

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:	October 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 meeting all the essential standards of quality and safety inspected.

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 to check whether Woodside Care Home had taken action in relation to:

Outcome 13 - Staffing

Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 11 September 2012, talked to staff and talked to people who use services.

What people told us

As part of our inspection we spoke with people who use the service. They spoke positively about the care and support they received. They told us their views had been sought by staff speaking to them personally, residents' meetings and questionnaires.

Comments from people who used the service included, "I can always talk to staff", "I can ask staff to do anything for me and they are so kind and patient" and "I am happy enough here."

During the visit we spoke to a relative who confirmed they were asked their opinions about the quality of service offered to their family member. They told us staff were patient and willing to listen.

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

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

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

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 was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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 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 compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

There were sufficient staff on duty to meet peoples needs.

We spoke with five people who were using the service and a relative. Each person told us that their needs were met at all times.

Comments from people who used the service included, " Staff are always there for me" and "Staff have helped me with daily tasks and also in my talks with the benefits agency. They are so helpful."

A relative told us they can go to staff and ask them anything and they always had time to speak.

Other evidence

We saw the staff rota for the previous two weeks and the two forthcoming weeks. The manager uses a new dependency tool to calculate the needs of people who used the service. This information then informed the manager how many staff were required to meet peoples needs through a twenty four hour period. We saw the results of this audit for the four week period between the end of June 2012 and the middle of July 2012.

Staff we spoke with confirmed they had been asked their opinion about staffing levels. They told us they could always voice their opinions, which they felt were valued. The rota reflected where the manager had adjusted this after speaking to staff. For example by ensuring extra staff member were on duty at busy times such as early morning and

early evening. Action had also been taken after staffing levels had been placed on the staff meeting agenda for June and August 2012.

People who used the service confirmed with us that the manager had asked their opinion about their care needs being met.

We saw records which evidenced the manager had recruited three new members of staff to fill gaps in the staffing rota. They were currently recruiting staff to fill other vacancies due to staff moving departments. Staff confirmed they were happy to fill outstanding shifts where there were gaps as a short term measure.

The manager confirmed the owners had been happy for the increase in the staffing budget.

To ensure the fire evacuation plan could be fulfilled in the event of a fire, a new on call rota had been established for the night period. This ensured there was a member of staff on site as an extra pair of hands should fire breakout.

Our judgement

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

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 compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

There was evidence that people were asked their opinions about the quality of service offered to them.

People we spoke with confirmed they had recently completed questionnaires about the home. One person told us, "They have asked my opinion about the laundry service but I only had praise."

Other people told us that staff took time to speak to them about their personal needs, family life and what they would like to do each day. For example one person told us, "They give me a cup of tea in the middle of the night and sit and chat with me until I go to sleep again." Another person told us, "I like to go to the residents meeting to hear what is going on."

Other evidence

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. A new incident form had been commenced which showed the time, location, injuries sustained, people involved and action taken. Any new learning from the monthly results were recorded at staff meetings or staff one to one supervision. We saw examples in the staff meeting minutes for June and August 2012 and the supervision records of three staff.

The provider had now engaged the services of an outside quality assurance agency. We saw site visit reports for July and August 2012. These detailed the checks made on the

environment, which care plans had been reviewed, details of people spoken to and what action needed to be taken by the manager.

The provider also had monthly meetings with the manager and heads of departments via a Skype link on the computer and daily telephone calls. The manager was beginning to record these types of meetings in a diary.

We saw copies of the minutes from residents meetings which had taken place in July and September 2012. These covered a variety of topics and people had been given opportunity to voice their own opinion.

We saw the survey results for questionnaires which had been distributed in June 2012. They covered areas such as your home, care records, communication, nutrition and laundry. For each questionnaire a minimum of 15 people were sent questionnaires and the response was very high. Any action required was noted and the manager addressed this with either individuals or in staff meetings as seen in records offered to us.

As part of the daily routine, we saw in the manager's diary details of the walks around the home that had taken place. The records stated where the manager had been and any action taken in response to observations. Notices had been placed around the home of when the manager had an open surgery in his office. There had been limited take up of this service at the time of our visit.

Our judgement

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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

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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA