessible for those with mobility issues.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

During our visit we saw that people were being supported in a patient and caring way. Records showed that people's care plans and risk assessments were up to date and were regularly reviewed, and that consent was sought in written form and verbally when any care was carried out.

There were a range of activities available for people and we observed that people were not bored or passive, but were engaged with staff, each other and the activities and environment. One person told us "I feel safe. I am still independent even though I am living in the home".

Staff were observed to be encouraging and motivating people, and were treating people with dignity and respect. Staff were given various training opportunities and were able to discuss their needs with the manager and senior staff.

Audits and surveys were carried out on a regular basis. Staff and relatives meetings were held to allow people to have a role in the running and ongoing improvement of the service. One person told us "They have asked me about what activities I might like on several occasions". Another told us "We always get lots of choices".

Infection control procedures were followed in some areas, but bathrooms, toilets, and toileting equipment needed updating and replacing in many cases to minimise the risk of infection.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 11 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During our visit we looked at care plan files for people living in the service. We saw that there were various consent forms within the files, and these were signed by the individual and/or family members. Consent forms were in place for bed rails, support documented in their care plans, having their photo taken, and for receiving medication.

When we spoke with people who used the service they told us that they were asked for consent when they first moved in to the home, and that this was regularly checked. One person told us "I remember signing consent forms and staff always ask me before carrying out any care". Another person told us "My daughter was involved in sorting out all my consent forms. They always ask me for consent".

We looked at the policies within the home, which included autonomy, equal opportunities, privacy and dignity, meeting needs, covert administration of medication, and open communication.

When we spoke with staff, they showed a good understanding of the importance of gaining consent from people, and the need to ensure that people understood what they were consenting to. Staff had received training around the Mental Capacity Act 2005 and deprivation of liberty. Staff understood the purpose of best interests meetings where assessments had been carried out on people's ability to consent and make decisions. The manager told us that there was no-one currently in the home with a best interests decision or deprivation of liberty status in place.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our visit we looked at care plan files for people who lived in the service. We observed the support people received through a short observational framework tool (SOFI) and we spoke with staff and people that used the service.

While we were carrying out the inspection we saw that there were various activities happening which included hairdressing, singing, playing board games, and reading. The communal areas included lots of activities that people could do such as puzzles and games. One person told us "I play bingo and all sorts. A man comes weekly and does activities – I never feel bored. A lady comes from the library every week and brings books so I read a lot". The manager told us that they had a 'motivation man' that visited weekly and did various activities. There was a 'music for health' session held monthly. The manager also told us that they had recently employed an activity co-ordinator who was due to begin in the next two weeks, and that person would be working 16 hours per week doing activities with people who used the service.

We observed staff supporting people in a patient and considerate way. When people were being transferred by staff it was done with care and the staff let people know what they were going to do before they did it. During our inspection it was noted that the call bell system was answered quickly by staff. One person told us "If I want anything I only have to ask".

During our SOFI observation, we saw a high number of interactions between people and staff, as well as between people and visitors. These interactions were good. Staff who supported people to eat were taking the time to ensure that people could eat at their own speed. Staff were consistently letting people know when they were supporting them what was going to happen next. We also observed that people were engaged with their environment, and the people around them, as well as the activities they were taking part in.

We looked at people's rooms, and saw that they contained personal items such as pictures and toiletries. People had chosen their own colours when their rooms were redecorated, and some had furniture they had bought with them into the home. One person, when talking about his room told us "It's a nice little room".

Kitchen staff told us that there were usually two or three choices for meals at both

lunchtime and tea time, and that people were supported to choose the option they preferred. People were able to request meals if they wished. During our inspection we observed two people who had requested sausage, eggs and beans for their lunch rather than the other options that were on offer. The kitchen staff had information on the wall about people's dietary needs. These included diabetic and soft food options that needed to be available for people living in the home. One person told us "There are three choices at most meals and it's always good".

When we looked at people's care plan files we saw that care plans and risk assessments were detailed, reviewed regularly and were up to date. Daily report records for each person were detailed and included sections such as demeanour, nutrition and the support received. All the files we looked at included people's life and medical history, their social needs, any hobbies or interests that they had, and their contact with family and friends. There were records showing any professional visits that they had received, as well as any specialist input such as the dietician, or the speech and language therapist. The records were person centred, and included preferences and wishes. Medication files for people were detailed and included a photo, a list of the medication people needed, and the way they preferred to have these administered.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Cleanliness and infection control ✖ Action needed

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

People were not cared for in a clean, hygienic environment.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our inspection we observed the lunch time meal, and saw that staff were wearing aprons. The kitchen was clean and tidy, and had received a food hygiene rating of four stars at its last inspection in November 2011. The kitchen had separate areas for preparation of vegetables and meat, and staff used colour coded chopping boards.

The communal areas were bright and airy, and they were all clean and tidy. The chairs people used were clean, and the manager told us that they were checked and cleaned as needed. One person told us "My room and bathroom and all other areas are always clean".

In the laundry area soiled washing was separated from other washing, and a separate machine with a sluice cycle was used for both soiled washing and bedding and towels. The room was not accessible to people who used the service. All washing chemicals and cleaning chemicals were kept in a small room at the back of the laundry room which was locked.

When we looked at the communal toilets and bathrooms we saw that there were toilets that had soiled toilet seats and soiled seat raisers. Some toilet seats were loose on their hinges. Following our observations on the morning of our inspection, the manager arranged for a check of every toilet in the building, and domestic staff carried out a deep clean and replaced eight toilet seats before the end of the inspection. However several of the toilets still required a deep clean, which was arranged to be carried out over the days following our inspection. Many of the toilet seat raisers also required deep cleaning or replacing.

Several of the toilets and bathrooms in people's rooms were odorous and required deep cleaning to ensure that they were hygienic.

In one of the communal bathrooms we saw that the bath had mould around the seal, and had large water marks underneath the taps down the side of the bath. The bath seat that was being used in the bath was rusty and soiled and not fit for purpose. There was also staining on the floor and the ceiling.

We saw in one of the en-suite bathrooms that the bath was stained, and in another that the chair used to sit over the toilet required disposing of as it was soiled, rusty and the material was torn. The manager arranged for the immediate removal and disposal of the chair during the inspection, and when we checked later on in the day this had been removed. We also observed other equipment such as a commode and a bowl that were dirty and soiled.

All the en-suite bathrooms and the communal bathrooms and toilets required a deep clean. Equipment in use was not always clean or fit for purpose.

The home had an infection control policy which covered a wide range of subjects including communicable diseases, hand washing, sterilisation, clinical waste, and protective clothing. This was last updated in May 2012. We also looked at policies for hygiene, health and safety, storing of chemicals and clinical waste. We looked at the training records for staff and saw that the majority of staff had recently completed infection control training, and those who hadn't were booked on to a future session. Staff were observed washing and sanitising their hands throughout the day, and were wearing protective equipment when appropriate.

We saw records for checks such as water temperatures and the chlorination of cold water which was done annually. The manager told us that there was one domestic member of staff who was employed for a few hours a day. As the home was very large, this was insufficient in terms of being able to keep all areas clean and hygienic effectively.

People were not cared for in a clean, hygienic environment. There were not effective systems in place to reduce the risk and spread of infection.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During our inspection we looked at staff records, and spoke to several members of staff as well as the manager. We also spoke to people who used the service about the staff and the manager. Staff told us that the team worked well together and everyone helped each other out. One staff member told us "There are no differences between nurses and carers, or day and night staff. The team work is really good".

We looked at the training records for staff and saw that there was a good amount of mandatory training that had been completed by staff including moving and handling, safeguarding, Mental Capacity Act 2005 and deprivation of liberty, infection control, food hygiene, dementia, fire training, equality and diversity, challenging behaviour, first aid, and medication. The training provided to staff was monitored by the manager so that it remained up to date and relevant. When we spoke with staff they were happy that they were offered many training opportunities for both mandatory subjects, and in order to gain further qualification. One staff member told us "I have only worked here for a few weeks and I have already been signed up for the next level of diploma so am really happy that I think my training needs will be met".

We looked at the records for staff induction which consisted of a first day orientation including fire training, an induction booklet and also work with a mentor. Staff would then spend a couple of days shadowing other staff. The manager told us that they always wait for criminal records bureau (CRB) checks and references before starting any employment. The induction booklet covered various areas including the statement of purpose, key worker duties, accidents, first aid, health and safety, and personnel issues.

Although the manager had not yet started an appraisal programme, they had recently completed a course on staff appraisal and these were due to start imminently. There was a programme of supervision with the nurses doing the carers supervision. We looked at records of these and they covered a chosen subject each time such as preparing residents for breakfast, or privacy and dignity. We saw in the staff files that supervisions were held regularly and were up to date. The manager told us that other issues such as personal issues, or performance and professional development were done on a more informal basis and then recorded on each person's file. We saw records of these types of discussions in people's files.

There were regular staff meetings, with the last one being held in September 2012. This

covered a wide range of subjects including personal care – reminding of standards expected, repositioning people at night, documentation, clinical waste, and team working. The previous one was in May 2012 and covered staff communication. The manager told us that these were usually bi-monthly.

The manager told us that sickness was usually covered from within the staff team or from the sister home, and that there was no use of agency staff. Staff files showed that sickness was monitored and supervision would happen if any triggers were set off.

When we looked at staff files we saw that they all contained application information, references, CRB checks, identification, registration information (for nurses), evidence of training completed, and supervision records.

When we spoke with staff they told us that they felt well supported by the manager and the seniors. The manager said that she operated an open door policy for staff. One staff member told us "If I saw anything I wasn't happy about I would report it to the manager – I already have done that and the manager addressed it straight away. She listened to me and took action". Another told us "I would feel comfortable in reporting anything to the manager, even if it was about another staff member, she is assertive and has been brilliant". The manager told us that she had high expectations of staff, and that she tried to ensure the highest level of care at all times. We saw evidence in the staff files that the manager took appropriate disciplinary action when necessary. One person who used the service told us "The manager is always here and is very approachable".

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications. The provider had secured high standards of care by creating an environment where clinical excellence could do well.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During our inspection we looked at records of audits and checks that were carried out.

We saw accident audits carried out for people who used the service, and staff, which was done monthly, and had last been completed in September 2012. Accident records were thorough and included any action taken. Medication was also checked monthly and included an action plan for any issues that had been raised. The medication was also audited annually by the pharmacist. These checks were up to date.

Care plans were checked monthly and evaluated for missing paperwork, and updating of plans and risk assessments. The manager told us that the nurses each completed one every day so that all were done across the month.
Staff also carried out a room audit, where three rooms per month were checked for lighting, safe movement around the room, people being able to reach the call bell, and heating. These were up to date.

The service carried out a relative's survey, and the latest one had been completed very recently so had not yet been analysed. The comments within this were generally very positive. The survey covered people's care, management and staff, and premises. The service carried out these surveys twice a year.

The last staff survey had been carried out in March 2011 and included positive comments. This was due to be repeated in the near future.

There were records of regular relative's meeting, with the last one being held in September 2012. The minutes showed that this covered temperatures of drinks, spot checks of personal care, living room arrangements, a mural, toilet and commode cleaning, toileting, and maintenance. The previous one had been in July 2011 and the manager told us that they were intending to have these more often as they were very helpful.

There were not any surveys carried out with people who used the service as this was done on a more informal basis. One person we spoke with told us "They have asked me about what activities I might like on several occasions".

We looked at the complaints that had been received and saw that there had only been one

in the last year. This was from a family member regarding the changing of room arrangements. We saw there was a response sent from the manager which validated the complaint and explained the actions taken. The manager told us that the area manager was also notified of any complaints received. One person told us "I would go straight to the manager if I had any complaints. She would do something about it". Another person told us "I would tell staff if I had to complain, but I don't usually have any complaints".

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The provider took account of complaints and comments to improve the service.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010** **Cleanliness and infection control**
	How the regulation was not being met: Regulation 12. People were not protected against indentifiable risks of acquiring infections through (2)(c) the maintenance of appropriate standards of cleanliness and hygiene in relation to (i)premises occupied for the purpose of carrying on the regulated activity, (iii)materials to be used in the treatment of service users where such materials are at risk of being contaminated with infection.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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