

Random inspection report

Care homes for adults (18-65 years)

Name:	Woodtown House Nursing Home
Address:	Alverdiscott Road Woodtown House East-the-water Bideford Devon EX39 4PP

The quality rating for this care home is:	one star adequate service
The rating was made on:	03/02/2010

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Susan Taylor	1	8	0	5	2	0	1	0

Information about the care home

Name of care home:	Woodtown House Nursing Home
Address:	Alverdiscott Road Woodtown House East-the-water Bideford Devon EX39 4PP
Telephone number:	01237470889
Fax number:	01237472634
Email address:	info@deepdenecare.org
Provider web address:	www.deepdenecare.org

Name of registered provider(s):	Deepdene Care Ltd
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	28

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
mental disorder, excluding learning disability or dementia	28	0

Conditions of registration:								
The maximum number of service users who can be accommodated is 28.								
The registered person may provide the following category of service only: Care home with nursing- Code N to service users of either gender whose primary care needs on admission to the home are within the following category: Mental disorder, excluding learning disability or dementia- Code MD								
Date of last inspection								
Brief description of the care home								
Woodtown House is registered to provide 24-hour nursing care to 28 service users with a past or present mental illness. The home is a large detached Georgian house								

Brief description of the care home

standing in it's own grounds. Although in a rural setting the home is within a few minutes drive of Bideford and Torrington. A 7 seater people carrier is provided for transport. There is a large garden with plenty of seating and areas of cultivation for vegetables and plants. There are bedrooms on the ground and first floors. Seven have ensuite facilities and are suitable for disabled people. There is no lift. There is a rehabilitation flat situated on the second floor, for service users who are working towards greater independence. Woodtown House is a non smoking environment. However, people are able to smoke in the grounds and an external smoking shelter. In February 2010, the fees for the home ranged between £477.41 - £1645 per week. Additional charges are made for hairdressing, toiletries and newspapers dependent upon individual requirements.

What we found:

This was an unannounced routine inspection to follow up legal requirements made at the last key inspection. We focused on some records in relation to the assessment and on-going changing care needs, and risk assessment of 2 individuals. We looked at how medication is managed, the skills staff have developed and overall management of the home. We looked at records, policies and procedures in the office. We met 6 people that live at Woodtown House and observed how staff looked after them. We met 5 staff, the manager and the responsible individual for Deepdene Care.

We casetracked the experiences of 2 people that live at Woodtown House. One of the people had a long standing pressure ulcer that district nurses had been treating. We were shown photographs that had been taken by the home and the manager told us that they were concerned that this person's skin was not healing as well as it should. As a result of these observations, the manager had made a referral to tissue viability nursing service for further assessment to be done. We looked at the individual's care plan about this. It had been regularly reviewed with the person and provided detailed guidance about managing the known risks for this person. We spoke to staff involved in the care of this person and asked them about tissue viability.

Another person we case tracked told us that the staff are "brilliant" at monitoring their healthcare needs. The person said "they do lots of checks like taking my blood pressure very often". We had read this person's care file and saw that staff had identified that the individual was at risk of pressure ulcers due to general poor health. The person showed us that they were sitting on a pressure relieving cushion and, as detailed in their care plan, had a profile bed. Similarly, records demonstrated that the individual had regular 1:1 sessions with their key worker to discuss their needs.

We observed that staff are respectful and caring towards people. Where people need it, staff are careful to set acceptable boundaries to maintain safety. We saw that people openly asked staff for advice and support and are therefore comfortable asking for help when they need it. At the same time, we observed that staff are intuitive and observant if an individual is withdrawn or distressed and are very skilled at engaging people so that they feel part of the community.

All of the staff verified that they had recently completed training about tissue viability and pressure ulcer prevention. They had a good grasp of these subjects and demonstrated a clear understanding of what risks a person might have, how to monitor and prevent these occurring. Therefore, risk management systems are consistently applied which means that the health and welfare of people has significantly improved and is being maintained. Similarly, records reflect the practice and decisions described by staff so people are experiencing more consistent care as a result.

People told us that there has been "lots of good changes" that has improved the quality of their life. We saw that since the last key inspection institutional practices within the home (such as locked doors and prepared drinks) have been stopped. We observed that people now help themselves at mealtimes and tea and coffee making facilities are always available with milk and sugar so that people are able to make a drink for themselves whenever they wish to do so. Therefore, people have better choice and control in their

lives.

Three groups had been set up that considered the experiences people have and how this might be improved. The 'farmyard project' had looked at what animals people might like to have. Residents had decided that they wanted to have a pet and had adopted a dog and named her Audrey from the local Dog Trust. We were told that the home had also adopted pygmy goats and these would shortly be arriving, which people were looking forward to. Another group called the 'Gardeners World project', was regularly meeting and making decisions about how best to use the extensive grounds for planting flowers, vegetables and fruit. We read a medication newsletter and spoke to people that had been part of group looking at the way medication is managed in the home. People told us "next month we will all have our own cabinets in our rooms. Staff will come to us and prompt us to take our tablets". This demonstrates that the service provides person centred care that encourages people to take responsibility for their own health needs and to be more independent.

We spoke to the manager who verified that the temperature of the treatment room is checked daily to ensure medicines are kept in the correct conditions. Additionally, the provider has told us that a ventilation system is being fitted in the next few weeks to further improve the temperature of the room where medicines are stored. Therefore, people can be confident that their medicines are effective because their medicines are stored at the correct temperature.

Staff told us that communication processes within the home have improved. For example, all of the staff had been invited to be part of handovers of information about people's changing needs, including discussions about potential new residents before they move into the home. This means that consistent messages are given with regard to personal care needs of people living in the home.

We looked at training records and discussed these with staff. One person told us they had "learnt all about how to prevent people from being neglected or abused". They explained procedures correctly and had a good understanding of the need to balance potential concerns against known risks, for example relating to a persons mental state, but "would still report though". The Commission has been notified regularly of events since the last inspection, which has demonstrated that safeguarding procedures are consistently followed and therefore people are better protected.

What the care home does well:

Deepdene Care has significantly improved the care outcomes for people over the last six months. The AQQA (Annual Quality Assurance Assessment) document was detailed and enabled us to know what to focus on during the inspection. Additionally, it was clear that the manager and provider fully embrace quality assurance and put the people living in the home at the centre of everything they do.

All of the legal requirements made at the last key inspection have been met.

People that live at Woodtown House benefit from a stronger management approach. Good internal processes have been set up which provide audit trails of evidence when assessing outcomes for people and robust management of known risks. People value the

input of the manager, provider and rate care delivered from staff as high. People feel empowered and are enabled to speak up if they are unhappy about something and want things changed. They have confidence that their voice will be heard and are receiving care as agreed that is based on best practice.

Overall, people are experiencing a good quality of care from Deepdene Care

What they could do better:

We did not identify any issues that the service needs to improve. Deepdene is open and transparent about the areas they are concentrating on to improve the quality of the service people experience living in the home.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

© Care Quality Commission 2010

This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.