

Review of compliance

Kodali Enterprise Limited Woodside Care Home	
Region:	East Midlands
Location address:	Woodside Care Home Lincoln Road Skegness Lincolnshire PE25 2EA
Type of service:	Care home service without nursing
Date of Publication:	May 2012
Overview of the service:	Woodside Care Home is situated in the seaside resort of Skegness. It can accommodate 39 people. It is registered to provide nursing and personal care, and treatment of disease, disorder or injury.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Woodside Care Home was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 16 April 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

As part of our inspection we spoke with a number of people who use the service. They spoke positively about the care and support they received. They told us they liked living in the home and confirmed that they were supported to make choices and decisions about the care they received. Some people gave us negative comments about how their views were sought and staffing levels within the home.

Positive comments included, "The girls are wonderful here", "The staff help me with any thing I want to do" and "Staff discuss my care plan."

Negative comments included, "Sometimes staff take a long time to answer my call bell", "I cant always get someone to take me out shopping" and "Staff dont ask me if I like living here."

During the visit we spoke with visitors who expressed their satisfaction with the standards of care at the home. They told us the staff were good and they were kept informed of any changes.

What we found about the standards we reviewed and how well Woodside Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

There were insufficient staff on duty each day to meet people's needs and protect their safety.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had no system in place to identify, assess and manage the risks to the health, safety and welfare of people using the service and others.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People expressed their views and were involved in making decisions about their care and treatment.

Comments from people using the service included, "I knew the home because a relative was here and was happy to come to stay permanently" and "I went to three other places to try it out but this came out on top."

Comments from visitors included, "Now calls this her home and we have brought in pictures and ornaments for the room" and "It has been the best thing my family member has done."

Other evidence

We carried out an unannounced inspection in April 2012, and during this visit, we spoke with staff, people who use the service, visitors, observed care and looked at records.

People who use the service were given appropriate information and support regarding their care or treatment.

We observed staff interacting with people in a respectful and polite manner. People

appeared relaxed and confident with staff and we saw that they were given choices and supported to make decisions. Staff took their time to understand people where they had communication difficulties. Staff promoted people's dignity and respect by knocking on doors before entering, speaking quietly to people about private matters and closing doors behind them when they were giving personal care.

The service has an activities coordinator who is new to post and had started to get to know each person using the service by speaking to them individually or to their next of kin and recording their interests, likes and dislikes. Records showed that social needs, care needs and preferences of individuals were being considered in the planning of activities.

The home had a varied activity programme in place which was displayed on notice boards. During our visit we observed people being escorted to the local shops. People using the service told us they can pursue their hobbies such as coin collecting and attending musical concerts.

The views of people who use the service had been sought through individual case conferences which were recorded in individual care records and questionnaires. The last questionnaire was sent out in 2010 but only two people replied. They made positive comments about the service. The provider may find it useful to note that more regular questionnaires to people using the service would give a current overall view if people felt involved in their decision making.

Our judgement

People's privacy, dignity and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Comments from people using the service included, "I get help here with everything I need", "I am offered a bath every day" and "The girls do everything and keep to my routine."

Other evidence

We carried out an unannounced inspection in April 2012, and during this visit, we spoke with staff, people who use the service, visitors, observed care and looked at records.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

When we spoke with staff they were knowledgeable about the individual needs and preferences of the people they were caring for, including their likes and dislikes and daily routines.

We examined four care plans. We found that assessments had been carried out prior to and on admission and care was planned to meet their individual needs. Risk assessments had been carried out to identify specific risks to each individual and care had been planned to manage those risks. For example where a person using the service was at risk of falls an assessment of their needs had been completed and

liaison with the NHS hospital falls team had commenced. This had been communicated to family members and specific falls recorded in the accident record and daily progress diary.

We saw regular reviews of people's care needs where they had incontinence problems and discussions with the district nursing team had been recorded, when and how they required assistance to use the toilet and how staff could help them maintain a continence programme at night.

Deprivation of liberty safeguards and best interest decisions were documented and mental capacity statements were in place where required, for those people who were unable to make decisions for themselves.

Records showed that health professionals were involved in assessing needs and planning care where people had been identified as having specific requirements. Care plans were evaluated on a monthly basis and updated as necessary.

The provider may find it useful to note that dates recorded must be accurate and follow the yearly cycle. For example at the beginning of the year staff must record the new year date; when going from 2011 to 2012 on 1 January. This will ensure that records are accurate and an audit trail can be followed.

We spent time in communal areas, observing how staff interacted with people living in the home. We found that the staff enabled people to make choices about their care and how they wanted to spend their time, even where their understanding and communication was limited.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Comments from people using the service included, "I feel safe", "Have confidence in the staff" and "I know the manager will sort out problems."

Other evidence

We carried out an unannounced inspection in April 2012, and during this visit, we spoke with staff, people who use the service, visitors, observed care and looked at records.

The provider had policies and procedures in place for the protection of vulnerable adults which were accessible to staff.

Training records showed that staff had received training in safeguarding policies and procedures. The staff we spoke with were clear of the process to follow in raising any concerns they may have and they felt confident that this would be acted upon.

Training records showed that the majority of staff had received training in legislation regarding mental capacity and deprivation of liberty safeguards which gave them guidance on how to manage people who cannot make decisions for themselves.

There was a complaints policy and procedure displayed in the home. Visitors to the

home told us they felt confident any concerns raised would be dealt with promptly by the manager.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is non-compliant with Outcome 13: Staffing. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

There were insufficient staff on duty to meet peoples' needs.

There were both negative and positive comments from people using the service.

Negative comments included, "Staff dont have the time to spend with us who want a chat, due to the demands of some other people", "Staff take a long time to answer my call bell at times, but tell me they are usually dealing with someone else" and "I sometimes have to wait for someone to go out with me."

Positive comments included, "Staff were available to take me to hospital", "If I want to talk to staff they are there" and "Staff have been able to take me to an exhibition."

Other evidence

We carried out an unannounced inspection in April 2012, and during this visit, we spoke with staff, people who use the service, visitors, observed care and looked at records.

We saw the staff rota for the forth coming two weeks. There were limited amounts of staff available to cover all the shift patterns and some staff were working for long periods of time without a break. The manager informed us some new staff were being recruited but the Criminal Records Bureau (CRB) checks had not been completed so they could not start work.

Staff told us that there were periods of the day when they were busier than others. For example at meal times and when people wished to get up or go to bed. The shift leader

has the task of telephoning GP surgeries, arranging appointments and administering medication which took them away from helping people using the service to fulfil their personal needs. Staff who were key workers to individuals using the service had the task of updating care plans, arranging one to one time and liaising with families which took them away from daily care task duties.

During the course of our site visit the local fire and rescue service were undertaking a planned visit to the home. They raised concerns with the CQC inspector that there were insufficient staff on duty to fulfill the evacuation plan in the event of an emergency and people would be put at risk of harm.

Our judgement

There were insufficient staff on duty each day to meet people's needs and protect their safety.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People are cared for by suitably skilled and qualified staff.

Comments from people using the service included, "Staff are ok here", "Staff are wonderful and know what I want" and "Staff have learnt about my problems and help me have as much independence as possible."

Comments from visitors included, "Staff are brilliant and understand my family member's dementia" and "Staff are friendly and willing to talk to me."

Other evidence

We carried out an unannounced inspection in April 2012, and during this visit, we spoke with staff, people who use the service, visitors, observed care and looked at records.

Staff told us they had received induction and mandatory training. The annual mandatory training programme covered a range of topics including manual handling and infection control. Some staff had attended a number of service specific courses in areas such as dementia awareness and palliative care. The manager was completing the training plan for 2012.

Staff told us they had received a yearly appraisal and supervision throughout the year. They felt they were supported to do their job and could raise any concerns at staff meetings or with the manager. We reviewed the records of four staff which showed they had received their last yearly appraisal in March 2012. Action plans set at one supervision session were then reviewed during the next session and appropriate action

taken where required.

Staff told us they enjoyed working at the service and considered they worked well as a team providing a good standard of care to people living in the home.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is non-compliant with Outcome 16: Assessing and monitoring the quality of service provision. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

People who use the service were not always asked for their views about their care and treatment.

People using the service gave us both negative and positive comments.

Negative comments included, "I dont know what they write about me, they dont tell me" and "I am rarely asked about if I like living here and dont take part in menu planning."

Positive comments included, "Staff discuss my care plan with me" and "The manager asks me how I am getting on and whether he can do anything else for me."

Other evidence

We carried out an unannounced inspection in April 2012, and during this visit, we spoke with staff, people who use the service, visitors, observed care and looked at records.

There was no evidence that learning from incidents/investigations took place and appropriate changes were implemented.

The accident records were filed in each individual's care plan folder. There was no evidence to support that trends had been identified and that lessons learnt had been passed on to staff. The provider had sent notifications when deaths had occurred but the manager stated he does not audit these or the accident records to identify where improvements to the service could be made.

The provider had been completing site visit reports until recently when he had been working out of the Country. The manager stated there was no one else who could complete these but was willing to discuss this with the provider to ensure an audit process was put in place.

We saw copies of the completed questionnaires sent to people using the service, which were dated 2010. Only two people had replied. There was no other evidence to support how the views of people using the service, visitors and other stakeholders was collated. The manager showed us copies of a food survey and care outcomes survey he intended to issue shortly. No date was set for these to be issued. He told us that other surveys had been completed but were now archived.

We saw the staff meeting minutes for January 2012 which covered a range of topics. Staff told us they were able to express their views at meetings and in private with the manager. We saw 13 of the completed copies of staff questionnaires from 2011. No evidence could be produced of what action had been taken of concerns raised by staff at the last meeting or through the questionnaires.

The manager told us he walks the building on a daily basis and sometimes identifies work to be completed such as areas to be repainted. He told us he speaks to staff, visitors and people using the service on a daily basis and will address concerns as they arise. No evidence could be produced that these events had occurred or what action had been taken when problems had been identified. Staff told us that repair was completed by the provider but not always as quickly as they would like but there had been no decrease in funding to complete work.

There was little evidence to support that a systematic approach to demonstrate how all aspects of the quality of service was being monitored by both the manager of the service and the provider. It is part of the policy of the home that quality assurance auditing take place but this was not always adhered to.

Our judgement

The provider had no system in place to identify, assess and manage the risks to the health, safety and welfare of people using the service and others.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: There were insufficient staff on duty each day to meet people's needs and protect their safety.	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: There were insufficient staff on duty each day to meet people's needs and protect their safety.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: The provider had no system in place to identify, assess and manage the risks to the health, safety and welfare of people using the service and others.	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated	Outcome 16: Assessing and monitoring the quality of service

	Activities) Regulations 2010	provision
	<p>How the regulation is not being met: The provider had no system in place to identify, assess and manage the risks to the health, safety and welfare of people using the service and others.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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