Inspection Report

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

Woodhorn Park

Woodhorn Road, Ashington, NE63 9AN

Tel: 01670812333

Date of Inspection: 01 November 2012

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

Consent to care and treatment	✖ Action needed
Care and welfare of people who use services	✔ Met this standard
Meeting nutritional needs	✔ Met this standard
Staffing	✔ Met this standard
Complaints	✔ Met this standard
Records	✖ Action needed

Details about this location

Registered Provider	Barchester Healthcare Homes Limited
Registered Manager	Mrs. Vivienne Morris
Overview of the service	Woodhorn Park is a care home for older people providing care and dementia care to a maximum of 60 people. Nursing care is not provided.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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 1 November 2012, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with stakeholders.

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

People who had capacity told us they were asked for their consent to care and treatment. Two visitors said that they had been asked to be involved in giving consent on behalf of a relative for the recent flu vaccination. We found that for some people who had refused treatment and care their capacity to do so had not been taken into account. Therefore it was unclear whether this was or was not in their best interests

People told us they enjoyed the food. One person commented, "The food is brilliant, it reminds me of when I was younger." Another person said, "The food is lovely and we always have plenty to eat and drink. We can have a full breakfast." We found that people were provided with a choice of suitable and nutritious food and drink.

People and relatives, who we spoke with, told us that they were happy with the care provided. One relative said, "The place is very good, the staff are obliging, they have arranged for a walking aid so mum is more independent now, they pick up on when a doctor is needed, or an optician or chiropodist, there are trips out and things to do, we are delighted with the care Mum gets." We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We found that people's complaints were fully investigated and there were enough staff to meet people's needs. We found that some people's records were not up to date or held securely.

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 22 February 2013, 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 ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Where people did not have the capacity to consent, the provider had not always acted in accordance with legal requirements.

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

We looked at the records and talked to people and their relatives.

We saw the home had an assessment checklist for measuring people's general capacity to make decisions and give consent.

Four of the six records we looked at contained evidence that consent had been obtained in an appropriate way. For example, individual records showed that end of life wishes were discussed with people and their relatives, and decisions were recorded. This was important to make sure people's wishes were respected.

Two records showed that decisions had been reached without due consultation. For example we saw that two people, who were assessed as having dementia, had resisted personal care on occasions. There was no evidence that their capacity to understand the implications of resisting care had been considered. There was no evidence that a meeting had been held to consider whether resisting care was in each person's best interests. The acting manager acknowledged that this had been an oversight.

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

We saw that each person had an assessment of their needs and a plan of care. These aimed to maintain the individual's welfare and took into account their physical, mental, emotional and social needs. This ensured that all aspects of the person's health were maintained. Individual preferences were taken into account, for example people's views about the gender of staff who would assist them with personal care were covered in the assessments as well as how people liked to be addressed and more general likes and dislikes.

Records showed that the home assessed the risks to the well-being and safety of each individual person. Care plans were in place to manage risks and the home had referred problems to outside specialists where it was useful to do so. For example we saw that an occupational therapist had been involved for advice to do with specialised equipment to prevent the risk of pressure sores.

Two visitors told us that their relative was always happy since coming to live at the home and said, "She is not very steady on her feet but is well looked after and hasn't had any falls."

Records showed that staff monitored people's weights and encouraged them to take a healthy diet. This was balanced with the right of the individual to choose a particular food and lifestyle.

We found that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We were told that the main meal of the day was served at lunchtime. We saw that large print menus were available in the dining room and we observed the lunch time period on both floors. According to the menu the choice of food available was salmon or toad-in-the-hole and this was served individually from a heated trolley. A choice of two puddings was also available. People were offered a selection of drinks, for example apple or orange juice. One person said, "It's not like at home, but there is plenty of it. I like most of it but not all."

We talked with two visitors who said they regularly called in to the home. They described it as, "like a hotel" and said they were made welcome and were always offered a tray of tea or coffee to have with their relative when they came.

The cook told us that alternatives were made for people who were not interested in the choice of the day. We observed that most people ate well with little waste and staff supported people to eat where necessary. For example, we saw that where necessary, people were given their drinks in appropriate drinking containers so that they could remain independent whilst their safety was maintained. By using gentle reassurance staff encouraged one person to cut up their food.

We saw that people who required a soft diet had this served in a way that they could manage to eat independently. We heard staff offering choices and checking after they had served the food that people were happy with their choice.

The cook said they never had problems with ordering and that food, including fresh items, was delivered weekly. We saw that fresh fruit was available in communal areas and special cakes had been made for the previous evening's Halloween party.

We found people were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable and nutritious food and drink.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Fifty four people were accommodated and the staffing compliment was two seniors (one on each floor), six care staff, one head domestic, one cook, one laundry staff, two domestic staff, one kitchen assistant, one activity organiser and one handyman who was also on call Saturdays and Sundays.

We were told that staffing levels were based on analysing dependency levels as well as occupancy, using a recognised equation. We saw how this was calculated and the acting manager told us they had some autonomy to adjust this if required.

Staff went about their duties in a calm and unhurried manner. We saw that call bells were answered promptly without undue delay. The first floor was occupied by people who would not have the capacity to use the call system and we saw that staff responded to people's needs with reassurance, support and care.

People told us that staff were attentive and one person said, "The staff are very obliging and will take time to pop in as they go past whether I need them or not." We found there were enough qualified, skilled and experienced staff to meet people's needs.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We saw that the home had a written current complaints procedure and a copy of this was displayed on the back of each of the bedroom doors. The welcome pack which all people received included full instructions on the complaints procedure. We concluded that people were made aware of the complaints system. This was provided in a format that met their needs

We looked at the record of complaints and saw that the home kept copies of complaints received and the response letters following the outcome of their investigations. The manager explained that all complaints, incidents and accidents were electronically logged on to a central clinical governance report and were monitored for patterns and trends.

We saw that three complaints had been received and investigated since the beginning of 2012. We found that people's complaints were fully investigated and resolved, where possible, to their satisfaction.

Records ✖ Action needed

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not fully protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not consistently and securely maintained.

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

We saw that complaints were only recorded when the formal procedure was used. This meant the home had no record of minor concerns that the home had responded to and resolved quickly and therefore there was no audit trail of themes and trends.

We saw some records contained unexplained gaps and some inconsistencies. For example, the care records for one person showed that on 25 October 2012 they had no breakfast or lunch and no lunch on 28 October 2012. We saw duplicate flu injection records for this person but these were not consistent. One document had injections for 2004, 2006 and 2007. A second, dated from 2006, only included the 2012 injection but there was no record to show whether the 2012 injection was given.

Another person's file had no entries in the record of personal care since 7 October 2012. A third person's file had an assessment for capacity that was not dated. This meant it was not clear when the review of the assessment would be due to be carried out.

We found that records were stored away from view and available to staff but the storage cupboards were not lockable. This meant that people's personal records were not being held securely.

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 activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010** **Consent to care and treatment**
	How the regulation was not being met: Where people did not have the capacity to consent, the provider had not always acted in accordance with legal requirements. Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: Accurate and appropriate records were not consistently and securely maintained. Regulation 20 (1)(a)(2)(a).

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 22 February 2013.

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.

Contact us

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