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: 26 July 2013

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

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Barchester Healthcare Homes Limited
Overview of the service	Woodhorn Park is a care home for up to 60 older people providing personal care and specialised dementia care. The dementia care unit is located on the first floor of the building and can accommodate up to 31 people. Short term care is offered in both units.
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 26 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with carers and / or family members.

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

At the time of our visit the home had a nominated manager who was not registered with us. This person was off duty and the deputy manager was in charge of the home. We were later told the manager had applied to register with us.

We talked to two visitors and three people.

We found people of varied needs and abilities were all involved in making decisions about their care as far as they were able. Their representatives were also involved, where possible and appropriate. People's independence and community involvement was promoted. One person said, "I like it here, I think it is quite settled, it is working out well, I am getting to know them and they are getting to know me."

We found the provider acted in accordance with people's wishes and the legal requirements regarding people's consent to care and treatment. People's care needs were assessed and care was planned and reviewed regularly. Care was delivered safely and in line with the care plans and people were happy with their care. One person said, "This is a nice home, the staff are good, there are activities and we have a car that is used to take people out for short trips."

We found the provider had taken steps to raise staff awareness about abuse of vulnerable people, to encourage staff to report concerns and prevent abuse occurring.

We found that the record keeping ensured people had their care delivered safely and maintained confidentiality.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We found people were supported in promoting their independence and community involvement. One person said, "I can look after myself most of the time but the staff ask me everyday if I need anything or if I want to do anything. They know I like to get involved in activities and things that are going on. I like the baking sessions and going out. The shops are just across the road and someone goes with me. Last year I helped to man one of the stalls at the summer fair."

We found that, where able to do so, people expressed their views and were involved in making decisions about their care and treatment. The deputy manager told us that wherever possible meetings took place with people before they came to the home so staff could carry out a pre-admission assessment with the person.

We saw in the records that pre-admission assessments and care plans had been written with the involvement of people or their representatives. One relative confirmed this and told us, "My father has just come in today for the first time for respite care, the staff have been really good, and mum thinks so too. They came to see us first and asked all the right questions about dad's needs and what he liked and things, it was really reassuring for both of us. He seems settled too."

We spent some time on the dementia unit where we used the Short Observational Framework for Inspection (SOFI). We saw that staff here involved people in making small decisions, such as asking people first if they needed to go to the toilet, something to eat, or to take part in an activity.

We also saw staff using non verbal prompts and simple instructions, where this worked better for people. One of the senior staff said, "We have learned from the behaviour team that for some people less information is better when communicating as it is less confusing. Some people may only remember the last word or couple of words in the sentence so key words are important rather than whole sentences." We saw this worked for one person who was a little distressed. Staff established good eye contact with the person, touched

their hand, said the person's name and asked, 'some water?' The person nodded and a cup of water was brought to them immediately. This activity settled the person.

This showed people who used the service were given appropriate information and support regarding their care or treatment.

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

During our previous visit to this service on 1 November 2012, we told the provider they were not meeting this essential standard. We said, "Where people did not have the capacity to consent, the provider had not always acted in accordance with legal requirements." We judged that this had a minor impact on people who used the service. The provider wrote to us to tell us what action they had taken.

At this inspection we found the home had an assessment checklist, based on a recognised mental capacity assessment tool, for judging people's capacity to make a decision. Individual records showed that consent had been obtained from people in an appropriate way. For example, for those people who had capacity to consent this was clearly recorded and people had signed their care plans. One person told us,"My son comes in and he takes care of some things for me, the staff ask me about getting the GP if they think I need to see him."

We observed the care and support offered to people who used the service and found they were relaxed and comfortable with staff. We saw staff asked people about their care before they provided it. For example, staff asked people if they wanted to be helped to get changed after their evening meal.

The deputy manager confirmed that she and the staff had received training in the Mental Capacity Act 2005 and we saw various publications about this around the home. For example, booklets were available in the entrance hall for visitors and we saw the decision making flow charts pinned up in the office, for staff reference. The deputy manager and one of the senior care staff were able to describe situations where they had used the guidance and the assessment tools to establish people's capacity and decisions in people's best interests. We looked at the records of these assessments.

We saw that where people had been assessed as not having capacity to make a decision the appropriate steps had been followed. For example, we saw in the records that for one person who was assessed as not having capacity to manage money, power of attorney arrangements were in place regarding their finances. The same person had been assessed as having capacity to make other decisions regarding care. We saw their end of

life arrangements had been discussed and agreed with them and their next of kin. This showed that capacity was being assessed in relation to specific decisions.

For another person, who had been assessed as not having capacity in relation to their decision to refuse care, this matter had been reviewed at a meeting of all the people involved in the person's care. An agreement had been reached regarding what was in the person's best interests. This showed where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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.

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

Reasons for our judgement

We found from the records we examined, and it was confirmed by a relative, that people had their needs assessed by staff from the home before they came to live there. This ensured that staff knew how to care for people as soon as they were admitted.

We saw in the five care records we examined that the home had a pre admission assessment form, which was used to gather essential information, and a more detailed assessment process for completion after a person was admitted to the home. The detailed assessment covered all aspects of care such as medication, health, mobility and social interests. It also included tools for identifying risks, for example; falls, pressure area care and nutrition risks. Staff told us and we saw in records, that people were regularly checked every half hour for the first 24 hours after coming in to the home and records were kept of how well people were eating and drinking for the first two weeks. Thereafter this frequency was determined by the outcome of risk assessments.

We saw on going records of care and we observed the staff carry out a shift handover. Senior staff gave a verbal summary of each person's wellbeing, significant incidents or changes to people's care plans. This assisted staff to be aware of people's individual care plans and to deliver the care people needed

We saw care plans were in place to address people's care needs and specific risks. For example, in one record we found information about a person who did not eat very much and had little interest in food. The person's weight was being regularly checked and any weight gain and loss was monitored. The care plan showed that staff were advised to encourage the person and to provide alternative meals to the person's liking.

We discussed this with two care workers and with the cook. All three were aware of the person's needs and the cook said, "I have just done a course on nutrition and I have learned a lot." The cook also confirmed that she was kept up dated about people who were at risk regarding nutrition and weight, allergies and special diets and she showed us the information she kept on this.

We spoke with the person who confirmed the cook would make alternatives to what was planned on the menu for them. They said, "I don't like eating much and I do not like having

meals in the dining room so I have them all here in my room." We saw in this person's notes that various health concerns, including their nutrition, had been referred to the GP. The provider may find it useful to note that neither the GP nor the pharmacist had been informed of the person's repeated refusals of medication. We raised this with the person in charge and they and the manager later confirmed the GP had visited and reviewed the medication. In contrast we saw in another person's records that the same matter had been promptly referred to a GP and the medication regime had been altered on the GP's advice.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The records showed the care plans were routinely reviewed each month and updated as necessary. Specialists were involved in helping to plan people's care. For example, the challenging behaviour team (BAIT) were visiting some people and the speech and language therapy team (SALT) had been involved with others recently. This helped to ensure people were cared for safely.

Our observations of care on the dementia unit showed staff delivered care at a pace that people were comfortable with. One person had a fall during the visit and we saw staff were patient and reassuring with the person whilst trying to establish whether the person had sustained an injury. We saw that the emergency procedures were put into action and this included staff from other parts of the home being identified to assist with lifting equipment, one senior staff took control of examining the person and another took responsibility for contacting the out of hours services. We were told later that both the out of hours GP and nurse attended promptly and the person did not need to go to hospital.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Before the inspection we contacted the Local Authority that contracts with the home to provide care and spoke with one of their officers. They confirmed that their officers had visited the service in June 2013 and there were no outstanding concerns. We saw the home had written guidelines regarding safeguarding people from abuse and whistleblowing procedures. The staff confirmed they had seen these and one staff member said, "Complaints, how to handle these, safeguarding and whistleblowing procedures are all in our staff handbook, we get training in these too."

We looked at a print out of the training plan and we saw that 57 out of 61 staff had up to date training in safeguarding vulnerable adults.

We asked three staff about the training and all confirmed that they understood the different types of abuse that could occur and what to look out for. They were aware of how they must report any concerns about possible abuse and said they would do this immediately if they had any. One staff member said, "I am very confident the manager would respond to any whistleblowing concerns."

Records ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During our previous visit to this service on 1 November 2012, we told the provider they were not meeting this essential standard. We said, "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 judged that this had a minor impact on people who used the service. The provider wrote to us to tell us what action they had taken.

At this inspection we looked at records about people's care and records that related to the people employed and the management of the home.

We found people's personal records were accurate and fit for purpose. We saw people's care records were securely stored when not in use and easily accessible to staff when they needed them. We saw staff actively using these records for reference and updating them as people's care was delivered. The records we examined were well organised, clearly indexed and well filed. This meant it was easy to find information relevant to people's on-going care.

We found the provider had protocols for using and sharing information. For example, some of the information kept on computer was used by the provider for quality monitoring purposes and we saw the provider produced a monthly analysis of falls at the home to look for patterns and trends, which could help to prevent people having further falls.

We found staff records and other records relevant to the management of the services were accurate and fit for purpose. The home's office was well organised and files were clearly labelled so that information about the management of the home, for example policies and procedures, were accessible. We saw that some staff records were kept in hard copy files and some were on computer. For example, staff training information was kept on computer. Only certain staff could access information in the computer by password. Other personal files were locked away.

Other records related to the running of the service were readily available in the office. For example, we saw the servicing and maintenance records produced by external contractors, and the in house maintenance logs kept by the home's handyman. This meant

the service was making sure the environment and equipment were kept safe for people to use.

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.

Contact us

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