The Taylor-Dening Partnership

Woodeaves Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 4 and 7 February 2019 and was unannounced on the first day.

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

The home is located in a residential area on the outskirts of Nantwich and covers three floors connected by a passenger lift, a stair lift and stairs. Communal facilities include two lounges and one dining room which are located on the ground floor. Woodeaves could accommodate up to 22 people. At the time of the inspection there were 20 people living at the home. This was because two of the rooms could be occupied on a shared basis but were currently occupied as single accommodation.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and 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.

There was a registered manager. 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.

People continued to receive a safe service. Processes were in place to minimise the risk of harm. Accidents and incidents were recorded and there was management oversight to identify emerging trends. Detailed risk assessments were completed and regularly reviewed. Safe recruitment practices were employed by the home. Medicines were managed and administered safely. People told us staff came quickly when they needed them and that there were sufficient staff to meet their needs.

Staff were aware of the need to report concerns in order to protect people from abuse. However, there had been a delay in reporting an allegation to management. This was brought to the attention of the deputy manager on the first day of inspection and the correct process was then followed.

People received a service that was not consistently effective. This was because mental capacity assessments were carried out routinely for all people living at Woodeaves, rather than in line with the principles of the Mental Capacity Act 2005. This practice had been introduced as a requirement from a monitoring visit by the local authority and, although not appropriate, had not been questioned by the registered manager.

A person's care plan had not been updated and was not reflective of their current needs which left them at risk of receiving care that was not effective. We observed there were long periods without staff interaction

although they exhibited symptoms of anxiety. When we made the deputy manager aware of our concerns action was taken immediately to address whilst further liaison with a specialist team took place.

Staff received regular supervision and appraisal, their competency was regularly checked and they had access to a wide range of training.

The provider had introduced an electronic care management system since the last inspection. The registered manager informed us that there was still an element of "embedding in" for the most effective use. We saw that staff did not always carry the hand-held devices used for recording interventions at the point of delivery.

People continued to receive a service that was caring. People told us that staff were kind and gentle and we observed some caring and patient practice. The service had achieved a score of 9.8 out of ten from 33 reviews on a website which allows people who use, have used or have a relative who has used the service to leave a review. People were treated as individuals, treated fairly and without discrimination with consideration to religious and cultural beliefs. People communication needs were considered and recorded.

People continued to receive a service that was responsive. People's needs were assessed before they came to live at Woodeaves to ensure they could be met. Each person had a personalised plan of care. People's future wishes for end of life care were considered. People and relatives had been involved in these processes.

There was a process to receive and respond to complaints. No complaints had been recorded since 2014. "Informal" complaints, for example about laundry, which had not required a written response had not been recorded. The registered manager was to introduce a new recording system to ensure that there is an ongoing record of all complaints, concerns and compliments.

People had access to a range of activities. People told us that they were offered choice, for example about when to get up and/or go to bed. Although some people were happy with the frequency of baths or showers, some people identified a more structured approach.

People received a service that was well-led. The registered manager was supported by a deputy manager. The registered manager was aware of their responsibilities of their registration with the CQC and had informed us about important events as required by law. The latest CQC rating was displayed within the home and on the provider's website.

Records were well organised, readily available and securely stored. People living at Woodeaves, their relatives and staff could express their views in a variety of ways including surveys and meetings. We received some feedback that when concerns were raised, nothing had been done about them. Some staff were reluctant to raise issues for fear of repercussions. We discussed these comments with the registered manager during the inspection.

The registered manager and deputy manager were open to discussion and acted to address areas raised during the inspection, this promptly. The deputy manager demonstrated a genuine passion to continuously improve the service to deliver outstanding care.

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 remained safe.

Is the service effective?

Requires Improvement

The service had deteriorated and was not consistently effective.

Mental capacity assessments were carried out for everyone rather than in line with the principles of the Mental Capacity Act 2005.

A person's care plan had not been updated to reflect their current needs leaving them at risk of receiving care which was not effective.

People were complimentary about the food served at Woodeaves.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service remained well-led.

Woodeaves Residential Care 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 was 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 inspection took place on 4 and 7 February 2019 and was unannounced on the first day. The inspection team on the first day consisted of an adult social care inspector, an assistant inspector and an expert-by experience. The second day was carried out by an adult social care inspector. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of people who lived with dementia.

The provider had completed 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 improvements they planned to make.

We reviewed the information that we held about the service, including any statutory notifications. Statutory notifications are information about important events which the service is required to send us by law. We contacted the local authority quality assurance team and they shared their current knowledge of the service. We reviewed the latest Healthwatch report. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We saw that their report provided a positive view of the service.

During the inspection we looked around the premises, observed the interactions and activities taking place. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with nine people living at the home, three visitors, and ten staff including the registered manager, deputy manager, care staff, the cook and the maintenance person. The maintenance person told us that they were self-employed; however, they worked regular hours at the home. We looked at six medication administration records, four care plans, three staff files, audits and other records associated with the operation of the home.

Good

Is the service safe?

Our findings

People told us that they felt safe at Woodeaves. Their comments included "Very, very safe"; "You are well looked after, well protected, you feel secure, the staff are very kind" and "I've not been unsafe so far".

Processes were in place to minimise the risk of harm. Accidents and incidents were recorded on an electronic care management system which alerted management to enable oversight of any emerging trends. Detailed risk assessments were completed, for example, to ensure the safe use of bedrails and these were checked to ensure they remained up to date.

Staff were aware of the need to report concerns in order to protect people from abuse. However, there was a delay in reporting one allegation and the concern had not been recorded at the time of disclosure. This was brought to the deputy manager's attention on the first day of the inspection and the correct process was then followed. A delay in reporting and/or recording allegations of abuse could result in important evidence being lost or people may be left at risk of ongoing abuse. On the second day of the inspection the registered manager confirmed that all staff had been reminded of the correct procedures and requirements were to be discussed again individually during staff supervision.

There was a robust system in place to support decision making when new staff were employed. This included checks with the Disclosure and Barring Service (DBS). DBS checks include a criminal record check and an additional check to see if the person has been placed on a list for people who are barred from working with vulnerable adults. The provider had oversight to ensure that all stages of the recruitment process had been completed satisfactorily before a decision to employ was made. These checks supported safe recruitment decisions.

Staff received training and their competency was checked to ensure the safe management and administration of medicines. We looked at a sample of MAR records for six people and found that these were completed as required. We checked a sample of medication stock and found it to be correct.

People we spoke with told us that there were enough staff to meet their needs and that staff came quickly when they needed them. They said, "Yes, and they are very good, very helpful. I ring the alarm, they are very good and come quickly"; "They come quickly, in fact they pop their head in when they are going past" and "Oh yes, they come quickly". A visitor told us there "Seems to be plenty of staff around when I visit".

An assessment of people's dependency was carried out, the results of which were shared with the provider to determine staffing needs. In contrast to people's comments, some staff felt that more staff were needed during the morning period when they were supporting people to get up and with personal care.

The premises were visibly clean and tidy. Staff had access to personal protective equipment to control and prevent the spread of infection which was used appropriately. Checks were carried out to ensure Woodeaves was a safe place for people to live, for example gas and electrical installation. There was a plan in place detailing actions to be taken in the event of emergencies.

Requires Improvement

Is the service effective?

Our findings

People told us that staff knew them well. We were told "I would recommend here to others".

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 Act 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 with appropriate legal authority. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Whilst we found that requirements relating to DoLS had been followed, we found that the service was not always working within the principles of the MCA. This was because mental capacity assessments had been carried out for all people living at Woodeaves and were a routine part of the pre-admission process. This was not in line with the principles of the MCA which requires an assumption that people have capacity to make specific decisions unless there are concerns otherwise. The registered manager informed us that this practice had been introduced as a requirement of an action plan issued by the local authority. The fact that this was not appropriate had not been questioned. The registered manager informed us that mental capacity assessments would now be carried out in line with the principles of the MCA.

On the first day of the inspection we raised concern about a person who was distressed and queried whether they were receiving effective care and support. The person remained in their room, exhibited anxiety and we noticed that there were long periods without staff support.

When we discussed this with the deputy manager they informed us that the person's condition had deteriorated during recent weeks and they were awaiting additional guidance from a specialist team. We reviewed this person's care plan and found that it had not been updated to reflect the person's current needs and there was insufficient guidance for staff of how to support them effectively.

In addition, we found that daily report record was not completed. Staff completed a handover report of significant information from that particular shift. However, we saw that there was not always a daily entry for each person. Although safety checks etc. were recorded on the system this meant there was no contemporaneous record of this person's deteriorating condition as described by staff and from our observations.

We discussed our concerns with the deputy manager and staffing levels were increased so that additional care and support could be provided. The specialist team were again contacted, a management plan

implemented and the care plans were updated to accurately reflect the person's care needs. We discussed our concerns about the lack of daily records with the registered manager who confirmed they would review the system in place.

Staff supervisions, appraisals and observation of staff practice were carried out regularly. Staff had access to a wide range of training in health and social care related topics and we saw that the deputy manager maintained clear records to ensure training was kept up to date. In addition to mandatory topics training in specific areas such as dementia, diabetes and optical awareness. New staff completed a robust induction programme which ensured they had the skills needed before working independently. People we spoke with told us that they had the knowledge they needed to meet their care and support needs.

We observed the lunchtime meal service and found it to be a busy but pleasant experience overall. People were informed the previous day of the main option with an alternative available. When we asked people for their views about the food they told us, "It's very good, I'm very pleased"; "I'm quite satisfied with it, I love my food" and "Always good". Staff were busy supporting people or delivering meals to people who remained in their room and we observed that there was little staff interaction with the people in the dining room. For example, a person asked twice what was for lunch without response.

The provider had considered research to improve the environment for people living with dementia. For example, there were coloured toilet seats and the two communal lounges had been redecorated and were bright and homely with colour co-ordinated furniture and accessories. The provider had considered the needs of people living with dementia for example with the use of coloured toilet seats.

People were supported to access a range of external professionals to maintain their health and well-being. These included, dietician, optician, district nurses and GP. We were told "They [Staff] ring the doctor if I'm unwell and they come to me".

The provider had introduced a new electronic care management system since the last inspection. Areas incorporated into it included care planning, risk assessment, safety checks and medication administration. Staff on duty were provided with hand held devices which allowed them to record tasks at point of care. However, on both days of the inspection we found that these had been left in the dining room. These should be kept with staff for accurate point of care recording.

We discussed areas of the electronic care management system with the registered manager who said they felt there was still an element of "embedding in" for most effective use. We asked about recording times along with the facility to enter retrospective times. The deputy manager discussed this with the programme provider who made an adjustment so that the actual time the entry was made was recorded.

Good

Is the service caring?

Our findings

From our conversations with staff, people living at Woodeaves and relatives we found that people were treated in a kind and caring way. People we spoke with said "Very kind"; "Very kind. Kind and gentle is what you want" and "They aren't pushy; they are nice to you".

We reviewed a website called Carehome.co.uk which allows people who use, have used, or have a relative who has used the service, to leave a review. Woodeaves achieved a score of 9.8 out of ten from 33 reviews all of which were positive. Recent reviews noted 'I cannot praise them enough for the care she has received from management down. They have treated us all with so much respect and dignity' and 'I came to stay for a break and loved it, I decided to move in permanently. Best decision ever' and 'The staff are very friendly and caring. They welcome visitors any time and nothing is too much trouble'.

We observed kind and caring practice. For example, a staff member supported a person to the bathroom in an extremely kind and patient manner and, similarly, staff supported a person who was having difficulty standing, providing patient, kind instruction and encouragement. Friendships had built between the people living at Woodeaves. One person told us "I have some good friends here".

Staff received guidance to ensure people were treated fairly and without discrimination. People were treated as individuals with religious and cultural beliefs respected. Clergy from local churches visited regularly. People were supported to be as independent as they could be. For example, one person had expressed a wish to make trips to the local town on their own and was being supported to do so enabling them to maintain their independence safely.

People's communication needs were discussed in detail during initial assessment and clearly recorded in care plans. Where people required support to make decisions and did not have friends or family to assist them local advocacy services were available. An advocate is a person that helps an individual to express their views and wishes and help them stand up for their rights.

A newsletter was issued at intervals throughout the year. The Winter 2018 issue included photographs of people enjoying various activities, staff training and details of upcoming events.

Good

Is the service responsive?

Our findings

An assessment of people's needs was carried out before they came to live at Woodeaves, in order to ensure the service could provide the level of support they needed. Personalised care plans were then written to inform staff how individual's needs should be met. Care plans included detail of people's personal care and support needs, associated risks, likes, dislikes and were reviewed monthly. People and their relatives had been involved in this process. Staff on shift had immediate access to care records via the hand-held devices.

There was a process in place to receive and respond to complaints. We reviewed the complaints book maintained by the registered manager. We saw that no complaints had been received from 2014. When we spoke with management about this they confirmed that "informal" complaints that did not require a written response had been received and dealt with, for example about laundry, however these had not been recorded. The registered manager informed us that they would introduce a new recording system to ensure that there is an ongoing record of all complaints, concerns and compliments.

The service did not employ a designated activities co-ordinator; however, a member of the care team was allocated to carry out activities each afternoon. In addition, there were visiting entertainers such as Musical Moments, Keep moving, keep mobile and singers. There was plan in place for outings and entertainment throughout 2019. Last year Woodeaves had taken part in a pilot scheme called "Connecting Generations". A local nursery had visited and carried out a musical session with people in the home. Ages ranged from three to 103. Photographs of the session showed that it had been thoroughly enjoyed by all who took part.

People's communication needs were discussed during initial assessment and clearly recorded. Pictorial information, and support for people with a sight impairment, such as the use of Braille or voice recognition, would be made available if needed. Friends and relatives could visit at any time and we saw from their comments and feedback recorded on a review website, that they had been made to feel welcome in the home.

People told us that they were offered choice, for example about when to get up or go to bed. We were told, "I can go when I want but someone as to help me". Whilst most people were happy with the frequency of baths or showers, others commented that baths and showers were regulated. One person said, "Bath day is Monday" and another said, "When I was at home I could have one [a bath or shower] when I wanted one but here they wash me".

People's future wishes for end of life care were considered. The registered manager told us that they had reviewed this area of care provision since the last inspection and that they had received "exceptional" feedback, adding "Staff go out of their way to provide quality care and support family".

Good

Is the service well-led?

Our findings

There was a registered manager. 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 manager was aware of their responsibilities in line with their registration. Statutory notifications had been submitted as required. These contain information about important events which occur within the service which the provider is required to tell us about by law.

The latest CQC rating was on display within Woodeaves and on the provider's web-site. The display of the rating is a legal requirement, to inform people and those seeking information about the service and visitors about our judgements.

The registered manager told us they were most proud of "The way we are a more relaxed home environment than a clinical environment. It's important that they [People living at Woodeaves] feel it is their home". They told us their biggest challenge had been dealing with staff sickness but that they had implemented a strategy to deal with this and that improvements had been made.

Records were well organised and securely stored. Care records and records relating to the operation of the service were retained electronically. These were clear, well organised, information was readily available and could also be accessed remotely by the provider for additional oversight.

There was a suite of audits to monitor and assess the quality of the service. The provider carried out regular visits although there was no documented record. The registered manager arranged to implement additional checks in view of some of the comments received by the inspector.

People, relatives and staff could express their views of the service in surveys and meetings.

During the inspection we saw that when a concern was raised about staff practice it was dealt with robustly, once brought to management's attention.
The registered manager and deputy manager were open to discussion and acted to address areas raised during the inspection promptly. The deputy manager demonstrated a genuine passion to continuously improve the service to deliver outstanding care.