

Nellsar Limited

Woodstock Dementia and Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Woodstock Dementia and Residential Care Home is a care home providing accommodation and personal care. At the time of the inspection 41 older people, including those living with dementia were living at the service. The service can support up to 60 people. Accommodation is set over two floors and divided into two units on the ground floor. Both units have communal lounges and dining rooms where people enjoyed activities and mealtimes together. There is secure access to a garden area.

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

People's risks were identified but care plans and risk assessments did not always include relevant and up to date information. Where people were at risk of choking, risk assessments did not include guidance for staff on how to support people during choking episodes that was individual to them. Where people were at risk of constipation, risk assessments were not appropriately recorded and personalised to their needs. Medicines were not managed safely. When required medicines (PRN) were not used effectively to help people at risk of constipation. PRN protocols were not in place for every PRN medicine prescribed. Where protocols were in place, they did not include step by step guidance for staff on how to administer these medicines effectively for people.

Quality assurance systems were in place, however, not effective in picking up areas of concern we found on inspection. The management team were responsive to the concerns found and since the inspection we have received updated PRN protocols and care plans with updated information.

People and their relatives told us they felt safe at the service. Staff knew how to recognise signs of abuse and where to report concerns. Staff we spoke to felt confident to raise concerns if they were to arise. Reports were made to the local authority safeguarding team when appropriate and staff had received up to date safeguarding training.

Staff were recruited safely, and enough staff were deployed to meet the needs of people living at the service. A dependency tool was used and reviewed regularly to ensure people's needs were met. We observed during our inspection that there were plenty of staff around to respond to people. Staff were employed specifically to meet people's social needs and plenty of activities were being carried out.

Infection control procedures were in place at the service. Staff wore masks and other personal protective equipment PPE when required as per the company policy. There were plenty of PPE stations around the service and enough stock to was available when required. When people become unwell, appropriate measures are taken to help control the spread of infection.

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.

Staff were positive about the management team. They felt supported in their roles and felt like the registered manager's door was always open. Relatives were positive about the management and said they were always visible when visiting the service. People, staff and relatives were asked to feedback about the service, outcomes were reviewed and analysed to make improvements.

The registered manager was aware of their responsibilities under the duty of candour and knew when to send in notifications to CQC as part of their regulatory responsibility.

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 25 November 2019) and there were multiple breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. Due to concerns found on the inspection, the service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections.

Why we inspected

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

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Woodstock Dementia and Residential Care 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 two inspectors.

Service and service type

Woodstock Dementia and Residential Care 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. Woodstock dementia and residential is a care home without 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.

Inspection activity started on 16 January 2023 and ended on 23 January 2023. We visited the location's service on 16 January 2023.

What we did before the inspection

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 2 people who used the service and 4 relatives about their experience of the care provided. We met with the operations manager, registered manager, deputy manager and spoke with 4 care workers. We looked at written records, which included 4 people's care records and 3 staff files. A variety of records relating to the management of the service were reviewed.

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 this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to effectively manage and respond to risks to ensure people received safe care. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- People's individual risks were identified but were not always well managed. Risk assessments did not include relevant information for staff to follow in the event of an emergency. Where changes had been made to a person's care, risk assessments were not updated to reflect current needs.
- A person had been identified as high risk of choking and had experienced a choking episode. Staff had acted appropriately during this episode, however, monitoring of vitals were not included on an observation chart following the incident. This put the person at risk of not receiving appropriate care, as health deterioration may not have been detected. Risk assessments and care plans did not include relevant information on how to support this person if it were to reoccur. Staff we spoke with were able to tell us how they would support a person who was choking.
- People's risks around constipation were not well managed. Risk assessments were not personalised and did not include guidance for staff when intervention was required. One person went 6 days without opening their bowels, no action was taken in this time to support the person. The registered manager told us, the care planning system should have alerted the staff after two days of no bowel opening, however, it is not clear this had been effective.
- The management team were responsive to concerns found during our inspection. Changes were made to people's risk assessments and care plans to reflect current needs. Although action had been taken, we have still rated this domain as requires improvement to ensure changes are embedded.

Using medicines safely

- Medicines were not managed safely. Staff did not have clear guidance on how to administer when required medicines 'PRN' safely and effectively.
- PRN protocols were in place for some but not all laxatives prescribed for people. Protocols did not include information on when and how to administer these medicines in the most effective way. For example, how long should a person wait before receiving their laxative after not opening their bowels. We identified two people who had gone at least 6 days without opening their bowels. The staff and registered manager were unaware this had happened.

- Medicine administration records (MAR) were not recorded accurately. Where a person was receiving a medicine to help them during periods of anxiety, MAR records were not appropriately recorded. MARs showed this person received 3 doses of this medicine in one day instead of the maximum of 2 which matched the stock balance. Staff assured us 1 dose was destroyed, however, this was not recorded for information on the MAR.
- The management team took immediate action to the concerns we found on inspection. PRN protocols for people have been reviewed and give staff clear guidance for medicines such as laxatives. Although action had been taken, we have still rated this domain as requires improvement to ensure changes are embedded.
- People's medicines were ordered, stored and disposed of safely in line with best practice. Staff had been trained to administer medicines and their competence to do so checked.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People that had restrictions in place for their safety, such as bedrails, were assessed and included in DoLS referrals. Least restrictive options were considered where possible, but bed rails were put in place in people's best interest.

At our last inspection the provider had failed to follow the local authorities safeguarding procedures to protect people from the risk of abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. Policies were in place and the service knew their responsibility to report concerns to the local authority safeguarding team.
- People and their relatives told us they felt safe receiving care at the service. A person told us, "Oh yes I feel safe, I've been here many years so that must tell you I do." A relative told us, "Yes, [person] is very well looked after."
- Care staff had received training in safeguarding people and recognised signs of abuse. Staff told us, they felt confident to raise concerns about poor standards of care. They knew where to report them both inside and outside the organisation.

At our last inspection the provider had failed to make sure sufficient staff were deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- Staff were recruited safely and there were enough qualified and competent staff to safely support people. Staff files included staff work references, identity, employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people.
- A dependency tool was used to assess how many staff were needed to meet people's needs living at the service. This was reviewed regularly throughout the month to ensure appropriate levels were in place. We observed there to be enough staff to meet people's care and social needs during our inspection.
- Staff felt there were suitable staff numbers available to meet people's needs. Agency staff were still being used while recruitment was being carried out. However, staff confirmed it was the same staff that attended, and they all worked well together to meet people's needs.
- People and their relatives told us they received care from regular carers that knew them well. One relative told us, "Yes, we know the staff well, we always see the same girls and they're all very friendly." A person told us, "The girls are lovely, and they do their best, I know them well."

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 home was clean and free from odour. We observed regular cleaning taking place throughout our inspection. Relatives we spoke to felt the service was always clean and well kept.

Visiting in care homes

- There were no restrictions on people visiting the home at the time of the inspection.

Learning lessons when things go wrong

- Accident and incidents were appropriately recorded and audited. Patterns and trends were reviewed and analysed to help learn lessons when things went wrong and prevent recurrence. People who had fallen were monitored for 24 hours for their safety.
- The registered manager used staff meetings as an opportunity to discuss accidents and incidents. Where an avoidable incident had occurred, lessons were learned and discussed in a team meeting. Staff were receptive to actions that had been put in place and agreed improvements were to be made.

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 for this key question has remained 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.

At our last inspection the provider's quality assurance systems had not always been effective at identifying shortfalls to the care people received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Quality assurance systems were in place, however, were not effective in picking up concerns we found on inspection. Medicine audits had been carried out, however, did not identify that PRN medicines were not being managed effectively. Protocols were not always in place or give effective guidance to staff. Care plan audits did not identify short falls in risk management. This is an area for improvement.
- Improvements have been made at the service and no longer in breach of regulation. However, due to the concerns found on the inspection and to ensure changes are embedded, we have rated this service requires improvement. This is a repeated requires improvement service and is an area for improvement.
- The management team were receptive of the areas we found during our inspection. They worked straight away to rectify issues found. Following the inspection, we were sent updates to PRN protocols and care plans to include relevant information.
- Statutory notifications had been submitted to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as an allegation of abuse or a serious injury.

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

- Staff were positive about the management team. They told us the registered manager's door is always open and they never have issues raising concerns. One staff member told us, "I really like [registered manager] they are very approachable if I have any concerns, I can go to them or the deputy."
- The management team held daily meetings with the heads of the departments. This helped staff stay up to date and raise concerns with the management team as and when they need to. One staff member told us, "The management team are really supportive, no matter what the problem is they are there to support you. We have daily flash meetings at 11 and can easily raise concerns there."

- The registered manager had made plans for a sensory room in the dementia unit. The budget had recently been approved and they were excited to get this in place. The room should add a safe space for people which was quiet, calm and encouraged relaxation.
- Improvements had been made to the service since our last inspection. Multiple breaches in regulation had been addressed and improved upon. Staff recruitment and retention made a positive impact on people using the service. The registered manager was actively working on ways to innovate the service.

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 and senior management team understood their responsibility in line with the duty of candour. The organisation had a policy and procedure in place which would be followed if something went wrong; this was to ensure all parties were open and honest.
- The registered manager was able to give us examples of how this has been put into practice. When they have apologised for an incident that was avoidable.

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

- People's and relative's views were sought via satisfaction surveys. Feedback was reviewed and analysed and where needed actions were put in place. A relative told us how they were encouraged to feedback about the service provided.
- People were encouraged to regularly feedback about the activities that were offered. This was to enable the service to make adaptations where necessary.
- Staff surveys were carried out and analysed. Any actions identified were recorded in an action plan. Actions had been worked through and completed by the registered manager.

Working in partnership with others

- The staff team worked in partnership with relevant health care professionals to promote people's health and well-being. When required referrals were made to health care professionals to ensure people received appropriate care. Staff followed instructions as required.
- The registered manager told us how they worked in partnership with the local community. People's spiritual needs were met through church visits, regular trips to local restaurants were carried out. Where people wanted to go out on a 1-1 basis to go shopping was arranged.