

Barchester Healthcare Homes Limited

Woodland View

Inspection report

216 Turner Road
Colchester
Essex
CO4 5JR

Tel: 01206855390
Website: www.barchester.com/home/woodland-view-care-home

Date of inspection visit:
17 February 2021
26 February 2021

Date of publication:
18 March 2021

Ratings

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

Summary of findings

Overall summary

About the service

Woodland View is a purpose-built residential care home providing personal and nursing care to a maximum of 60 people. This includes support for older people, younger adults, people with physical disabilities and people living with dementia. At the time of the inspection, there were 47 people living at Woodland View.

Woodland View accommodates people across four separate units, each of which has separate facilities, including dining rooms and lounges. One of the units specialises in providing care to people living with dementia.

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

Potential risks to people were being effectively assessed and mitigated. People's care plans and risk assessments were up to date. They had been reviewed to make sure the service had accurate information on people's preferences and needs, including in relation to COVID-19. People's medicine was being managed safely, ensuring people could access the medication they require. Staff were safely recruited. The registered manager undertook a regular analysis of themes and trends relating to incidents. When improvement was needed, lessons learned was communicated to staff in team meetings. Staff had access to sufficient supplies of personal protective equipment (PPE) and used this in line with government guidance. We recommended some improvements to PPE 'donning and doffing' areas which the manager completed straight away.

The registered manager had oversight of governance and quality assurance processes at Woodland View, regular audits were carried out. Staff told us they felt supported by management and felt able to raise any concerns they might have. People's relatives were complimentary about the service and the quality of care people received. The registered manager had ensured people living at Woodland View could still share their views about the service when self-isolating during the pandemic.

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

The last rating for this service was requires improvement (published 11 June 2019).

Why we inspected

We received concerns about the management of the service, including assessing and responding to risks to ensure people are safe from the risk of harm and Infection Prevention and Control (IPC). As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this 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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection people were at risk of harm from this concern. Please see the safe and well-led sections of this full report. Where we made recommendations to the registered manager, action was promptly taken.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodland View on our website at www.cqc.org.uk.

Follow up

We will continue to monitor the information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Woodland View

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 Care Act 2014.

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

This inspection was carried out by two inspectors.

Service and service type

Woodland View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 other professionals who work with the service. 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 this information to plan our inspection.

During the inspection

During the inspection we spoke with seven people's relatives. We spoke with seven members of staff including carers, senior carers, nurses and the registered manager. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found, and reviewed documents we had requested off-site. We reviewed any further information from staff and relatives received.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection, some risks to people had not been identified or addressed to ensure people's safety. At this inspection improvements had been made. People had up-to-date care plans and risk assessments which were regularly reviewed and audited. These documents considered risks such as nutrition and hydration, pressure ulcers, falls, oral health, and COVID-19. People had personal emergency evacuation plans (PEEPs) in their care plan files setting out the support they would need in case of a fire or other emergency evacuation. Staff confirmed these records were securely stored but accessible.
- Regular staff meetings were held to review people's changing needs and identify any action required, for example relating to nutrition and weight loss. Themes and trends were considered to help the service understand and mitigate future risk. Where it was noted that there had been more falls than usual in one month, all staff received a supervision on falls prevention, alongside other measures. A reduction in the number of falls was then seen.
- Equipment was checked and serviced to ensure it was fit for purpose. Checks took place on rubber ferrules on people's walking frames and hoists were serviced regularly. Whilst the service of fire extinguishers was overdue, there was a plan in place for re-booking servicing and checks where delays had been caused by a recent COVID-19 outbreak. The registered manager confirmed after the inspection site visit checks on fire extinguishers had been completed.
- The service had recently had a heating failure and additional radiators had been sourced. The risk of scalding from these had been considered and a guard placed around them to protect people from any risk of harm.
- Where staff members who were related worked together, the risk to them and to the people living at Woodland View had been assessed and measures put in place to ensure safe working practices. For example, related staff were not allowed to work together on a shift in the same unit.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding policy was in place at the service, and systems were in place to ensure the registered manager had oversight of any safeguarding concerns raised.
- Staff told us they would feel comfortable to escalate safeguarding or other concerns to the registered manager and this would be listened to and acted upon. One member of staff told us, "If you voice something, [the registered manager] will do something."
- Learning from safeguarding incidents was discussed at staff meetings, and staff were encouraged to be open and raise any concerns they might have.

Staffing and recruitment

- At our last inspection, staff did not always have enough time to monitor people's safety and spend time

with people. At this inspection, we observed call bells were answered and there were enough staff to meet people's needs safely. A relative said, "There always seems to be enough staff around."

- The registered manager took action to ensure staffing levels were enough to meet people's needs. Where a concern had been raised about lack of staffing in the morning, an extra member of staff had been recruited to help with breakfast.
- Staff said there were times during a recent COVID-19 outbreak when they were short-staffed. They explained they had worked to ensure that people's needs were met and then when additional staff were available, they were deployed to support areas that needed attention. This included supporting the housekeeping team to complete thorough deep cleaning of the service.
- Staff had been recruited safely to ensure they were suitable to work with the people they supported, including disclosure and barring service (DBS) checks.
- The staff had been trained in a variety of subjects including safeguarding and infection control, supporting them to have the skills and knowledge to provide safe, good quality care. Staff told us their training was up to date, and this was confirmed in training records reviewed. Staff also had their competency assessed for handwashing, administering people's medicine and correct use of personal protective equipment (PPE). During the inspection we saw staff adhered to good practice in these areas.

Using medicines safely

- Medicines were managed safely and were administered respectfully allowing people the time they needed to take their medicines.
- There were systems for ordering and monitoring medicines. Medicines were kept secure, and records were completed correctly. Charts were in place to provide guidance to staff on where to apply topical medicines such as creams.
- Where people received medicines 'as and when required' protocols were in place to guide staff on the reason for the medicine, the dosage that could be given and any side effects to be aware of. These were reviewed monthly.
- Where people had allergies, these were recorded on people's medication records to ensure staff were aware.

Preventing and controlling infection

- There was a policy in place for visitors to the service. A COVID-19 safe visiting room had been created so relatives could safely visit from behind a Perspex screen. One person's relative told us, "The staff take our temperatures on arrival and make sure we are wearing our masks."
- People were supported to self-isolate where appropriate. A rota had been drawn up and furniture re-arranged so people could still socialise at mealtimes whilst maintaining social distancing. The registered manager told us risk assessments were in place where people might find it challenging to socially distance, including for people living with dementia.
- A policy was in place to support safe admissions to the service, including self-isolation and testing to protect other people already living at Woodland View. The registered manager told us all residents have COVID-19 risk assessments and care plans in place.
- The COVID-19 testing of people living at Woodland View and staff working there was being completed according to government guidelines. There was a clear system providing oversight of this process to the registered manager, and a dedicated area set up in the service for testing.
- Processes were in place to ensure infection outbreaks could be effectively managed. The registered manager told us there was also a dedicated COVID-19 phonenumber set up by the provider available for staff to seek guidance and support.
- We were assured the provider's infection prevention and control policy was up to date and regularly reviewed.

- A cleaning schedule was in place, and regular checks and audits on effective completion of cleaning tasks were being completed. Woodland View was clean and hygienic throughout, except for staining to furniture and carpets in the specialist dementia unit. We raised this with the registered manager who explained deep cleaning of these areas had already been scheduled and confirmed to the CQC this had been completed promptly after our visit.
- Staff had access to adequate and sufficient personal protective equipment (PPE) and were observed to be wearing it in line with government guidance. We made some recommendations relating to PPE 'donning and doffing' areas and the storage of PPE which the registered manager completed straight away. We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- At our last inspection, some risks to people had not been identified or addressed to ensure people's safety. This included an unattended bain-marie in the dining area. At this inspection, action had been taken and the bain-marie was housed within a worktop reducing the risk of scalding.
- The service acted upon any concerns raised by people and their relatives. One person following a renal diet found the food unappealing. Information on the person's favourite meals had been discussed with the person's relative, the head chef and wider staff team. This was followed up with the person to make sure improvements had been 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was open and transparent, and people's relatives told us they found them welcoming and accessible. A relative said, "The [registered manager] has an open-door policy and is very approachable, I do not have any worries. The other staff are also very good, and I would be happy to speak with any of them."
- Staff told us they felt supported in their roles. One member of staff told us, "I do feel that sometimes [the registered manager] isn't aware of everything so communication going up the line is not very good all the time. If you go to [the registered manager] directly they will listen to you and is diplomatic and will deal with it. They are really busy, so I do understand."
- We were told by the registered manager staff surveys were completed so everyone could comment on how they felt the service was run. The most recent survey had received positive responses and staff said they felt supported during the pandemic. The registered manager was also planning an anonymous follow up survey to make sure staff could freely share their views.
- An equality and diversity policy was in place, and a dedicated whistle-blowing policy and helpline for staff if required.
- Staff received risk assessments to check whether they were at increased risk of COVID-19. This might be due to their age, race or other risk factors. The risk assessments were used to monitor and review these factors and record steps taken to reduce risks to staff safety.
- A duty of candour policy was in place at the service. People's relatives told us they were promptly informed of any incidents at Woodland View, such as their relative having a fall. A relative said, "[Name] has had a few recent falls but they have always let us know as soon as they happen. They always check to see if they are alright and get medical advice."

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

- Systems and processes were in place to ensure the registered manager had oversight of the service. This included a range of audits and spot checks undertaken by the registered manager to review care records, medication and the cleanliness of the environment.
- Statutory notifications were made to the CQC when safeguarding concerns were raised, which is a legal obligation on providers so the CQC can monitor the safety and quality of care.
- There was an organisational structure with clear line management and supervision responsibility in place.

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

- When residents meetings could not be held due to COVID-19 and social distancing, the registered manager and activities coordinator spoke with people individually to discuss any queries and requests.
- Staff considered how to support people if they were isolating in their rooms with activities to reduce the risk of social isolation. One member of staff told us, "One [person] likes doing their puzzles, one [person] likes doing their calligraphy and karaoke. We talk about their families and look at photos." Information on how to support people was also available in their care plans.
- People's relatives told us they received regular updates from the service. One relative said, "I know we are in a pandemic, but I feel informed and know what is going on at the home. They email us regularly. today for example we have had emails from the activity coordinator as they are thinking about Mother's Day and would like us to send in some photos." Another person's relative told us, "I haven't got access to email but they ring me to ensure I have the information I need."
- The service had received a number of compliments about the quality of care provided, including from people living at Woodland View. One person had submitted a compliment saying, "I came in feeling that I have no life left. But the staff here are amazing and they did everything that they can to make me feel positive and full of life and laughter."

Continuous learning and improving care

- Discussions on lessons learned were took place at staff meetings, to ensure any changes or improvements were being effectively communicated and embedded.
- Audits were undertaken to improve care, such as checks on the nurse call bell system to ensure staff responded to people promptly and their needs were met.

Working in partnership with others

- Care records reviewed showed people were referred appropriately to receive healthcare support, such as input and advice from dieticians and the Speech and Language Therapy (SALT) team, GPs, specialist palliative care teams and others.
- The registered manager worked with other professionals such as the local authority safeguarding team where required.