

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

Woodside Care Home

Woodside Care Home, Lincoln Road, Skegness,
PE25 2EA

Tel: 01754768109

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services



Met this standard

Details about this location

Registered Provider	Kodali Enterprise Limited
Registered Manager	Mr. Wayne Thomas
Overview of the service	Woodside Care Home is located in the seaside town of Skegness and is close to all local amenities. It has bus and train links to major towns and cities within Lincolnshire. The home is two-storey and has car parking spaces and enclosed gardens. It can accommodate 39 people who present with problems of older age, physical disabilities and symptoms of dementia. It does not provide nursing care.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Woodside Care Home had taken action to meet the following essential standards:

- Care and welfare of people who use services

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 7 August 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

People who used the service told us they were involved in putting their care plans together. They told us staff took time to sit and talk with them about their current needs. One person said, "Staff are patient and listen to me." Another person told us, " I like my time with the staff, especially when they are talking with me about what I want to do each day."

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

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

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 went to Woodside Care Home to follow up on a compliance action which we put in place in May 2013. This was because staff completed pre-admission assessments for people who used the service, but these were not always carried through to care plans. The care plans did not reflect peoples' current needs. The provider sent an action plan, prior to our visit, which told us what they were going to do to fulfil the compliance action.

Since our last visit the manager and staff confirmed that every care plan had been reviewed. We saw action plans which confirmed this. Staff told us they liked the new format for care plans which had been put in place. They told us the dividers in each care plan file made it easy to find information. One staff member told us, "I don't like to get behind in my updating and the new format has helped." Another staff member told us, "The care plan review sheets are fine, as long as every staff member remembers to keep them up to date." Staff views varied regarding the time it took to complete each review and how they fitted the work into the daily routine. Staff told us the manager was approachable and they could discuss the care plans at any time, if they were experiencing difficulties in completing them.

We looked at three care plans. Each one was in the new format and each had been audited by the manager at least once since our last visit. All risk assessments and care plans had been updated and where changes had been made this had been documented. Each care plan was person centred and detailed the specific needs of each individual. The notes kept on each person were more consistently written. Reviews with other agencies, such as the local authority were recorded.

The records for accidents, baths, showers and weights were kept in a separate file. Staff told us they preferred that method. One staff member said, "I don't forget to write weights down when I have completed them." We looked at those records for the three care plans we reviewed. The details conferred with the actions required in each individual care plan.

In one care plan where assessments showed the person who used the service could not

make informed decisions for themselves there was written evidence to support, the care had been discussed with family members. A mental capacity assessment had been completed and the new consent to care form had been completed and signed by a family member. Visits by other health professionals, who had assisted with the assessment of the person had been recorded; for example the community psychiatric nurse.

Another care plan described the problems a person had maintaining their weight. Staff had assessed their nutritional intake, the person's mood and previous medical history. A plan of care had been put in place which had been signed by the person who used the service. The person who used the service told us they had consented to their care plan and confirmed, when shown, the signature was their own.

In another care plan specific risk assessments were in place detailing why a person who used the service refused to co-operate with staff and other health professionals over their care needs. There were 13 different care plan actions in place detailing how the person who used the service wished to have their current needs fulfilled by staff. The notes included discussions staff had with the person about their end of life needs, as they were very specific about their wishes being upheld.

The daily notes kept on each person had improved since our last visit. The content of the daily notes was less task orientated and more person centred. Each day staff recorded not only the practical and personal care needs which had been fulfilled for each person, but also their mood, what events they had taken part in and who had visited them.

People who used the service told us they had been involved in putting their care plan together. One person said, "I have lovely discussions with staff, its all about me during those times, which is nice." Another person told, "Yes, staff discuss my care plan and if you look you can see my signature on all the consents and care plans."

Prior to our visit the manager had sent us a copy of the staff meeting minutes and guidance given to staff about how to complete care plans. Staff confirmed the meeting took place. The staff we interviewed confirmed they understood the guidance which had been issued.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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