

Priory CC109 Limited

Needwood House Nursing Home

Inspection report

58-60 Stafford Street
Cannock
WS12 2EH

Tel: 01543275688
Website: www.bartonneedwoodcare.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Needwood house is a care home providing personal and nursing care to up to 33 people. The service provides support to older people, including people living with dementia, people with mental health concerns and younger adults. At the time of our inspection, there were 31 people using the service. Care was provided in one adapted building across two floors. There were communal rooms available on each floor, a conservatory, and an enclosed garden for people to enjoy.

People's experience of using this service and what we found

Although governance systems were in place to keep people safe from harm, they had not identified some of the areas of improvement we found during this inspection; such as improvements required to the physical aspects of the home, additional training for staff, outdated care documentation and improvements to repositioning charts.

The provider acted quickly to the areas of improvement identified and took action to improve each area. These will be reviewed on the next inspection.

Risks to people were managed, assessed and mitigated appropriately. Accident and incident forms were investigated by the management team. Lessons learnt were shared with the staff team.

Staff were recruited safely and received supervision and regular training, including safeguarding training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt safe with the care provided and with the carers supporting them. They said they received care from kind and compassionate staff members.

Relatives told us they felt their family members received a person-centred care, one which respected dignity and encouraged people to be independent.

People's needs, choices and preferences were assessed and recorded in detailed care plans. This included people's dietary needs and requirements. Health care professionals were consulted regularly, and staff followed their advice and recommendations.

Staff told us they felt supported by the registered manager and felt able to contribute and make suggestions to improve the quality of the care provided. Relatives told us they felt included in the service and felt confident to raise concerns.

The provider and staff worked in partnership with other health and social care agencies to deliver good outcomes for people and ensure their needs were met and reviewed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was requires improvement, published on 30 April 2019.

Why we inspected

The inspection was prompted in part due to concerns received about a recent safeguarding concern, staffing, mental capacity assessments and unsafe care practices. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Although, we did feel further improvements were required to the overall governance of the service. Please see the well led section of this full report.

The registered manager responded to all concerns raised and made improvements during the inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service is Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection under the old provider, by selecting the 'all reports' link for Needwood House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
The service was not always safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Needwood House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and 1 nurse.

Service and service type

Needwood House is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Needwood House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 7 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy manager, nurses, care workers, domestic staff, and the activities coordinator.

We reviewed a range of records. This included 4 people's care records and multiple people's medication and care monitoring records. We looked at 3 staff files and 3 agency staff profiles in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises. We raised concerns over some parts of the home looking tired. Some paint was chipped on handrails and doors and some chairs had scratches. We recognise this is a new provider who bought the building in the current state and we discussed renovation plans. The provider acted on all concerns raised and made temporary improvements until they could start renovation.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

- Medicines were managed safely although some medicine documents required updating to reflect people's current needs. The registered manager acted straight away and updated the relevant documentation.
- Safeguards were in place for administering medicine covertly. This is when medicine may need to be hidden in a drink or food to ensure it is administered for the persons best interests.
- People were offered pain relief medication, in accordance with their preferences and health professional guidance.
- An observation of medication administration showed how people received medication in a safe way and medicine was stored securely.

Assessing risk, safety monitoring and management

- Risks to people were managed safely. Risk assessments were in place to meet people's health and care needs.

- The provider used risk monitoring tools to observe people's hydration levels and people's catheter and PEG management were assessed safely. PEG stands for percutaneous endoscopic gastrostomy, where people can receive nutrition into the stomach via a tube.
- People were involved in managing risks to themselves and in making decisions about how to keep safe. One person told us how they sometimes felt confused when they left the home. They said they felt safer having a staff member accompany them.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe from harm. There were regular staff meetings and handovers. These were used to pass on information and update concerns.
- People told us they felt safe with the staff supporting them. One person said, "I like it here. I feel very safe."
- Staff received safeguarding training and they were confident about how to report safeguarding concerns. One staff member said, "We have to report safeguarding concerns to the registered manager, or we could go to CQC or the local authority. If I felt the registered manager was not acting on concerns, I would go to the local authority."
- Local area safeguarding policies and internal policies were accessible to staff members, staff told us where they were located.

Staffing and recruitment

- There were enough suitable qualified staff on duty to support people safely, including for one-to-one support for people to take part in activities.
- People told us they did not have to wait long to receive support from staff. One person told us, "I talk to the staff. They can't do enough for me. They come quickly if I ask them for something."
- Relatives told us there were enough staff to support their family member safely and to engage in meaningful activities. One family member said, "There are always plenty of staff. The staff respect [my family member's] choices. If they want to go to the toilet they support them, no issues."
- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

Learning lessons when things go wrong

- There was a culture of openness when things went wrong.
- A recent safeguarding concern and an incident involving moving and handling had been reviewed and lessons learnt were shared with the staff team. These were recorded in a lesson's learnt book.
- Incidents affecting people's safety were managed well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received induction, supervision and on-going training. Although, we did raise concerns regarding the governance of training, due to staff not receiving epilepsy and diabetes awareness training. However, the care plans were detailed and explained actions to take when monitoring these conditions and the nurses had in-depth knowledge of each condition. The provider responded straight away and put all staff on the relevant training courses.
- Staff told us the induction training was in-depth and they were confident to ask for assistance from other experienced staff if needed. One staff member said, "The induction was very detailed and they gave us time to get to know the people living here."
- Staff could raise concerns during their supervision. One staff member said, "We receive supervision every other month. You can raise any concerns with the registered manager, they will always listen."
- Staff received recognition of good practice. Employee of the month was displayed in the hallway, praising staff for their accomplishments.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe and clean environment. Although, we raised concerns over the general maintenance and furnishings. We recognise this service has been taken over by a new provider and we discussed plans for renovation. We will review the success of these plans in the next inspection.
- The provider shared their plans to further improve the design of the home by having additional separate lounges and developing themed rooms, such as a pub.
- People's needs were met by the design of the home. Handrails were fitted around the home to ensure people could walk safely. There were pictures and designs around the home to help people to orientate.
- People with sensory needs benefitted from having a quiet room where a large monitor showed calming videos and tranquil music played in the background.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's preferences and support needs were regularly assessed in line with regulatory requirements.
- Regular care reviews regarding people's care took place and referrals to health professions were made in a timely manner. For example, 1 person's fluid and food intake had reduced. The provider responded by promptly making a referral to a health professional to review the person.
- Relatives told us people's choices were reviewed and assessed. One relative said, "The communication is brilliant, especially as I live further away. They send me a monthly review and ask for my feedback."

Supporting people to eat and drink enough to maintain a balanced diet

- People received appropriate support to maintain a healthy diet. People told us the food was good.
- The mealtime experience was a very sociable event. People could choose where they wanted to eat and who they wanted to sit next to.
- The food was home cooked, it looked and smelt very appetising. One relative told us, "The food is good. [My family member] tells me the food is like a 5-star hotel."
- People could have choice over the menu. Picture cards were on displays showing the menu and additional cards were available to further assist people to understand meal choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked closely with a wide range of agencies to provide effective and consistent care.
- Relatives told us they were kept informed when there were any health concerns. One relative told us about a rash which had developed on their family member's body. Another relative told us about their family member's recent hospital visit. Both relative's explained the staff kept them informed throughout.
- Records showed how people's health needs were regularly assessed and reviewed. The records showed how staff followed the recommendations made by healthcare professionals.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Examples included people being referred to speech and language specialists and dieticians.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Assessments of people's mental capacity and best interest meetings took place to ensure decisions made were appropriate and least restrictive. This related to the decisions concerning where a person should live and personal care.
- The registered manager made appropriate DoLS applications for people who required this level of protection to keep them safe and meet their needs.
- Staff confirmed they had attended Mental Capacity and Deprivation of Liberty Safeguard training (DoLS). One staff member said, "People sometimes lack capacity to make certain decisions. People without capacity still can make choices. You can encourage them to make their own decisions where possible. It's important they feel valued and engaged."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated kindly and respectfully, in accordance with their cultural and diverse beliefs and background. One person told us about their religious beliefs and how they were being supported to attend a local Church.
- Staff told us about people's cultural background without having to refer to the care plan. One staff member explained how 1 person chose not to eat a particular meat due to their beliefs.
- Relatives told us they felt the care was kind and personalised. One relative told us they were upset when their [family member] moved in. They said, "A staff member told me this is [my family member's] home now. We will care for them as you care for them."
- We observed staff sitting, talking and laughing with people. Some staff read to people, and some engaged in different meaningful activities, such as drawing, singing and dancing.

Supporting people to express their views and be involved in making decisions about their care

- People felt listened to and valued by staff. One person told us, "I am happy here. The staff are great. They all talk to me, and they listen."
- Resident meetings regularly took place. We saw examples where people suggested different activities which were acted upon. For example, 1 person suggested doing more in the garden. Equipment was purchased to enable the person to follow their gardening interests.
- During the inspection, 1 person complained to a staff member about a letter they had written to a pop star. They complained this had not been posted. The staff member listened patiently and agreed to support the person to post the letter later in the afternoon.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff members knocked on bedroom doors before entering and addressed people in their preferred names at all times.
- Relatives told us how the staff encouraged people's independence. One relative told us about the progress their family member had made since moving into the home. They said, "The home is our whole family's saving grace."
- During the inspection 1 person in the lounge covered their mouth and said they felt sick. Staff rushed quickly to attend to the person and a dignity screen was put around the person whilst the nurse carried out observations. This was good because it ensured the person was protected from being observed by others whilst they received the appropriate care and attention.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported with personalised and proactive support in accordance with their preferences and understanding.
- People chose how to spend their days and were supported to take risks. One person told us how they used to enjoy cooking. We saw the person preparing cakes. Other people chose to smoke and could use the enclosed garden freely to have a cigarette.
- Relatives told us how people were supported in line with their preferences. One relative told us how their family member enjoyed shopping but would then give away their gifts to other people using the service. They told us, "My [family member] always enjoyed giving gifts to others. This always made them happy. This made them who they are today. The staff understand this."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met and they were supported to communicate in a manner appropriate to their ability.
- One relative told us about their family member's advanced dementia. They explained their family member can, at times, become distressed. They explained how staff communicate clearly and slowly to help their [family member] to settle their emotions.
- People had access to easy read materials, such as the complaints procedure, a welcome to the home booklet and menus. This is good because the use of pictures can help people understand when they are struggling to read information.
- Care plans detailed people's communication preferences and staff could tell us how people communicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in a wide range of activities, and they were supported to maintain relationships with family and friends.
- One staff member explained how they approached the new provider to purchase more sensory activities.

These included sand, rainfall sensory items, and light aids. These are important because people who cannot communicate verbally and who are no longer mobile can benefit from sensory activities. The staff member explained the new provider agreed to this straight way. We saw the sensory aids these being used.

- Relatives told us they could visit the home at any time, and they were made to feel welcome. One relative told us about a recent outing they enjoyed with their family member and people told us about the activities they enjoyed within the home, such as making cards and baking.

Improving care quality in response to complaints or concerns

- All concerns and complaints were treated seriously. The registered manager investigated all complaints and lessons learnt were shared with the whole team and the wider service.

- People told us they could raise their complaints or concerns openly with the staff team. One person said, "If I was had a complaint I would go to the registered manager or the nurse."

- Relatives told us their concerns were dealt with quickly by the registered manager. One relative told us they raised a concern over their relative's bedroom location. They said the provider listened and resolved the concern.

End of life care and support

- People who were nearing the end of their life, received compassionate and supportive care.

- People's care plans contained end of life wishes and choices. We saw how the provider used ReSPECT forms to gather people's wishes for end of life treatments. ReSPECT forms reflect and record a patient's wishes for emergency care and treatment.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality audits were in place to keep people safe from harm and to ensure the service was in line with regulatory requirements. Although they had not always identified some of the areas of improvement we identified.
- Some areas of the home looked tired and did not always meet infection prevention and control standards. For example, chipped wooden rails, a broken plug socket and small scratches in chairs. Whilst we recognise this is a new provider with plans to renovate, these areas could have been acted upon earlier and improved whilst waiting for renovation. These areas were corrected during the inspection.
- A training matrix was in place to ensure staff received appropriate training. However, staff had not received training covering all the health conditions people experienced, such as diabetes and epilepsy. The care plans did detail these conditions in-depth and nurses were knowledgeable about the conditions. The registered manager responded straight away and put additional training in place for staff. Nearly all staff had completed this training before the end of the inspection.
- Repositioning charts were in place for people who required regular repositioning and people were repositioned regularly. However, the charts did not detail how the person was repositioned such as on their left side, right side or back. The registered manager responded straight away and put a new system in place to ensure more robust and detailed recording.
- Medicine audits had not always identified outdated information. The provider could evidence people were receiving the correct medicines in line with medical advice, although the out-of-date documentation could be confusing to staff and increase the risk of error. The registered manager responded straight away by updating the documentation and amended the auditing system.
- The registered manager notified us of all significant events which had occurred in the home.
- Health and safety audits were carried out regularly and actions taken were clearly recorded.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture was open and inclusive. One person told us, "The staff can't do enough for you." Another person said, "The staff are lovely. They always help me if I ask them to."
- Relatives told us the culture was person centred. One relative said, "I never knew so many caring people existed. I know [my family member] is being looked after." Another relative said, "They meet all of [my family

member's] needs and they go above and beyond to make them feel happy."

- Staff told us the culture was empowering. One staff member said, "I enjoy caring for people, it's important to try and encourage them to do as much as they can. If they say 'no' we respect their decision and try again later."
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff and other relatives had to say.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. They explained it was their duty to be honest and open with people, relatives, and organisations.
- Part of the reason for this inspection was due to an incident regarding moving and handling. The registered manager was open about this incident and explained what had gone wrong. Lessons had been learnt, action was taken to prevent similar incidents occurring and full apologies had been made to the person and their relatives. These were recorded in a lessons learnt book.
- Relatives told us the provider apologised when things went wrong and worked to resolve any concerns openly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and relatives felt involved in the service. One staff member said, "[Registered manager] is the best manager I have ever worked for. They are so easy to talk to. [Registered manager] always listens to any suggestions or concerns.
- Relatives felt involved in the service. One relative told us they regularly stopped to talk to the registered manager to discuss their relative's care and make suggestions. Another relative explained how they discussed a family member's health and how certain triggers indicate they are unwell. They explained the staff listened and acted on these triggers.
- Team meetings, handovers and resident meetings enabled people and staff to be involved in the service. The minutes showed people and staff could raise suggestions and how these were acted upon.

Continuous learning and improving care

- The new provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- Environmental plans were in place to improve the living environment. People had been consulted in the development of these plans. The provider explained how the renovation would create more space and create new experiences for people.
- Audit systems were in place to monitor the service and identify improvements, although the medication audit had not picked up on outdated information and needed improvement. This was actioned immediately by the provider.

Working in partnership with others

- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.
- Records showed collaboration with numerous health and social care professionals.
- The provider engaged with care initiatives such as Smiling Matters. The Smiling Matters campaign aims to ensure good oral health and retention of natural teeth far into old age.