

Woodcrofts Residential Homes Limited

Woodcrofts Residential Home

Inspection report

164 Warrington Road
Widnes
Cheshire
WA8 0AT

Tel: 01514245347

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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

Woodcrofts is a residential care home located in Widnes close to local amenities such as bus routes and shops. It is owned by Woodcrofts residential homes limited. The home is a two storey building with 19 bedrooms, shared bathrooms and three communal lounges. The home specialises in providing accommodation and support for people with mental health needs. At the time of our inspection, there were 16 people living in the home.

At the last inspection on the 16 September 2015, the service was rated Good. At this inspection we found the evidence continued to support the rating of Good however we changed the rating under well-led to Requires Improvement because the governance procedures did not always reflect the quality of care being delivered. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in post at the service. The registered manager was also the registered provider of the service and was supported by a deputy manager and a senior carer. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider had systems and processes in place to ensure that staff who worked at the service were recruited safely. People were supported by a consistent staff team, many of whom had worked at the home for a number of years. We observed there was enough staff employed to meet people's needs.

Staff had received training in safeguarding and understood their responsibilities to protect people from harm and abuse. Staff understood the reporting procedures including how to raise concerns with their line manager as well as reporting to other organisations such as the Local Authority or CQC.

A risk screening tool was completed which assessed any risks to people's health, safety and wellbeing. Identified risks were managed in a manner that promoted both independence and safety.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Medication was stored securely and administered by staff who had received the appropriate training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff and the registered manager maintained a clear focus on people's autonomy to live their lives as they chose. The registered manager described the support they provided as akin to "an invisible safety net to enable people to live as independent lives as possible."

The service operated within the principles of the Mental Capacity Act 2005 (MCA) and we saw this guidance was taken into consideration when care plans were developed. There was no Deprivation of Liberty Safeguards (DoLS) in place at the time of our inspection.

People were supported to maintain good health and the registered manager often accompanied people to routine appointments. Care records showed that staff sought the input of health and social care professionals when needed. We spoke to two visiting health professionals during our inspection who told us that staff 'go above and beyond' and were prompt in recognising any deterioration in health or changes to people's support needs.

Staff had the necessary skills and knowledge to support people in the way they needed and had a good understanding of the individual needs of the people living at the home. Staff spoken with felt they received sufficient training to enable them to complete their role effectively. The registered provider's records showed staff required refresher training in some topics and we saw that this was either in process or scheduled.

People told us they enjoyed the food served at the home. Care records showed staff had given consideration to people's nutritional needs and diabetic diets were catered to.

Everyone we spoke with, without exception, spoke positively about the registered manager and the staff. We observed kind and natural interactions between staff and the people they supported.

People maintained their independence and chose how to spend their leisure time. People were supported to access the local community if they required it but the majority enjoyed frequent access to the local community, pubs and shops without staff assistance. This ensured that people's individuality, choice and freedom was respected and promoted.

People who used the service had experienced enduring mental health conditions which were recognised, understood and supported by staff in a highly person centred way. Records showed and feedback demonstrated that people were supported to live as independently as possible in the local community and this had improved their outcomes and minimised their use of crisis mental health services.

People had access to a complaints policy but those we spoke with told us they had no cause to make a complaint and if they needed to, they would just "knock on the office and speak to [registered manager]." The registered provider's records showed there had been no recent complaints.

Staff we spoke with were able to describe the visions and values of the service, and felt supported by registered manager in delivering them. One staff member told us their focus was, "To promote independence whilst ensuring people are safe and happy."

There were opportunities for people and their relatives to provide feedback regarding the home and contribute to service delivery through the use of annual surveys. People told us they could approach the registered manager or staff at any time and felt they would be listened to.

We observed people who used the service approach the registered manager with ease and a sense of familiarity. Staff spoken with told us the registered manager was 'brilliant', 'supportive' and as someone they could "approach with anything."

We noted that the registered provider's documentation was not always reflective of the quality of the care

being delivered at the service. We identified that some governance procedures to assess and monitor the quality of the home were not documented. We did not receive a Provider Information Return from the service and identified one incident which had not been notified to us in accordance with our statutory requirements. The registered manager was clearly very 'hands on' in their approach and took an active role in the daily lives of all the people using the service but admitted this sometimes meant that paperwork was not always completed most effectively. The registered manager acknowledged this as an area for further development.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service has deteriorated to requires improvement as the service was not consistently well-led.	Requires Improvement ●

Woodcrofts Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 26 February 2018 and was unannounced.

Prior to the inspection we contacted the local authority quality monitoring and safeguarding teams to seek their views about the service. We were not made aware of any concerns about the care and support people received. We checked to see whether a Health Watch visit had taken place. Health Watch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of the care. We reviewed their latest report which was completed following their visit on 23 January 2018. We also considered information we held about the service, such as notifications of events which the service is required to send to CQC. We noted that there was a low level of reporting within the service and so checked this as part of our inspection. The registered provider told us they had not received a request for a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

The inspection was undertaken by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case, care of someone with mental health difficulties.

During our inspection we spoke with the registered manager who was also the registered provider, two carers and two visiting health professionals. We toured the environment at the home and looked at three people's bedrooms with their permission. We spoke to 10 people living in the home. We also looked at three

care plans for people who used the service, three staff personnel files, medication administration records for four people, staff training and development records as well as information about the management and governance of the service.

Is the service safe?

Our findings

People told us they felt safe living at the home. Comments included, "I feel safe and supported", "Staff check on you, where you are and how you are if you don't show up", "I always feel safe here, because staff make sure I am ok"; "If I can't cope staff are there for you and there is always someone around", "I feel secure, got my own room", "I feel safe because staff are visible" and "I feel safe and at home now."

A risk screening assessment was completed for each person on topics such as physical health, mental health and medication. Staff knew and understood the content of these risk assessments and were able to explain the strategies they used to manage risk which were reflected in the written documentation.

Medication was managed safely, stored correctly and administered by staff who were appropriately trained. We reviewed the Medication Administration Records (MAR) for four people and saw that they were completed accurately. We checked a sample of medications and found that the balances of the stock corresponded to what was recorded on the MAR chart.

We observed that staff were visible and on hand and people told us there was sufficient staff to meet their needs effectively. The majority of staff were long standing and had been employed at the service for a number of years and so people enjoyed support from a consistent staff team who knew and understood their needs and helped promote continuity of care. Recruitment processes remained safe because full pre-employment checks were carried out prior to a member of staff commencing work.

Prior to our inspection, we reviewed the number of different incidents which occurred at the service; this included the number of referrals made to safeguard people's welfare. We saw that there had been no referrals of a safeguarding nature which implicated staff at the service since March 2017. Staff we spoke with had received training in safeguarding and understood the reporting procedures.

Fire safety measures were in place and each person had a personalised emergency evacuation plan (PEEP) to support evacuation in the event of an emergency. One PEEP outlined that the person was hearing impaired and required instructions to be verbalised loudly and visual prompts were to be used. The relevant maintenance checks had been carried out on areas such as gas and electrical safety. Staff had received training in infection control and had access to Personal Protective Equipment.

Is the service effective?

Our findings

People spoken with told us staff had the necessary skills to support them. One person told us, "Staff are very efficient and fastidious." Another person described how the staff supported them effectively and in a sensitive manner with their Parkinson's disease and associated tremors.

The registered provider worked within the legal framework of the Mental Capacity Act (MCA) 2005. The people living at Woodcrofts residential home all had capacity to make decisions around their care and support and this was respected and promoted by staff. Consent documents in respect of decisions such as money management and personal photographs were contained within care files and signed by people themselves. One staff member told us, "They have a lot of choice, we are just there in the background, they don't want you mithering them and we respect that."

People using the service were supported by staff and external health care professionals to maintain their health and wellbeing. We saw that the registered manager often attended health appointments with people to ensure all information was shared and a record was kept so staff were aware of any advice provided. We spoke to two visiting health professionals during our inspection who told us staff were very good at identifying the early signs of deterioration in health for people they supported.

People told us they enjoyed the food available at the home. People's comments included, "Meals are good", "We are able to have snacks between meals and a choice of tea or coffee", "Food is excellent" and "Food is quite good." Staff knew and catered to people's dietary needs, for example, low sugar options were provided for people who were diabetic. The service did not provide alternative options for people but staff told us that the menus were based on their knowledge of people's likes and dislikes and if people wanted something else, this would be catered to.

Staff received training in subjects such as mental health, nutrition and person centred care to ensure they had the skills and knowledge to carry out their roles effectively. We were provided with training matrix which showed that staff required refresher training in some areas and this was currently in process or scheduled. Staff told us they had regular supervision but also could speak to the registered manager or deputy manager on an informal basis.

The registered manager told us of their refurbishment plans for the home to modernise the property which included plans to develop an accessible wet room at the service. People's bedrooms reflected their individual personalities which helped to ensure people felt at home. One person told us that they had requested specific flooring in their bedroom and this was provided for them. Another person told us, "I've got the best room going, picked my own furniture."

Is the service caring?

Our findings

Our observations and people's feedback confirmed that staff were caring, patient and compassionate. People's comments included, "Staff are wonderful, they look after us well", "Staff are brilliant and understanding", "The staff care for us and help me into the bath or a shower when I ask", "The staff are kind to me and help me with my problems "and "They [staff] are always there for me."

The service had a homely and relaxed atmosphere and it was evident that people felt comfortable in the company of staff. People viewed the environment as their home. Comments included, "This is my home and can come and go as I please" and "It's my home and I love it, the best home I've lived in." We saw that people initiated conversation with staff about everyday subjects which demonstrated a natural warmth between them.

Care plans contained documents entitled 'This is me' which outlined information relating to people's background, important family relationships, favourite hobbies and their support needs. This information included guidance on things that worried or upset the person and how staff could support the person to feel better. This enabled staff to get to know the person and develop a rapport and provide care based on their needs and preferences.

Staff encouraged people to participate in decisions about their care and understood the importance of promoting choice. One staff member told us, "We always make sure they still have choice to make sure their minds remain active. We encourage them to do chores such as putting their clothes away after we do the laundry." Staff had received training in equality and diversity and had access to policies in respect of communication and confidentiality.

Staff provided examples of how they promoted people's dignity and privacy when delivering care, which included knocking on bedroom doors and asking people's permission before offering support. One person told us, "Staff will always fasten my buttons and give me privacy when I get dressed."

People were consulted and encouraged to be involved in making decisions about their care. We saw that people signed their own care plans and each review as evidence of their involvement and agreement. At the time of the inspection, there was nobody accessing advocacy services however, the registered manager had an awareness of local services that could be accessed in the event that a person had no one independent, such as a family member or friend to represent them.

Is the service responsive?

Our findings

People told us they were treated as individuals and staff were responsive to their individual needs. Comments included, "I don't need a lot of care but I do need support and staff and [the registered manager] gives it to me" and "I have Parkinson's and it depends on my tremors on how much help I need. They are always there when I need it."

We reviewed care plan in respect of areas such as activities, medication and finances. People were consulted in relation to their plan of care and had input into this. We saw that attendance records were kept which clearly outlined people's attendance at review meetings. People's relatives told us, "Yes I have seen [relative's] plans. I am kept informed. [Relative] deteriorated recently home kept me up to date which is great" and "I feel involved and consulted with." Care plans were reviewed regularly and any changes were clearly recorded in the person's review record.

Care plans were person centred and responsive to the needs of the individual. For example, one person enjoyed accessing the local community using public transport. Staff had considered how the person could do this independently whilst minimising the risk to the person. The person was supported to access a mobile phone and staff encouraged the person to charge this before going out with the telephone number being programmed on 'speed dial'.

A complaints policy was on display in the 'resident's handbook' which was stored in the communal lounge. The people we spoke with told us they had no cause to raise a complaint but felt comfortable in approaching staff and the registered manager directly if they had to raise a concern. People told us they felt confident that their concerns would be listened to and taken on board.

The service was not currently supporting people at the end of their lives. The registered manager told us they were currently in the process of considering the most effective way of exploring people's end of life wishes bearing in mind the needs of the people using the service, some of whom were reported to be particularly sensitive to such discussions. The registered manager told us they intended to complete training with the local authority in respect of how to manage these discussions.

People living at Woodcrofts enjoyed frequent access to the local community and staff promoted social integration through the local church and social clubs. People's comments included, "Staff help me go to the shops and make any appointments I need", "I play chess sometimes with residents and staff", "I go to the pubs, shops whenever I want, this is my home and staff make it", "They encourage me with my interests and I have sky in my room" and "I enjoy the community activities and clubs." People enjoyed sitting in one of the three communal lounges to watch TV and there were books, games and colouring materials within the home.

Is the service well-led?

Our findings

Everyone we spoke with told us they were happy with the quality of care they received and complimented the service. Comments included, "I feel listened to", "The atmosphere is good", "The manager is a good and approachable guy, "Nice people, nice home", "Any problems and staff or [the registered manager] deals with it" and "I love it here."

The registered manager, who was also the registered provider of the service, described how the service had developed over the past few decades since it began providing a service for people in the 1980's. The registered manager was clearly motivated by a keen interest in improving outcomes for people with mental health difficulties. They measured their success on the stability and outcomes of people they supported, many of whom had settled at the service long term, including one person who had been living at the service for 28 years. The registered manager considered this testament to the quality of care provided at the service which had enabled people with enduring mental health services to live in a supportive and empowering community setting without reliance on crisis services.

The registered manager maintained an active and visible presence at the home and it was evident that people found them approachable. During our inspection, we observed people approach the registered manager with ease and sense of familiarity, to have a chat or ask for help. People had opportunities to comment on their experience of care through the circulation of quality assurance surveys. We reviewed the latest results and saw that the responses were mostly positive. People told us that residents meetings were infrequent and not well attended but that they often raised issues with the registered manager and staff in passing and told us that staff 'really listen' to them.

Staff told us they enjoyed working for the organisation. One staff member said, "The management are brilliant, all the staff get on, I love coming to work each day and have built relationships with people living here." Staff meetings were held regularly and staff felt they could raise any issues informally with the registered manager or deputy manager. One staff member told us, "If we need anything, [registered manager] is always here. They listen to us. If they can accommodate it, they will."

The registered manager adopted a very hands on approach to the running of the service and had a sound knowledge of the people they supported but this oversight was not always reflected in some of the associated paperwork. For example, whilst environmental and care plan checks were in place, medication audits were not documented. People told us they received their medication on time and there were no errors in respect of medication identified however we discussed with the registered manager the need to maintain records of their quality assurance processes in respect of this. We did not receive a Provider Information Return from the provider and we identified one incident, of a person's death, which we had not been notified of in accordance with our statutory requirements. The registered manager apologised and explained this was an isolated oversight on their behalf.

The ratings from the last inspection were clearly displayed via a link on the registered provider's webpage. These were not displayed in the main building and the registered manager explained this was intentional,

based on the needs of the people using the service and as part of their ongoing efforts to make the service feel like people's own home and not an institution. Nevertheless, the registered manager agreed to address this immediately.