Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Woodtown House

Alverdiscott Road, East-the-Water, Bideford, EX39 4PP

Tel: 01237470889

Date of Inspection: 13 December 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Deepdene Care
Registered Manager	Ms. Rhona MacKenzie
Overview of the service	Woodtown House is registered to provide 24-hour nursing care to 28 people with a past or present mental illness.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and talked with stakeholders.

What people told us and what we found

We conducted an unannounced inspection on 13 December 2012. On the day of our visit we were told that there were 20 people living at Woodtown House. We spent time observing the care people were receiving, speaking to them informally, speaking to four staff members, which included the registered manager and looking at four people's care files in detail.

We spoke to people about how staff gained consent from them before providing care or treatment. Comments included: "The staff ask me before helping me" and "I am always asked if I am ready to take my medication."

People said that their care and welfare needs were being well met. Comments included: "I am well looked after"; "The staff are lovely here, so helpful" and "We do activities, I like skittles and monopoly." We observed people living at the home and staff. We saw plenty of positive interactions taking place and people looked relaxed and comfortable asking staff for advice or information.

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

People informed us that staff met their needs in a timely manner. Everyone we spoke with were confident in the ability of staff to provide the care needed.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke to people about how staff gained consent from them before providing care or treatment. Comments included: "The staff ask me before helping me" and "I am always asked if I am ready to take my medication."

Before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes. During our visit we saw staff involving people in their care and allowing them time to consent to care by asking specific questions, such as asking a person whether they wanted to go out that afternoon. Staff demonstrated how they would gain consent from a person. For example asking a person if they wanted their medication or help with their personal care.

Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. We saw evidence of best interest meetings being held when issues had arisen which could be detrimental to a person's physical and mental health due to the possibility that they lacked capacity to make informed decisions. These meetings included those people who knew and understood the person using the service, such as professionals from the local community mental health team. For example, best interest meetings were held due to a person's use of alcohol impacting on their wellbeing and another about how their smoking was impacting on their physical health.

We saw information displayed in the dining room about advocacy services which people living at the home could refer to if needed. People living at Woodtown House also had fortnightly resident meetings and as part of these, advocacy was a regular prompt to ensure that people were aware of the services on offer to them from external agencies. This demonstrated that the home valued the importance of people having access to support to make decisions from independent parties.

Care files showed that staff considered the principles of the Mental Capacity Act (2005) and whether a Deprivation of Liberty Safeguards application or best interest decision was needed. We saw that care plans were personalised and signed by people living at

Woodtown House. This showed that people were consenting to care and treatment being planned and delivered by the staff at the home.

We saw that staff had access to the code of practices for the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) to refer to during their daily practice. This demonstrated that staff were always mindful of and applied the principles of these important pieces of legislation to ensure that people's human rights were preserved.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People said that their care and welfare needs were being well met. Comments included: "I am well looked after"; "The staff are lovely here, so helpful" and "We do activities, I like skittles and monopoly." We observed people living at the home and staff. We saw plenty of positive interactions taking place and people looked relaxed and comfortable asking staff for advice or information.

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 Woodtown House's ethos 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. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care files showed that assessments had been conducted with the person at the centre of these processes.

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, physical health, psychological support, personal care, social activity and religious/spiritual beliefs. We saw evidence of multi-professional visits and appointments, for example GP, mental health practitioner, consultant psychiatrist, dentist and chiropodist. These records demonstrated how other health and social care professionals had been involved in people's care in order to meet their current needs.

People's individual risks were identified and the necessary risk assessments were conducted. For example, we saw risk assessments for physical health issues and deterioration in mental health. This demonstrated that when staff were accessing information about a person's needs through their risk assessments, they would be able to determine how best to support them in a safe way.

We saw that people had regular one-to-one sessions with either their key worker or another member of staff. The sessions were person-centred and addressed issues arising for people and allowed them time to voice concerns or express their needs. This showed that people were given time to address issues in a safe and therapeutic environment.

When we arrived at Woodtown House, we saw that the local GP and practice nurse were carrying out physical health checks for people living at the home. They were administering flu vaccinations, general observations, including weight and blood pressure and checking people's cholesterol levels through taking bloods. We spoke with them and asked them what they thought of Woodtown House. They both confirmed that they had no concerns about the care and treatment provided at the home.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

People we saw and spoke with confirmed that they felt safe and supported by staff at Woodtown House and had no concerns about the ability of staff to respond to safeguarding concerns. They felt that their human rights were upheld and respected by staff. Comments included: "I feel safe here"; "I would feel happy to speak to staff if I had any concerns" and "I like living here."

We observed a relaxed atmosphere, where people appeared to be happy in their surroundings and with the staff supporting them. Throughout the home it was welcoming and was decorated in a way that reflected the group of people living at the home. For example, we saw art work completed by people living at the home and Christmas decorations were evident ready for Christmas. We saw that the home was homely and comforting for the people living there and ensured that familiar objects were accessible for them to refer to if needed.

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 training and knew when their updates were due.

We saw the home's safeguarding policy, which was written in line with nationally recognised guidance. The policy included those who should be informed and involved if a safeguarding issue was identified. For example, the local authority, police and Care Quality Commission. Staff we spoke with knew where to locate the policy, had read it and stated that they could access it quickly if needed.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People informed us that staff met their needs in a timely manner. Everyone we spoke with were confident in the ability of staff to provide the care needed.

The registered manager explained the home's staffing levels. They told us that there were always four members of staff on duty during the daytime and three members of staff at night. These numbers included a registered nurse at all times. We asked them about staffing numbers if the number of people living at the home increased or a person was assessed as needing a greater level of support. They told us that they would speak to the provider and then staffing levels would be increased accordingly. They added that the provider was supportive and responsive to issues which were raised by their manager's in the different locations. Additionally, the manager told us that they still held their registered nurse registration and could also provide support if needed.

The registered manager informed us that the home was currently fully staffed, but there had been problems recruiting over the summer period. During this time they had to use agency staff which was difficult, both for people living at the home and staff due to the decreased level of continuity. They added that now they were fully staffed, the home could develop its activities with people to aid their wellbeing.

Staff confirmed that working at the home had improved since becoming fully staffed. They explained that they were now able to develop more activities for people which were individualised for each person, such as going for coffee, shopping and to see the Christmas lights in a local town. They added that the home felt more stable and incidences had decreased as a result. We observed staff to be happy and they confirmed that they enjoyed their jobs and valued the consistency of the team.

Staff informed us that they received a range of training, which enabled them to feel confident in meeting people's needs and flagging up any concerns/changes in health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date in line with best practice. This demonstrated that Woodtown House recognised the importance of having a staff team which were well trained and supported in order to meet the needs of the people living at the home.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We saw a copy of the complaints procedure, which was also displayed in the dining room. It set out the procedure which would be followed if a complaint was made. In addition we saw the service user's guide which would tell people what to expect from the service. It also provided people with details about how to make a complaint. It clearly set out the procedure which would be followed by the provider and included contact details of the provider and Care Quality Commission. This demonstrated that the home ensured that people were given enough information in order for them to raise any concerns and valued their comments to improve the quality of care provided and the overall running of the service.

The provider took account of complaints and comments to improve the service. We saw the complaints log. There was evidence that issues had been appropriately followed up by the management team, such as, increased one-to-one sessions with people living at the home, learning outcomes being implemented and the involvement of other health and social care professionals. We saw that a current complaint was being dealt with appropriately by the registered manager, the provider and the involvement of other health and social care professionals. This demonstrated that the home believed in the importance of involving others to resolve arising issues which impacted on both people living at the home and staff members.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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