

Review of compliance

Deepdene Care Woodtown House	
Region:	South West
Location address:	Alverdiscott Road East-the-Water Bideford Devon EX39 4PP
Type of service:	Care home service with nursing
Date of Publication:	January 2012
Overview of the service:	Woodtown House is registered to provide 24-hour nursing care to 28 people with a past or present mental illness.

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

Our current overall judgement

Woodtown House was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 4 January 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

On the day of our visit there were 20 people residing at Woodtown House. We spoke with eight people who lived at Woodtown House. Overall they told us that they were very happy with the care and support they received and the staff were polite and easy to communicate with. Comments included:

"I am really happy here, I like to do my paintings."

"We have social outings."

"I feel safe here."

"This is the best place I have lived."

"The staff are lovely, I feel involved in my care."

"If I have a complaint, I know I would be listened to."

"I am encouraged to maintain my independence."

People commented that they were fully involved and supported to make decisions about their care. For example, plans of care were reviewed with people living at Woodtown House involved and their needs and wishes were taken into account. People said that

they were encouraged to maintain their independence and felt fully involved in their care.

We were told by people living at Woodtown House that staff supported them appropriately with daily living tasks, including personal care and meeting nutritional needs. During our visit, we observed staff supportively assisting people to meet their personal needs, such as transferring from one area of the home to another with the use of a wheelchair and serving meals.

People we saw and spoke with confirmed that they felt safe and supported by staff at Woodtown House and had no concerns of their ability to respond to safeguarding concerns. They felt that their human rights were upheld and respected by staff.

People we spoke to said that staff were supportive and helpful. Staff knew how to respond to specific health and social care needs and were observed to be competent with such. Staff were able to speak confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing.

People we spoke with confirmed that Woodtown House sought their views about the quality of the service they receive and that this information was sought by surveys and resident meetings. We were able to see that where improvements were needed they were followed up by the home, for example the food provided.

What we found about the standards we reviewed and how well Woodtown House 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 and dignity are respected and they are fully involved in making choices and decisions about their day to day activities.

Overall we found that the service meets this essential standard.

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

People who use the service experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

Overall we found that the service meets this essential standard.

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

Individuals are protected from abuse or risk of abuse and their human rights are respected and upheld. There is not up-to-date safeguarding training for staff.

Overall, we found that improvements are needed for this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance

to develop and improve their skills

The service provides training and support to staff to ensure they can do their job safely and competently.

Overall we found that the service meets this essential 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

People are protected against the risks of inappropriate or unsafe care and treatment, by means of effective quality assurance systems.

Overall, we found that the service meets this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

On the day of our visit there were 20 people residing at Woodtown House. We spoke with eight people who lived at Woodtown House. Overall they told us that they were very happy with the care and support they received and the staff were polite and easy to communicate with. Comments included:

"I am really happy here, I like to do my paintings."

"We have social outings."

"I feel safe here."

"This is the best place I have lived."

"The staff are lovely, I feel involved in my care."

"If I have a complaint, I know I would be listened to."

"I am encouraged to maintain my independence."

People commented that they were fully involved and supported to make decisions about their care. For example, plans of care were reviewed with people living at Woodtown House involved and their needs and wishes were taken into account. People said that they were encouraged to maintain their independence and felt fully involved in their care.

People we spoke with said that staff treated them with dignity and respect when helping them with daily living tasks. We observed this during our visit when staff were assisting people with personal care. Staff told us how they maintain people's privacy and dignity when assisting with intimate care, by knocking on bedroom doors before entering, gaining consent before providing care, closing the curtains and covering people up appropriately during interventions. We were told by people that staff adopted a positive approach in the way they involved them and respected their independence. We heard and saw staff working with people and they demonstrated empathy through their actions, in their conversations with people they cared for and in their discussions with us.

Staff interactions with people were good, staff were keen to listen and they did not appear hurried, which allowed time for positive interactions and activities.

Other evidence

Staff had knowledge of privacy, dignity, independence and human rights. For example, how to maintain privacy and dignity when assisting with personal care. They showed an understanding of the need to encourage people to be involved in their care. For example, staff recognised the need to promote positive experiences for people to aid their wellbeing through offering a range of activities to choose to partake in or spending one-to-one time chatting about a range of subjects appropriate for that person.

Staff demonstrated a good understanding of the importance of consent and how to obtain consent from people before assisting with any intervention. For example, how they would ask people how they wanted to be supported before proceeding with personal care activities.

Care plans that we saw reflected people's health and social care needs as identified through assessments carried out by senior staff at Woodtown House and that of other health and social care professionals. People living at Woodtown House were involved in the care planning process.

Our judgement

People's privacy and dignity are respected and they are fully involved in making choices and decisions about their day to day activities.

Overall we found that the service meets this essential standard.

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

People we spoke with who lived at Woodtown House said that their care and welfare needs were being well met.

On arriving at Woodtown House at 9am, we saw that people were being supported to get up, have their breakfast and plan activities for the day. The staff, who were supporting them, said that Woodtown House is home for the people who lived there and that this should be respected.

We were told by people living at Woodtown House that staff supported them appropriately with daily living tasks, including personal care and meeting nutritional needs. During our visit, we observed staff supportively assisting people to meet their personal needs, such as transferring from one area of the home to another with the use of a wheelchair and serving meals.

We heard that staff spent time with people using the service and supported them in a way they wanted to be supported. Interactions between staff and people were respectful, sensitive and professional. We observed staff taking time to listen to people and establish their current needs, to help maintain their independence over the choices being made.

We spoke to people living at Woodtown House about the activities provided by the home. People told us about some of the things they chose to join in with, including, playing games, arts and crafts, walks, trips out in the local community, DVD nights,

pampering sessions and on occasions entertainment from outside parties.

Following our visit we spoke to a professional who's involved in the majority of the people living at Woodtown House care. They told us that they believed Woodtown House are doing very well and that they respond appropriately to those people with complex mental health needs. They added that the registered manager was very efficient and effective and that they had every faith in her ability to manage the demands of Woodtown House.

Other evidence

Care plans that we saw reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

We specifically looked at four people's care files, which gave detailed information about their health and social care needs. Care files were person-centred and reflected that Woodtown House believed that people living at the home should be at the heart of planning their care and support needs.

Files included personal information and identified the relevant people involved in their care, including key workers, care coordinators and consultant psychiatrists from the NHS overseeing their care. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing appropriate care and support. Relevant assessments were completed and up-to-date, from pre- admission through to ongoing reviews of care.

Care plans were up-to-date and were written with clear instructions. They were broken down into separate sections, making it easier to find relevant information for example, personal care needs, physical and mental health, moving and handling, communication and relationships with others. A record of multi-professional visits and appointments were within the files and demonstrated how other health and social care professionals had been involved in people's care. Additionally, care plans showed that people underwent regular reviews on a three monthly basis or in response to changing needs.

We saw in one file that a Wellness Recovery Action Plan (WRAP) had been formulated with the person and their care coordinator involved. It was detailed, person-centred and demonstrated how the person was at the heart of their care planning.

We were able to see paperwork completed by the relevant health and social care professionals where a person had been admitted to hospital under the Mental Health Act.

People's individual risks were identified and the necessary risk assessments were conducted and reviewed on a three monthly basis and when there was evidence of changing needs. For example, mental health deterioration and self injurious behaviour.

A person with a communication difficulty due to Aspergers Syndrome had care plans which highlighted how best for staff to support them in order for them to have their needs respected and met. They provided detail of how to monitor the person's mental health and how to recognise changes in their cognition.

This demonstrates that Woodtown House considered people's current and changing

physical and mental health needs.

Our judgement

People who use the service experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

Overall we found that the service meets this essential standard.

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

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People we saw and spoke with confirmed that they felt safe and supported by staff at Woodtown House and had no concerns of their ability to respond to safeguarding concerns. They felt that their human rights were upheld and respected by staff.

Other evidence

We spoke with staff about their understanding of what constituted abuse and how to raise concerns. They demonstrated a good understanding of what kinds of things might constitute abuse, and knew where they should go to report any suspicions they may have. Staff we spoke with felt confident about responding to changing needs and knew what signs of abuse to look out for during their daily practice.

Staff informed us that they had received formal safeguarding, Mental Capacity Act (2005) and Deprivation of Liberties Safeguard training. We saw that the safeguarding training for staff needed to be updated. We spoke with the registered manager, who acknowledged that a priority would be to organise a refresher on safeguarding, adding that they had already taken steps to ensure this training happened.

We saw the 'Safeguarding policy', which had been reviewed and updated in March 2011. It was detailed and easy to follow and outlined the steps to take if concerns were raised, including contacting the local safeguarding adults team and us.

Our judgement

Individuals are protected from abuse or risk of abuse and their human rights are

respected and upheld. There is not up-to-date safeguarding training for staff.

Overall, we found that improvements are needed for this essential standard.

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 we spoke to said that staff were supportive and helpful. Staff knew how to respond to specific health and social care needs and were observed to be competent with such. Staff were able to speak confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing.

Staff told us they received health and social care needs specific training which they believed helped to equip them to do their job. Staff said they received supervision and appraisals and that the management team provided close supervision, advice and support. Staff we spoke with stated:

"I feel supported in my role and receive supervision."

"I receive regular appraisals from the registered manager."

"I know that I can go to the registered manager at anytime if I have any problems or concerns."

"We are due for our annual mandatory training update."

A registered nurse told us that they were planning to start briefings and needs specific training for staff so that they felt up-to-date on current practices and procedures. They explained that the sessions would be based on evidence based research conducted by the NHS, Department of Health and the National Institute for Health and Clinical Excellence (NICE).

Other evidence

We saw three records of staff training and the homes training matrix, which outlined the courses undertaken as part of staff members' roles. The courses included: safeguarding adults, Mental Capacity Act (2005), food hygiene, Deprivation of Liberties Safeguards (DOL's), dignity in care, handling medication in social care, communication and record keeping, understanding managing behaviour, understanding key working, dementia awareness, acute care skills, challenging behaviour, breakaway, pressure ulcer prevention, tissue viability, fire awareness, moving and handling, medication handling system (Boots), infection control, first aid and health and safety. We were able to see that a specialist course had recently been completed on non abusive psychological and physical intervention (NAPPI) level one.

We saw records that showed those of the staff group who had national vocational qualifications (NVQ's in care). Of the 29 staff members, nine of the staff team had NVQ qualifications (five at level two and four at level three). In addition, we saw that of the 29 staff members there were six registered Nursing and Midwifery Council (NMC) mental health nurses who maintained their registration through their own continuing professional development and clinical practice. This demonstrated that Woodtown House recognise the importance of a well trained and qualified staff group.

We saw evidence that supervision and appraisals were undertaken with staff. We spoke to staff, who confirmed that they did receive supervision generally on a six to eight week basis. If this timeframe was not kept, staff explained that this was due to work demands and the need to respond to the needs of the people they cared for. In addition, staff we spoke with felt supported by the management team and able to voice any concerns on an ad hoc basis, with these being followed up in a timely way.

Our judgement

The service provides training and support to staff to ensure they can do their job safely and competently.

Overall we found that the service meets this essential 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 compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People we spoke with confirmed that Woodtown House sought their views about the quality of the service they receive and that this information was sought by surveys and resident meetings. We were able to see that where improvements were needed they were followed up by the home, for example the food provided.

Other evidence

We saw food and satisfaction surveys completed by people living at Woodtown House, which were conducted on a six monthly basis. We saw that where improvements were needed an action/improvement plan was in place. As a result of the food survey conducted in September 2011 a change had been made to the food available for people. This entailed the catering staff making changes to the menu and using more fresh produce instead of buying in ready prepared food items.

We saw evidence of resident meetings which had taken place which covered issues including, food, environment, care, has anyone contacted advocacy service?, any activities people wanted to look at and any other issues.

We also saw that staff meetings were held on a monthly basis, with one month this taking place during the daytime and the next in the evening. The registered manager told us that this was done so that as many staff could attend as possible. In addition, we were able to see that registered nurse meetings took place on a bi-monthly basis.

We were able to see the homes communication book and saw that white boards were

also situated within the office and staff room. Comments included:

'Could all staff please make themselves aware of fire evacuation policy.'

'There are new disciplinary and grievance policies, please have a read so you are aware of any changes.'

We were able to see up-to-date copies of provider compliance assessments completed by the registered manager. One commented under Outcome 1 'respecting and involving people who use services' stated:

'Service users are listened to and recorded through ad hoc and one-to-one discussions with the staff. Relevant actions from discussions are documented and followed through either at unit level or through meetings with their care coordinator.'

Care plans are planned and devised and then signed by the service user and relevant staff, once they are agreed. They are devised without discrimination, to meet the service users needs, within their want and capability.'

We saw that alongside the provider compliance assessments was an additional information folder for staff to refer to. This included information from the NHS, Royal Pharmaceutical Society, Department of Health, Nursing and Midwifery Council (NMC) and National Institute for Health and Clinical Excellence (NICE).

We saw that the organisations operations manager conducted monthly visits and compiled reports following these. Areas they covered included, maintenance checks, care plans, incidents, accidents, fire evacuations, certificates in date, medication and safeguarding/feedback. The last visit was on 6 December 2011.

We were able to see Woodtown House' statement of purpose, this had been updated in November 2011 and reflected the intentions of the home. We also saw the service-user guide, which had been updated in August 2011 and demonstrated that Woodtown House provides person-centred care to people using the service.

On the day of our visit, Woodtown House had not received any complaints and compliments tended to be given verbally by people using the service and that of other health and social care professionals.

Our judgement

People are protected against the risks of inappropriate or unsafe care and treatment, by means of effective quality assurance systems.

Overall, we found that the service meets this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns: Individuals are protected from abuse or risk of abuse and their human rights are respected and upheld. There is not up-to-date safeguarding training for staff.</p> <p>Overall, we found that improvements are needed for this essential standard.</p>	

The provider must send CQC a report about how they are going to maintain 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 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement 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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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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