

# Review of compliance

**Trinity Care Limited**  
**Woodlands Christian Nursing Home**

<b>Region:</b>	North West
<b>Location address:</b>	Middlewood Road Poynton Stockport Cheshire SK12 1SH
<b>Type of service:</b>	Care Home Service with Nursing
<b>Publication date:</b>	September 2011
<b>Overview of the service:</b>	Woodlands Christian Nursing Home is a two-storey purpose built care home set in its own grounds, within walking distance of Poynton village centre. The home provides nursing and personal care for up to 85 people whose needs arise from physical frailty, physical disability or dementia. Sycamore and Rowan Units provide general nursing and personal care. Beeches and Oaks Units provide nursing and personal care for people with dementia.

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

## What we found overall

**We found that Woodlands Christian Nursing Home was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we suggested that some improvements were made.**

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

## Why we carried out this review

We carried out this review to check whether Woodlands Christian Nursing Home had made improvements in relation to:

- Care and welfare of people who use services
- Meeting nutritional needs
- Cleanliness and infection control
- Safety and suitability of premises
- Supporting workers
- Requirements relating to registered managers

## How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 17 August 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

## **What people told us**

We spoke with three people living in the home and four relatives of people living there. The people living in the home said they were well looked after and that the home met their needs. One person said “They are very kind” and another said “It’s the most wonderful place that anyone who needs care could be”. Overall, the visitors spoken with were happy with the care their relatives were receiving. Some of the relatives we spoke with said that they had seen improvements since the new manager had been appointed, such as better continuity of staff.

The people we spoke with said they were happy with the meals provided. They said that they were offered a choice for every meal and could also ask for and get something else if they didn’t want what was offered. One person said “the food is good” and another said “it’s beautiful”.

People were happy with the standard of cleanliness and told us that they were able to personalise their rooms with their own small items of furniture, pictures and ornaments, which made them feel more at home.

We spoke with a tissue viability nurse specialist who said that the home was taking action to protect people’s skin integrity and contacting her for advice as necessary.

## **What we found about the standards we reviewed and how well Woodlands Christian Nursing Home was meeting them**

### **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

People receive care and support appropriate to their assessed needs.

- Overall, we found that Woodlands Christian Nursing Home was meeting this essential standard.

### **Outcome 5: Food and drink should meet people’s individual dietary needs**

Some people may be at risk of poor nutrition because their food intake is not monitored closely enough.

- Overall, we found that Woodlands Christian Nursing Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

### **Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

People live in a clean environment and are protected from the risk of infection.

- Overall, we found that Woodlands Christian Nursing Home was meeting this essential standard.

### **Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

People who use the service do not all benefit from a pleasant environment because insufficient care has been taken to eliminate odours and ensure that furnishings are replaced when necessary.

- Overall, we found that Woodlands Christian Nursing Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Staff receive training to make sure they can meet people's physical needs but not all staff are competent to care for the emotional and mental health needs of people with dementia.

- Overall, we found that Woodlands Christian Nursing Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

**Outcome 24: The home should have a registered manager who is of good character and has the necessary qualifications, skills and experience to manage the home.**

The home is now being managed by a person with the appropriate skills, but she has not yet been registered to manage Woodlands Christian Nursing Home.

- Overall, we found that Woodlands Christian Nursing Home was meeting this essential standard.

**Action we have asked the service to take**

We have asked the provider to send us a report within 10 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.

**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 4: 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 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
We spoke with three people living in the home and four relatives of people living there. The people living in the home said they were well looked after and that the home met their needs. One person said “They are very kind” and another said “It’s the most wonderful place that anyone who needs care could be”. Overall, the visitors spoken with were happy with the care their relatives were receiving.

We observed the care that was being provided to people. At our previous visit in March we observed that staff on one of the dementia care units were not engaging with the people in their care and not responding when people called out to them. On this visit we observed that, in the main, staff were engaged with people either assisting them in daily living tasks, sitting and talking to them or involving them in activities. The only exceptions were two agency staff who did not appear to engage with people unless they were carrying out a task.

**Other evidence**  
We looked at the care records of six people. We saw that a pre admission assessment of each individual’s needs and choices had been documented. Plans of care had been drawn up so that staff knew how to meet people’s needs. All the

plans of care were evaluated monthly or when the person's needs changed. The care records also contained an 'end of life care plan', which documented people's wishes such as their spiritual beliefs, whether they wished to remain at Woodlands or be admitted to hospital and which funeral director they wished to use.

We saw evidence that advice and guidance had been sought from other healthcare professionals, such as the person's GP or a tissue viability nurse specialist, as necessary. We saw that six monthly reviews were held with the person using the service and their family or advocates. Daily records were completed, which included records such as fluid intake records, nutrition intake records, elimination records, personal hygiene records and daily activities.

We particularly looked at pressure area care because in June a tissue viability nurse specialist told us she had been asked to visit three people who had developed pressure ulcers and they did not have any care plans in place for their prevention. We saw that, in all the records we looked at, a pressure risk assessment had been carried out and if people were identified as being at risk a body mapping chart and care plan had been implemented. We also saw that staff were recording regular positional changes of people at risk and that appropriate pressure relieving equipment was provided.

We spoke with a tissue viability nurse specialist who was visiting Woodlands that day, who said that things had improved. She said that any pressure ulcers had healed or were healing and staff now contact the tissue viability service in a timely manner for advice.

### **Our judgement**

People receive care and support appropriate to their assessed needs.

# Outcome 5: Meeting nutritional needs

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

## What we found

### Our judgement

**There are minor concerns**  
with outcome 5: Meeting nutritional needs

### Our findings

**What people who use the service experienced and told us**  
The people we spoke with said they were happy with the meals provided. They said that they were offered a choice for every meal and could also ask for and get something else if they didn't want what was offered. One person said "the food is good" and another said "it's beautiful".  
We observed lunch being served on Rowan and Beech Units. Staff gave people a choice of two dishes and a hot or cold drink. They also provided supportive equipment or assistance to those that required it, although on Beech Unit the staff appeared a bit unsure before the meal as to who needed assistance and the different diets people required. On Rowan Unit the staff had a chart that told them who needed a soft diet and whether they required assistance.

**Other evidence**  
We looked at nutrition as part of this review because in June a GP had expressed concern that he was being asked to provide dietary supplements for people who had lost weight but thought that staff were not doing enough to ensure that people were getting enough calories.  
We looked at the menus and saw that breakfast consisted of cereal, toast or a cooked breakfast if required. Mid morning hot drinks or fruit smoothies were

provided with biscuits. The main meal was served at lunchtime and consisted of a choice of two main courses and sweets. Mid afternoon hot drinks or fruit smoothies were provided with cake or biscuits. At teatime there was soup, sandwiches or a hot meal with a sweet and at bedtime hot drinks were served and snacks, such as toast or sandwiches, were provided on request.

We looked at the care records of six people. We saw that nutritional risk assessments were being completed monthly and people were being weighed on a monthly or weekly basis according to their individual care need. Where people had been identified as being at risk a care plan had been developed, which included the need to monitor their food and fluid intake. However, we saw that one person who had been losing weight was not having their food intake recorded, although this was identified in the care plan. The care staff who were serving lunch said they had not been told to do this. We also noted that the records of food intake for other people were very vague and contained entries like one main course, half a pudding or small amount. These records need to be much more specific to enable the nurses to determine whether people are eating enough.

Before this visit the provider was asked to complete a self assessment as to whether they thought they were meeting this outcome. The provider identified that they were not fully ensuring that people were being supported to have adequate nutrition. They submitted an action plan in July giving details of how they proposed to address this, which included the appointment of a new head chef, the appointment of two clinical nurse managers, staff training and performance management of staff. They said that improvements would be made by 30<sup>th</sup> September 2011. At the time of the visit the provider had appointed a new head chef who had been in post two weeks, a clinical nurse manager for the dementia care units who had been in post for two weeks and a clinical nurse manager for the general care units who will commence employment on 22<sup>nd</sup> August. Ten percent of staff had received training in nutrition and two further training dates had been arranged in the following two weeks.

### **Our judgement**

Some people may be at risk of poor nutrition because their food intake is not monitored closely enough.

# Outcome 8: Cleanliness and infection control

## What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

## What we found

### Our judgement

**The provider is compliant**  
with outcome 8: Cleanliness and infection control

### Our findings

**What people who use the service experienced and told us**  
People we spoke with said the home was always clean.

**Other evidence**  
At the previous inspection in March the home did not have a satisfactory policy and procedure for cleaning up spillages of body fluids. This is now in place and there are instructions available for staff to follow.  
Training records revealed that all care assistants had received training in the prevention and control of infection.  
We visited all parts of the home and saw that it was clean.

**Our judgement**  
People live in a clean environment and are protected from the risk of infection.

# Outcome 10: Safety and suitability of premises

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

## What we found

### Our judgement

**There are minor concerns**  
with outcome 10: Safety and suitability of premises

### Our findings

**What people who use the service experienced and told us**  
The home was seen to be safe with a layout suited to people’s needs. People told us that they were able to personalise their rooms with their own small items of furniture, pictures and ornaments, which made them feel more at home.

**Other evidence**  
This is a purpose built care home. All the bedrooms are single with en-suite facilities. There are several lounge and dining areas, giving people a choice of places to sit during the day. The grounds were well maintained and there were pleasant outdoor seating areas. There were adequate security systems in place. At the previous visit in March we identified that the carpet in the large lounge on Oaks unit was old and quite badly stained. At this visit the carpet was less stained but it was very thin and there was a smell of urine in the lounge. The provider had obtained a quote for replacing the carpet, but an order had not been placed. Also at the previous inspection in March we identified that the back of the Arjo bath seat on Sycamore unit was damaged. At this visit we were told that the provider had requested that the bath company replace the bath seat, but had been told that the part was now obsolete. They had obtained a quote for replacing the bath, but an order had not been placed. During this visit we also noted an unpleasant smell in the main corridor of Oaks unit. This was coming from the sluice, because staff had not closed the door properly and the extractor fan was not switched on.

**Our judgement**  
People who use the service do not all benefit from a pleasant environment because insufficient care has been taken to eliminate odours and ensure that furnishings are replaced when necessary.

# Outcome 14: Supporting workers

## 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 competent staff.

## What we found

### Our judgement

**There are minor concerns**  
with outcome 14: Supporting workers

### Our findings

**What people who use the service experienced and told us**  
We did not discuss staff training and supervision with the people who use the service.

**Other evidence**  
We looked at training records. All staff receive induction training that complies with Skills for Care induction standards and staff are enabled to access other training provided by the company and the local primary care trust. The company has a policy that all staff receive regular updates in fire safety, food hygiene, moving and handling, control of substances hazardous to health, health and safety, safeguarding, infection control, nutrition, medication, pressure area care, customer care and care planning. Since the previous inspection in March the percentages of staff who had received training in the last 12 months increased in all areas except pressure area care and safeguarding. Further training dates had been arranged for moving and handling, safeguarding, nutrition, pressure area care and customer care.

At the previous visit in March we identified that some staff did not know how to care for people with dementia and were ignoring people who were shouting out. We issued a compliance action requiring the provider to submit a report telling us what they were going to do to address this. The provider submitted a report saying that

all staff would attend dementia awareness training by the end of June. We became aware, from information sent to the local authority by the provider, that the training would not be completed by the end of June. We asked for an explanation and the provider said that two training days had been arranged in May but one had to be cancelled, so a further two days had been arranged for the beginning of August.

At this inspection we observed that most staff were engaging with the people who use the service and people were less distressed. The provider had appointed a new clinical nurse manager for dementia care and a few more staff had received dementia awareness training since the previous inspection. We spoke with the company's regional training advisor, who explained the content of the dementia awareness training, which was appropriate. She had arranged a further training session for two days after the inspection.

**Our judgement**

Staff receive training to make sure they can meet people's physical needs but not all staff are competent to care for the emotional and mental health needs of people with dementia.

# Outcome 24: Requirements relating to registered managers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Have their needs met because it is managed by an appropriate person.

## What we found

### Our judgement

**There are minor concerns**  
with outcome 24: Requirements related to registered managers

### Our findings

**What people who use the service experienced and told us**  
Some of the relatives we spoke with said that they had seen improvements since the new manager had been appointed, such as better continuity of staff.

**Other evidence**  
There has been a lack of consistent leadership in the home over the last year, when the previous registered manager left. A manager was appointed in November but only stayed 2 months. Another manager was appointed in March, but only stayed 4 months. Another new manager was appointed on 4<sup>th</sup> July 2011.  
This new manager has many years previous experience as a registered manager. She intends to apply to the Care Quality Commission for registration as a manager of this service.

**Our judgement**  
The home is now being managed by a person with the appropriate skills, but she has not yet been registered to manage Woodlands Christian Nursing Home.

## 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; Treatment of disease, disorder or injury; Diagnostic and screening procedures	14	5
	<b>Why we have concerns:</b> Some people may be at risk of poor nutrition because their food intake is not monitored closely enough.	
Accommodation for persons who require nursing or personal care; Treatment of disease, disorder or injury; Diagnostic and screening procedures	15	10
	<b>Why we have concerns:</b> People who use the service do not all benefit from a pleasant environment because insufficient care has been taken to eliminate odours and ensure that furnishings are replaced when necessary.	
Accommodation for persons who require nursing or personal care; Treatment of disease, disorder or injury; Diagnostic and screening procedures	23	14
	<b>Why we have concerns:</b> Staff receive training to make sure they can meet people's physical needs but not all staff are competent to care for the emotional and mental health needs of people with dementia.	

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 within 10 days of this report being received.

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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