



Review of compliance

Barchester Healthcare Homes Limited Woodhorn Park

Region:	North East
Location address:	Woodhorn Road Ashington Northumberland NE63 9AN
Type of service:	Care home service without nursing
Date of Publication:	December 2011
Overview of the service:	Woodhorn Park is registered to provide accommodation to people who require personal or nursing care. The home is purpose built and accommodates sixty three older people some who have dementia. All bedrooms are for single occupancy with ensuite facilities.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Woodhorn Park was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 2 November 2011, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We spoke with people to gain their views about living in the home. People said they liked living at the home. They said staff were helpful and kind. They said they were given choices about things that were important to them, such as food and daily routines. People we spoke with said they knew to contact the manager if they had any concerns about the care provided at the home. One relative spoken with said they would like to see more activities available for people.

What we found about the standards we reviewed and how well Woodhorn Park was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Woodhorn Park is compliant with this outcome because people are treated with respect and they are encouraged to make decisions about their care and support.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Overall we found that Woodhorn Park is compliant in this outcome area but to maintain this we have suggested some improvements be made. People receive appropriate care, treatment and support which meets their needs however "best interest" and capacity and consent forms were not completed for people who lacked mental capacity. Food and fluid

charts were not completed in detail.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Woodhorn Park is compliant with this outcome area because systems are in place to protect people from harm and abuse.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Overall we found that Woodhorn Park is compliant in this outcome area but to maintain this we have suggested some improvements be made. There are sufficient staff on duty who are trained to meet the needs of the people who live there apart from at lunch times when staff are not available to provide support and encouragement to people who eat alone in their room.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Woodhorn Park is compliant with this outcome because there are systems in place for monitoring and assessing the quality of service provision.

Actions we have asked the service to take

We have asked the provider to send us a report within 7 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with people who lived in the home and some of their visitors. They told us that they were encouraged to make decisions about their care and support. People told us they were asked their opinions and preferences regarding all aspects of daily living.

Other evidence

We looked at some care records of people who lived at the home, they showed that they, or their representative, were involved in planning their care before they moved into the home. The welcome pack which was given to a new person when they moved in described the services available to the person. The guide told them that they would be treated with dignity and respect and they would receive care based upon their needs.

People we spoke with said they were asked every day about what time they wanted to get up and go to bed. They were also offered a choice every day with regard to food and activities. They were kept involved in all daily decision making. Those who were unable to verbally say their preferences were given help to remain involved and to make decisions. At meal times as well as the daily written menu, sample food plates were prepared so a person could see what meals were available and then decide what they wanted to eat.

Our judgement

Woodhorn Park is compliant with this outcome because people are treated with respect and they are encouraged to make decisions about their care and support.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People we spoke with said they liked living at the home. They said there were lots of visitors to the home.

People said they were happy and the staff were very kind.

Visitors to the home said that the service provided good care to people.

They said the staff kept them informed about their relative and they were involved in planning the care their relative needed.

Other evidence

We looked at six care records and these included pre-admission assessments for people. These assessments showed the information collected before a person moved into the home to help make sure staff could meet their needs. The areas assessed included questions about mental health, the amount of care and support required by the person to meet their personal care needs, their spirituality, personal interests and history, moving and handling, mental capacity and nutritional information. Care plans were developed from this pre-admission information to show staff the care and support needs of each person living in the home. Falls risk assessments were also in place, these assessments are to check people who may be at risk of falling and to ensure actions are taken to reduce the risk of a fall. Moving and handling assessments were in place to show staff the support people needed if they were unable to stand up or move about independently. There were weight charts that were completed to monitor weight

increase and loss for people living at the home. A new chart had recently been introduced to show the daily intake of food and fluid for people who needed assistance and who had very small appetites and their weight required monitoring. We saw that these records were not completed in enough detail, one care plan said a "person should be encouraged to eat" but the daily food recordings completed by staff did not say what the person did eat.

Peoples' specific wishes about their end of life care was recorded. This was important as a person may be not able to say what they want when the time comes.

Some people did not have the capacity to make decisions and records were not available stating why staff had to make decisions on their behalf. Staff spoken with however were aware of the need for mental capacity assessments and they knew who would carry them out if they were needed.

The dementia care unit was well created to help people with dementia remain aware of their surroundings and to remain involved in every day living. The corridors were decorated to help people with their memory. Local scenes and activities that were important to people were painted on walls. There were trinkets and memorabilia throughout the unit. There were memory boxes on people's bedroom doors that contained items that had been important and meaningful to a person. This was to help people's memory and to keep them stimulated and aware of their surroundings. There was information written about the likes and dislikes, previous interests, occupation and areas of importance to a person when they could no longer communicate about themselves. This was needed to give staff more information about the person to help them provide more person centred care.

There was a system for staff to review people's care plans monthly and records showed they were signed and dated by staff. There was evidence in the records that people living in the home and their relatives were also involved in the reviews. Care plans were broken down into actions to show the amount of care and support that was needed to provide person centred care to each person.

Records were available to show other professional involvement such as General Practitioners', speech and language therapists and other health professionals who were consulted and involved when needed.

The manager told us about the "resident of the day "scheme. This was an initiative to help make sure each person living in the home received individual care and attention. The scheme identified one person from each floor of the home every day for special treatment such as they may have their nails done, go for a walk or do a favoured activity. They were also visited by the handyman, chef and domestic to see if there was anything particular they needed or would like doing to their room. On this day the person's care plans would also be evaluated over the twenty four hour period.

An activities person was responsible for leading individual activities with people who lived in the home but staff were also encouraged to help with the activities. A programme of activities was available including: music, current affairs, arts and crafts, beauty sessions, baking, bingo, board games, film club, hairdressing, sing-a long, dominoes and jigsaws. People had the opportunity to go out supported by staff and the home had the use of a minibus.

Our judgement

Overall we found that Woodhorn Park is compliant in this outcome area but to maintain this we have suggested some improvements be made. People receive appropriate care, treatment and support which meets their needs however "best interest" and capacity and consent forms were not completed for people who lacked mental capacity. Food and fluid charts were not completed in detail.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People told us that they felt safe living in the home. They said they knew who to speak to if they needed to make a complaint about the care.

Other evidence

The care records looked at during the site visit showed staff involved relevant people to get advice and support to help provide care to people with behaviour that may be difficult to work with. Risk assessments and care plans were in place for those situations so that staff had the correct information to help prevent any difficult situations escalating. This was to help ensure people living in the home did not suffer any unnecessary distress.

Records showed that staff had received training in safeguarding. This should ensure that staff recognise and act appropriately to situations that could place people living at the home at risk. Staff spoken with were able to describe how they would recognise a situation of harm and who they would report to if needed. Records of meetings and safe guarding involvement for incidents were also available, showing the local authority safeguarding team were involved

There was a record of two complaints that had been received and they had been investigated with the outcome recorded.

Staff were aware of the whistle blowing policy which was available so they could make an alert to outside agencies if they ever suspected or witnessed poor care practice.

Our judgement

Woodhorn Park is compliant with this outcome area because systems are in place to protect people from harm and abuse.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People told us that staff were kind and helpful.

One person said: "nothing was too much trouble for them."

They said staff were around when they needed their help.

Staff told us there was plenty of training to help them understand their job.

Other evidence

Many of the people living in the home were dependent with regard to their care needs and required physical help and support from staff. Daily staffing levels included:

8:00am-3:00pm eight members of staff these included the management team, two team leaders and six care workers.

3:00pm-10:00pm eight members of staff including two team leaders and six care workers.

10:00pm-8:00am five waking night staff

Ancillary staff included: three domestics, a cook, two kitchen assistants and a laundry assistant working each day.

It was observed at lunch time it was difficult for staff to help and encourage the three people downstairs who ate in their bedroom and at the same time provide support and assistance to the people in the dining rooms.

Records showed workers at the home received statutory training and some training specific to the needs of people living at the home. Training included health and safety, medication, moving and handling and safeguarding .This training was carried out when a person started work with the organisation. Other training included first aid, fire safety, palliative care, equality and diversity, falls awareness, customer care, dementia care and infection control. We were told training was planned with regard to challenging behaviour, care planning, risk assessments and deprivation of liberty.

Our judgement

Overall we found that Woodhorn Park is compliant in this outcome area but to maintain this we have suggested some improvements be made. There are sufficient staff on duty who are trained to meet the needs of the people who live there apart from at lunch times when staff are not available to provide support and encouragement to people who eat alone in their room.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We asked people if they had the opportunity to comment about the quality of care provided by Woodhorn Park. People said they were asked at the meetings about their care if they were happy with the care provided by the home.

Other evidence

There were systems in place for auditing and monitoring the service. The organisation had an audit system which was used for all of their services. Targets were set and had to be achieved monthly by the management team in the home. The audit of records included auditing care plans, risk assessments and staff supervisions. Monthly audits were also carried out for health and safety and maintenance of the environment.

We looked at staff meeting minutes and found regular staff meetings were taking place. Meeting minutes were available to show staff meetings had taken place approximately two monthly, the last meeting minutes were available for September 2011. Minutes were also available to show meetings took place with people living in the home and their relatives the last meeting had taken place in August 2011.

Questionnaires were sent out every year to people who lived at the home and their relatives to ask them their views about the care provided. The information from the questionnaires was collected and analysed by the head office of the organisation.

Our judgement

Woodhorn Park is compliant with this outcome because there are systems in place for

monitoring and assessing the quality of service provision.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: People receive appropriate care, treatment and support which meets their needs however "best interest" and capacity and consent forms are not completed for people who lack mental capacity .	
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Food and fluid monitoring charts are not detailed to show the amount of foods and fluids given to people.	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	Why we have concerns: There are sufficient staff on duty who are trained to meet the needs of the people who live there apart from at lunch times when staff are not available to provide support and encouragement to people who eat alone in their room.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 7 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA