Coate Water Care Company (Church View Nursing Home) Limited

Woodstock Nursing Home

Inspection report

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Tel: 01452616291

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Woodstock Nursing Home is a residential nursing home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 28 people in one adapted building across three floors.

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

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People were safe. Staff were recruited and trained safely. Staff were knowledgeable about safeguarding and whistleblowing policies. There were systems in place to assess and manage potential risks to people and staff. Accidents and incidents were recorded and analysed to minimise any further risks. People were supported with the management of their medicines safely.

People were assessed with a person-centred approach, assessments and care plans took into account people's individuality and considered different religious and spiritual needs. People were supported to access community healthcare services.

Staff treated people respectfully and kindly. People and their relatives told us they were happy with the care they received.

People were supported to maintain social networks with their relatives and community. There were regular activities available that people told us they enjoyed.

The service was well led. Management maintained oversight and encouraged learning and improvement within the service. Staff told us the registered manager was approachable and supported them to work effectively.

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

Rating at last inspection
The last rating for this service was good (published 16 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

Woodstock Nursing Home

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
This inspection was completed by one inspector.

Service and service type
Woodstock Nursing home 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
Before this inspection, we reviewed the information we already held about the service. This included notifications sent to us by the provider. Notifications are information about specific incidents the service is required to tell us about.

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.

During the inspection-
During this inspection, we spoke with three people and three relatives. We also spoke with professionals who regularly worked with the service. We spoke with nine members of staff, this included care staff, nursing staff, the chef, operations director, operations manager and the registered manager.

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 reviewed a range of records. This included four care plans, three staff files and several other documents relating to the management of the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People and their relatives told us they felt Woodstock Nursing home was a safe service.
• Staff received training in safeguarding and were knowledgeable about identifying and reporting signs of abuse.
• There was a clear whistleblowing policy in place. All staff we spoke with knew how to escalate concerns both internally and to relevant outside agencies. Whistleblowing is when a member of staff passes on information concerning a wrongdoing at work.

Assessing risk, safety monitoring and management
• People had individual risk assessments and risk management plans in place. Risks that had been identified included skin integrity, malnutrition and falls risk.
• The service completed regular safety checks to ensure that the premises remained a safe environment for people to live. This included gas safety checks, fire drills, legionella checks and regular electrical testing.
• Assistive equipment was regularly audited by the registered manager to ensure it remained in safe working order. Equipment such as hoists and stand aids were regularly serviced, staff told us how they checked this before each use to ensure it remained safe to use.
• Visiting professionals told us they felt the service was safely run, with one professional saying, "absolutely, I would bring my relative here."

Staffing and recruitment
• Staff told us there was enough staff to assist people safely. We observed that call bells were answered promptly and there was staff available to assist people when required.
• Staff were recruited safely. Pre-employment checks were completed for all staff and registrations for nurses were checked regularly. Pre-employment checks included references and a DBS check. DBS (Disclosure and Barring Service) checks help employers make safer recruitment decisions and prevent unsuitable people working with vulnerable adults.
• Staff received regular training to ensure they had knowledge of safe practice. Training included manual handling, medicines management, food hygiene and fire safety.

Using medicines safely
• Medicines were managed safely and in line with best practice guidance. There were safe protocols in place for the receipt, storage and disposal of medicines.
• Medicines systems were organised, people consistently received their medicines when they should.
• Medicines that were given covertly were accompanied by covert medicine care plans. These were written in collaboration with a GP and Pharmacist to ensure that covert medicines were managed safely and

effectively. Covert administration is when medicines are administered in a disguised format.

Preventing and controlling infection
• The service was clean and tidy and free from odours.
• Staff had a good knowledge of infection control principles. We observed staff using PPE (personal protective equipment) appropriately.

Learning lessons when things go wrong
• Accidents and Incidents were recorded and reviewed by the registered manager. These records were then analysed by the operations manager and director. Information regarding trends was fed back to the registered manager monthly.
• This information was used as an opportunity for learning and improvement.
• Where a reduction of incidents was found to be a result of good practice, this was shared with all services under the provider.

Requires Improvement

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 last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

The service applied for DoLS when required. Where DoLS were in place, the service was meeting required conditions.
• We saw consent forms in people's files that were signed by their next of Kin. These consent forms included restrictive interventions such as sensor mats, bed rails and covert administration of medication. Next of Kin do not have legal authority to consent to these interventions.
• We saw one person had a sensor alarm used to reduce risk of falls at night time. There were no mental capacity assessments or best interest decisions in place for this intervention.
• Staff had good knowledge of the mental capacity act and how it applied to their roles.
• People had appropriate mental capacity assessments for care and treatment in their care plans.
• When we discussed this with the registered manager, they removed these consent forms and told us they would review mental capacity assessments for all people living at the service.
• People's care plans detailed their different communication styles. There was clear guidance for staff on how different people were able to communicate consent.

We recommend the service consider current guidance on the mental capacity act 2005 and take action to update their practice.

Adapting service, design, decoration to meet people's needs
• Risks to the premises were identified and managed effectively. The service was adapted to cater for people of varying mobility needs.
• We saw there was a lack of signage to assist people to navigate the service. This meant that people living with dementia may not have been able to navigate the service independently. When we discussed this with the manager, they told us they have not had issues with people navigating the service previously and did not have plans to improve signage.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed prior to moving to Woodstock Nursing home. This ensured that the service was able to meet people's needs from arrival.
• Peoples cultural and religious needs were considered as part of the assessment process.
• The service used nationally recognised tools to assess people's needs. This meant that assessments were evidence based and effective.
• People had oral health assessments in their care plan.

Staff support: induction, training, skills and experience
• Staff told us they had enough training to complete their roles effectively and were able to discuss ongoing training needs as part of their supervision.
• The service had an induction period in which new staff completed training and shadowed more experienced staff. Staff told us that this was useful, and they felt confident to care for people following their induction. One staff member told us "I felt confident. I knew if I needed help with something I could just ask, and they would help."

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to maintain a balanced diet. People told us they enjoyed food at the service and were always offered choice.
• The service supported who were at risk of malnutrition and weight loss. People at risk of weight loss were weighed regularly, we saw people were referred to a dietician if required.
• The chef had good knowledge of people's dietary needs. allergies and preferences. This included people on specialised diets to reduce the risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to access community health care services when required. This included a community dentist, GP, Speech and Language therapy and physiotherapists.
• Professionals told us that the service referred people to them appropriately and worked well with professionals. One professional told us "they ring if they've got any concerns, we get a very reliable history from them."

Good

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 last inspection this key question was rated as good. At this inspection this key question has remained 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 they liked the staff and were happy with the care they received. Comments included "Staff are lovely" and "they seem alright to me."
• Relatives told us their family members were treated with respect. Comments included, "It's very good, because they are caring, they are considerate" and, "It's the feeling of confidence, you always feel guilty having a parent in accommodation like this and not looking after them, I suppose the biggest thing is the confidence in knowing that she's being cared for by people that do care."
• The registered manager told us how they accessed external support networks, such as The Terrence Higgins trust, when required. Terrance Higgins Trust is a service that supports people with sexual health and provides support to people living with HIV.
• The provider kept a record of languages spoken by staff in all services. They told us that if someone spoke a different language, they would be able to access a member of staff that spoke the same language within 48 hours.

Supporting people to express their views and be involved in making decisions about their care
• Where possible, people were encouraged to be part of their care planning. Family members were invited to be part of this process when appropriate. When discussing care planning, one member of staff told us "Talk to them, talk to their friends and relatives, one week after admission we try to arrange to have a chat with a family member, go through care plans, see if anything is missing, we have six monthly reviews and go through what we've got, and if there is anything else they would like."
• People were supported to access advocacy service when required. An advocate is someone who can speak up independently for someone if they need them to.

Respecting and promoting people's privacy, dignity and independence
• People were supported to be as independent as possible.
• Staff told us how they maintained people's privacy whilst completing care tasks. One member of staff said, "Always shut the doors. When they have a shower, make sure they have dressing gowns and towels before we help get them dressed."
• Family members told us how they treated relatives with dignity and respected their choices. Comments included, "they treat her with respect and they treat her as if she understands, they talk to her like she understands" and, "recently she was supposed to have [medical intervention], they asked me permission, but she refused, and they went with what she said, rather than what I said. They listened to her."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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
• Staff spoke of the importance of person-centred care, one staff member told us, "Not one person is the same, you treat them individually."
• Peoples care plans were specific to them and set out how they would like their needs to be met. These were updated as and when people's needs or preferences changed.
• Relatives told us how staff knew people well and considered their preferences. One relative told us, "The way some of them will go out of the way themselves, they'll go out and buy them a special cake or biscuit because they know people like it, something special for a specific person, that they know they alone will eat. They know the residents and they know who likes what, they go out of their way to treat them like they would their own parents, or grandparents."

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 had their communication needs recorded in their care plan. Communication care plans included clear information about support needed to manage sensory loss and the way dementia had affected people's communication.
• Peoples individual communication needs were shared with health care professionals when required.

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
• People told us that they enjoyed the daily activities at Woodstock Nursing Home. When discussing activities, one person told us, "brilliant, lovely, we have a laugh and sing songs."
• People were supported to develop meaningful relationships with people at the service. We observed several interactions suggesting meaningful friendships between people.
• People were supported to maintain relationships with their relatives and local community. Relatives told us they always felt welcome at the service. One relative told us, "they are always asking how the family are, if you want to ask any questions there's somebody there always to answer".
• The service supported people to continue practicing their religion if this was important to them. This included individual visits from religious leaders.

Improving care quality in response to complaints or concerns

• Complaints were recorded and responded to in line with the services policy. People were informed how to escalate concerns if they were not satisfied with the response received.
• People told us they felt comfortable raising concerns with the registered manager if required. Comments included "[registered manager] is often around, so if I have any concerns I can always talk to her" and, "If I'd had a concern I'd raise it with care workers, if I had any concerns with them I'd raise it with [registered manager]."

End of life care and support
• People had some end of life wishes in their care plans. This included wishes regarding resuscitation and the medical treatment they would like at the end of their lives.
• Nurses were trained in and were confident handling end of life medicines and equipment. This meant that nurses were able to support people to die in a pain free and dignified way.
• We saw feedback that suggested the service had provided effective end of life care. Comments included, 'A special thank-you for your kindness and support in looking after [person]. Thanks to all involved', 'The last twelve months of her life, we saw a different person with a permanent smile on her face' and, 'We would like to thank (staff) for all they did when [relative] was taken ill. Their thoughtfulness, caring and compassion went a long way to help us through what was a terrible shock.'

Good

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 last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• The manager completed regular audits to ensure the quality of care remained high. However, these audits did not identify concerns we found regarding the mental capacity act.
• The registered manager had good knowledge of their regulatory responsibilities.
• We saw that where areas for improvement had been identified, these were acted on appropriately.
• CQC had received appropriate notifications since the last inspection.
• There was an on-call system in place. This meant that staff had access to managerial support at all times.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• Staff told us they felt supported and confident to approach the registered manager, one staff member told us, "if I need to go to the manager, I know what I say stays between me and her. I trust her more than other managers I've known, she's a lot nicer."
• Relatives told us the registered manager was accessible and approachable.
• The registered manager promoted a person-centred ethos at the service. This was reflected in the attitudes of staff at the service.

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 registered manager had good knowledge of their responsibilities under the duty of candour.
• The service communicated with people openly. This was evidenced in the way the service responded to complaints.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
• The service regularly sought feedback from people, their relatives and staff members. This was done both verbally and through quality assurance surveys.
• The service held regular residents and relatives' meetings. Relatives told us they found these meetings useful and felt informed about any changes at the service.

Working in partnership with others
• The provider worked well with other health and social care professionals. There were appropriate

processes in place to ensure people had access to health and social care services.
• The registered manager was a member of local industry associations. This meant they had access to up to date information regarding any changes in legislation or best practice guidelines.
• The provider shared good practice and innovation with all services. This meant that learning was shared and drove improvement throughout all services.