

Wood Green Nursing Home Limited

Wood Green Nursing Home

Inspection report

27 Wood Green Road
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West Midlands
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Wood Green Nursing Home is a care home providing nursing and personal care to older people. The care home is registered to provide support to 37 people. At the time of the inspection 35 people were living at the home. The accommodation is provided over two floors each of which has its own communal areas.

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

People felt safe in the home. Risk assessments were in place for all people. Staff were recruited safely. People's medication was managed well. The provider was preventing the spread of infection through good hygiene practice.

People's health and care needs were assessed when moving into the home. People were cared for by a staff team who had received regular and appropriate training specific to people's needs. People enjoyed the food. The layout of the home allowed people to choose where they spent their time. The provider was working in line with The Mental Capacity Act 2005 (MCA).

The provider had systems in place to assess, monitor and improve the service. People and their relatives told us they felt able to raise any issues they may have, felt listened to and felt the registered manager and wider management team were good. People told us they felt involved in the running of the service.

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.

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 this service was requires improvement (published 8 December 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. This was due to the local authority identifying this service as likely to improve their rating.

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.

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.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Wood Green 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.

Inspection team

This inspection was completed by an inspector and 2 Expert by Experience's. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wood Green Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wood Green 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. We used the information the provider sent us in the provider information return.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke to 13 people who used the service and 11 relatives regarding their experiences using the service. We spoke to 14 staff members including the registered manager, director, deputy manager and nurse, care workers, the cook, and administrative staff. We reviewed a range of records including 4 people's care records and multiple people's medicines records. We looked at 2 staff files in relation to recruitment and supervision. We looked at a variety of records relating to the management of the service including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- During our last inspection we found improvements were needed to ensure the safe use of medicines. This inspection found improvements had been made.
- People's medication was managed well. The providers systems and processes supported this practice. We observed the medication round and saw people were given their medication correctly and by competent nursing staff.
- Where medicines were prescribed, this was reflected in people's care plans including the reasons each medicine was prescribed.
- Medicine Administration Records (MAR) evidenced people's prescribed medicines were being administered correctly.
- Where medication was prescribed 'as required' (PRN), there were clear protocols in place to advise staff about their correct use.

Systems and processes to safeguard people from the risk of abuse

- People felt safe in the home. One person told us, "I'm definitely more than safe here, it's brilliant. I can trust them [staff]." Another person told us, "[The staff] look after me." Another person's relative told us, "[Person's relative] is quite happy there and very safe."
- People were cared for by a staff team who had been trained to recognise the signs of abuse and how to protect people from it. Staff we spoke with knew how to protect people from abuse.
- The registered manager had a clear system in place to report and investigate any incidents of abuse should they arise.

Assessing risk, safety monitoring and management

- Risk assessments were in place for all people. Risk assessments detailed all the known risks to people and clearly informed staff how they can minimise the risk when caring for people.
- Risk assessments were regularly reviewed and updated to reflect people's changing circumstances. This meant people were cared for by staff who knew their needs well.
- Staff we spoke with had a good understanding of people and their associated risks. For example, one person required the use of a particular medical device. Staff understood the reasons for this and their role in managing the risk.

Staffing and recruitment

- People were recruited safely. Pre-employment checks had been completed including requesting references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide

information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The registered manager ensured there was sufficient numbers of staff on duty to meet people's needs. This was confirmed through our observations during the inspection.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.
- The registered manager had ensured people maintained contact with their relatives. People were able to visit relatives at their leisure.

Learning lessons when things go wrong

- The provider had systems in place to manage incidents affecting people's safety. Systems were in place for the registered manager to investigate, monitor and share any lessons learnt.
- Staff we spoke with understood their responsibilities to report any concerns and were aware of the providers policy.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager ensured people's health and care needs were assessed when moving into the home. Assessments included key information such as, but not limited to, past medical history, important life events and current health and care needs. This meant staff knew people's needs and how to best care for them.
- Assessments were regularly reviewed to ensure they best reflected people's current health and care needs. This meant people were cared for in the way they wished.
- Staff told us they had read people's assessments and were aware of their contents. Staff demonstrated good understanding of people's needs.

Staff support: induction, training, skills and experience

- People were cared for by a staff team who had received regular and appropriate training specific to their needs. This included training in mental health needs, dementia, moving and handling among others.
- Staff received regular supervision in line with the provider's own policy. Staff we spoke with felt supported by the registered manager. One staff member told us, "[The registered manager] is great and very supportive."
- New staff were required to complete The Care Certificate where appropriate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's meals were prepared by a team of full-time chefs. Meals were prepared in line with people's preferences and people were given a choice of healthy meals.
- People told us they enjoyed the food. One person told us, "The food is very good. They'll bring you something different if you want it." Another person's relative told us, "[Person's name] likes the food, they get a choice and can have something different if they ask for it."
- Where people required meals prepared in a particular way, this was done for them. For example, one person required meals in pureed form to reduce the risk of choking. The chef knew how to safely prepare the meal and presented it in line with the persons preferences. Care staff were aware of the risks and supported the person to eat their meal safely.

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

- People received support from external healthcare providers when needed. For example, one person required the support of a physiotherapist. Care records indicated a referral was made for the person in good time. This meant people's health and care needs did not worsen.
- When people moved into the home the registered manager ensured they were registered with the home's GP and were reviewed. This meant people's care was transferred to a clinician who knew the home well and was able to provide support when needed.
- Staff we spoke with demonstrated a good understanding of when to make referrals to other healthcare professionals.

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

- People lived in their own private rooms. There were photos or memorable items specific to the person outside of their rooms. This reduced the likelihood of people becoming confused when locating their own bedrooms.
- The layout of the home allowed people to choose where they spent their time. In addition to their own rooms, people were able to access shared lounges, a cinema, a garden, and dining areas.
- Some areas of the home needed renovation. The registered manager was aware of this and was overseeing a programme of redecoration for the home at the time of our inspection.

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.

- The registered manager was aware of their responsibilities regarding DoLS. The registered manager had a robust system in place to monitor the DoLS process.
- The registered manager had ensured people's capacity was regularly assessed. Where the provider believed a person to be lacking capacity, appropriate steps had been taken to support the person.
- We observed staff seeking consent from people when providing care.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- During our last inspection we found systems for monitoring the service were not always effective. During this inspection, we found improvements had been made.
- The provider had systems in place to assess, monitor and improve the service.
- The registered manager completed a range of audits including, but not limited to, care plans, medicines and the environment. Audits were thorough and completed in line with the providers own policy.
- Where improvements were identified through audits, the registered manager ensured they were actioned in good time. This meant the service was constantly being improved.
- The provider had robust systems and processes in place for staff to report incidents and accidents affecting people's health and safety. Staff we spoke with knew how to report incidents or accidents. The registered manager was responsible for investigating, did so thoroughly and in good time.

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

- People and their relatives told us they felt able to raise any issues they may have, felt listened to and felt the registered manager and wider management team were good. One person told us, "[Registered manager] is always coming round for a chat, they're very good. And [deputy manager] is excellent." Another person told us, "I know where to go if I need to speak to [management team], their door is always open." A relative told us, "The manager is absolutely approachable and brilliant."
- All staff told us the home was a positive place to work and spoke highly of the culture and environment. One member of care staff told us, "I love it here, were like a family." Another member of staff told us, "This is the best place I've ever worked. I couldn't imagine working anywhere else."
- Staff felt supported by the manager and able to ask for support or guidance. One member of staff told us, "I had to discuss some personal issues. [Registered manager] did everything they could to help me. I'll always be grateful for that."
- The management team understood their responsibilities around the duty of candour. There were policies and procedures in place to guide staff. The registered manager told us they understood their responsibility to be open and honest with people when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they felt involved in the running of the service. People told us they were involved in making decisions about the home such as activities schedules. People's relatives felt engaged, a relative told us, "[Registered manager] is always updating us and asking what we think."
- The registered manager conducted regular team meetings where the views of the staff were sought. This meant staff were able to discuss their roles and had a forum to discuss particular subjects should they so wish.
- The registered manager and staff ensured people had access to appropriate professionals involved in their care. We saw key information regarding people's care and treatment had been appropriately shared with other services. This meant people's care needs were met and cared for holistically.