

**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: 28 September 2013

Date of Publication: October  
2013

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

**Respecting and involving people who use services** ✓ Met this standard

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

**Management of medicines** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Staffing** ✓ Met this standard

**Records** ✓ 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

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 September 2013, 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 reviewed information given to us by the provider.

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### What people told us and what we found

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On the day of our visit we were told that there were 23 people living at Woodtown House, with one person currently in hospital. We spoke to ten people living at the home, spent time observing the care people were receiving, spoke to five members of staff, which included the registered manager and looked at four people's care files in detail.

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.

We spent time talking to people who lived at Woodtown House and observing the interactions between them and staff. Comments included: "The staff consider my welfare"; "I went out shopping yesterday, I do lots of activities with staff support" and "It's alright here and the foods good." During our visit, we saw that people appeared relaxed and contented.

Medicines were safely administered. We saw the medication recording records which were appropriately signed by staff when administering a person's medication.

We observed that staff were well organised, motivated and competent in their roles. Staff provided support in a caring manner making sure that people were comfortable and content.

People's personal details were kept securely to preserve confidentiality. Staff confirmed that they had ready access to people's care records when needed.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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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. Comments included: "I am involved in planning my care" and "I have my own bedroom, so my own personal space. The staff respect that."

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, for example by knocking on bedroom doors before entering and gaining consent before providing care. 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 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.

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. This meant that they were central to the care they received.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We spent time talking to people who lived at Woodtown House and observing the interactions between them and staff. People's comments included: "The staff consider my welfare"; "I went out shopping yesterday, I do lots of activities with staff support" and "It's alright here and the foods good." During our visit, we saw that people appeared relaxed and contented.

We saw how staff were observant to people's changing moods and responded appropriately. Throughout the inspection, we observed that staff communicated appropriately with people, and we saw the relationships between staff and people in the home were positive.

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' 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. Relevant assessments were completed and up-to-date, from initial planning through to ongoing reviews of care. Files included a history of people's pasts, which provided a timeline of significant events which had impacted on them at these times and how they impacted on them now. We saw evidence of people's likes and dislikes being taken into account. This demonstrated that when staff were assisting people they would be able to know what kinds of things they liked and disliked in order to provide appropriate care and support.

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 and mental health needs, personal care, communication, behaviour, budgeting and home visits. We saw evidence of multi-professional visits and appointments, for

example GP, social worker, consultant psychiatrist, mental health practitioner and speech and language therapist. These records demonstrated how other health and social care professionals had been involved in people's care to encourage health promotion and ensure the timely follow up of care and treatment needs.

People's individual risks were identified and the necessary risk assessments were conducted. For example, we saw risk assessments for behaviour management, nutrition and accessing the local community. We saw that risk management was holistic and showed that measures to manage risk were as least restrictive as possible, such as the use of distraction techniques when a person was becoming distressed. 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 and therapeutic way.

**People should be given the medicines they need when they need them, and in a safe way**

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## Our judgement

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## Reasons for our judgement

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Appropriate arrangements were in place when obtaining medicine. We saw that the home received people's medication from a local pharmacy on a monthly basis. These were supplied where appropriately in blister packs so that staff could administer people's medication with ease. For medications unsuitable to be in blister packs we saw that these were in date. This demonstrated that the home recognised the importance of working closely with the local pharmacy to ensure that people's medication was correct, fit for purpose and enabled appropriate stock levels to be in place so that people received their medication as prescribed by their GP.

Medicines were kept safely. We saw that people's medications were kept in a locked clinical room, with each person having an individual shelf. We saw that the shelves were kept in an orderly way to prevent mistakes from happening. We saw the controlled drug cupboard which was correctly managed in line with relevant legislation. We saw that where a person was prescribed a controlled drug that the relevant recording book had been completed accurately and signed by two members of staff. We saw that the recorded remaining amounts of liquid was correct, which showed a clear audit trail.

Medicines were safely administered. We saw the medication recording records which were appropriately signed by staff when administering a person's medication. We saw that when the home received the medication from the pharmacy that they had been checked in by staff and the amount of stock documented. We saw that certain additional checks had been put in place by the home to ensure that people received the correct type and dose of medications. For example audits were conducted on a weekly basis by the home's clinical team leader and the registered manager conducted regular spot checks. This demonstrated that the home recognised the importance of people receiving the right medication to meet their individual physical and mental health needs.

We were informed by the registered manager that the local pharmacy had conducted an advice visit on 19 August 2013 to ensure the safe storage, dispensing and disposal of medications at Woodtown House. The home was awaiting the report from the pharmacist.

The registered manager explained that staff received medication training. This demonstrated the importance of staff being appropriately trained and confident and

competent in the management of medication in order to meet people's needs.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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People did not express any concerns about the home's recruitment process. People living at the home we spoke with stated: "The staff are wonderful, they surpass themselves" and "The staff are very kind."

There were effective recruitment and selection processes in place. We saw that completed application forms and interviews had been undertaken in line with the roles and responsibilities to undertake caring for people.

We saw that pre-employment checks were done, which included references from previous employers, health screening, professional registration, qualifications verified and Criminal Record Bureau (CRB) checks completed. CRB has now been replaced by 'Disclosure and Barring' checks which apply the same principles. This demonstrated that appropriate checks were undertaken before staff began work.

Staff had completed inductions as part of starting work at the home, which included mandatory training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles. The induction formed part of a three month probationary period, so that the registered manager could assess staff competency and suitability to work at the home. This demonstrated that the home believed in the importance of having the right staff to meet the needs of people living at Woodtown House.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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We spent time talking to people who lived at Woodtown House. Comments included: "My needs are met by the staff"; "The staff know what they are doing and they help me when I need support" and "The staff are very approachable." We observed that staff were well organised, motivated and competent in their roles. Staff provided support in a caring manner making sure that people were comfortable and content.

We asked the registered manager about the home's staffing levels. They explained that during the daytime there were four members of staff on duty, which included a registered nurse and at night there were three waking night staff on duty, which included a registered nurse.

We saw the rotas which demonstrated these staffing levels. We asked the registered manager how they managed unforeseen shortfalls in staffing levels due to sickness. They explained that regular staff would fill in or bank staff would cover the shortfall. Additionally, the manager told us that they still held their registered nurse registration and could also provide support.

We asked staff whether they felt there were sufficient staffing numbers in order to meet people's needs in a timely manner. Two of the three staff we spoke to about staffing levels felt that people's needs were met and the home felt safe. They both added that the staff were able to attend to people's changing needs, such as when they were becoming distressed due to a deterioration in their mental health. One member of staff felt that one to one time was not happening enough to ensure people's personal hygiene needs were met and that at times staff were tired due to the amount of hours they were working. We spoke at lengths with the registered manager due to concerns being disclosed. They explained that staff members' welfare was paramount and that a recent staff meeting had been held to discuss how staff could utilise time more effectively in order for tasks to be prioritised. For example, people's needs being met before administration tasks were completed and appointments being staggered so that these could be achieved appropriately. We saw the staff meeting minutes which confirmed that on 26 September 2013 staffing issues and ways of utilising resources had been discussed. The minutes documented that a mid-shift would be requested but in order for this to happen changes in ways of working needed to be explored first and evidenced to demonstrate that all avenues had been explored. We observed during our visit that people's needs were being

met in a timely way. Staff were seen to spend time with people, for example we saw staff chatting with people about subjects of interest and people were accessing the local community.

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 the organisation 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.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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People did not express any concerns about the home's ability to maintain accurate personal records or whether they were stored safely and confidentially.

Care records were organised and easy to follow. We were able to find information about people's current and changing needs easily. This showed that accurate records in respect to each person included appropriate information and documents in relation to the care and treatment provided by staff within the home and relevant health and social care professionals.

Care plans and risk assessments demonstrated that they had been reviewed and updated on a regular basis or in response to changing needs. This demonstrated that people's personal records, including medical records, were accurate and fit for purpose so that staff could provide the right level of care and support.

Care records were stored securely in order to protect people's confidentiality. We saw that care records were stored in a lockable staff office. Staff confirmed that when the office was unattended the door was locked. This showed that the home recognised the importance of people's personal details being kept securely to preserve confidentiality. Staff confirmed that they had ready access to people's care records when needed.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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