Inspection Report

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

Woodfield Care Home Limited

1 Woodfield Drive, Greetland, Halifax, HX4 8NZ

Tel: 01422377239

Date of Inspection: 26 February 2013

Date of Publication: April 2013

We inspected the following standards to check that action had been taken to meet them. 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	✗ Action needed
Staffing	✓ Met this standard
Complaints	✗ Action needed

Details about this location

Registered Provider	Woodfield Care Home Ltd
Registered Manager	Mr. Ross Anthony Leonard Hodgson
Overview of the service	Woodfield Care Home is a registered nursing home in a quiet residential area of Halifax. It provides accommodation, personal and/or nursing care for up to 36 people. Accommodation at the home is provided over three floors, which can be accessed using passenger lifts.
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

Why we carried out this inspection

We carried out this inspection to check whether Woodfield Care Home Limited had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Staffing
- Complaints

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 26 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

On the day of our visit there were 19 people living at Woodfield Care Home. During our visit we observed people interacting with staff in the lounge area and dining room. We spoke with the registered manager, project manager, five people who lived in the home and five members of staff. We saw people's individual needs were assessed and their care and support was developed from this information.

These are some of the things the people who lived in the home told us:
"Staff are excellent; they are all very kind and friendly. You can have a bit of fun with them."
"I am very particular and the home is kept clean and tidy."
"I am highly satisfied."
"If I had any problems I would go to the manager, who is lovely and listens to what you have to say."
"The food is nicely cooked and nicely served."

Comments from the staff included:-
"I love working here we have a really good staff team."
"The new manager has only been here a week and I am very impressed."
"We had a staff meeting yesterday and we are really pleased to have a permanent manager."

The staff we spoke with said they felt care at the home was good and they felt well-supported by their new manager.

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

What we have told the provider to do

We have asked the provider to send us a report by 16 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

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

During our visit we looked at the care records of three people who lived at the home. We saw evidence that people and their relatives were involved in making choices; decisions regarding their care and people's views and opinions were recorded. We saw evidence in the care records that care plans were regularly reviewed and updated to take account of any changes in people's care needs. However, the provider may wish to note that documents within the care plans that required signing and dating were not always completed.

The care records clearly documented any decisions people had made. For example in one care record we saw that the person had requested that their bed rails were taken down so they could get out of bed freely. Another care plan contained a signed consent form agreeing to the use of photographs within the home. The third care plan documented that when this person covered their head with their scarf and put their hands together they were praying. This showed that people's cultural beliefs were respected.

We saw that the care plans clearly documented people's preferences, likes and dislikes. For example people living at the home had a night care plan assessment in place. This recorded whether they wanted the window open or closed and whether they wanted the light on or off; one person's assessment said they liked to sleep with a certain blanket. One person we spoke with told us they enjoyed a sherry in the evening. We saw in their care plan that, due to the medication they were taking, this had been discussed and agreed with their doctor. We also saw that the care plan clearly documented where the sherry was to be kept.

We saw in the care records that people who lived at the home and their relatives had been asked about their wishes after death. Detailed relevant information such as 'Desired level of medical intervention'; 'Advance care planning discussion' and 'Arrangements in the

event of death' was documented.

One person living at the home told us, "They involve me in my care; they're always there if I need anything explaining." They told us their son and his wife had power of attorney and this was confirmed when we looked at their care record. Another person's care record stated that they lacked the mental capacity to make choices about their care. It also documented that any decisions about this person must be made with the involvement of their family for their best interests.

During our visit we observed staff involving people in decisions. For example asking people where they would like to sit and whether they wanted a drink or a biscuit. During the morning we also heard the cook asking people to choose what they would like for their lunch. We heard staff speak with people in a respectful and helpful way.

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

During our visit we looked at three sets of care records. We saw that each person had relevant assessments and care plans in place which detailed how their needs should be met and what personal and nursing care they required.

We saw evidence in the care records that people living at the home had regular contact with other health care professionals when needed; this included doctors, dentists, tissue viability nurses and podiatrists. This was confirmed when we spoke with the manager. We saw that any advice given and/or actions taken by health professionals were recorded in the care records. Any multidisciplinary team meetings were also recorded within the care plans.

In the care records we looked at we saw each person had individual risk assessments according to their care and treatment needs. For example bedrails, night care, breathing and slips, trips and falls. We also saw in the nutrition care plans that nutritional assessments were carried out and followed up by monthly weight monitoring and food charts.

We saw the care records contained information about people's likes and dislikes. For example what they liked to eat and what activities they enjoyed doing. We saw that the care plans promoted choice for people living at the home. They also documented how people preferred to be addressed by staff. For example, one care plan told staff to always address the person with respect and not abbreviate their name to any of the well known slang and shortened versions.

The provider may wish to note that the care records we looked at during the visit did not contain any life history information about people living at the home. This information would help staff deliver more personalised care and would show that people and their relatives were involved in the planning of their care.

During our visit, we looked in three people's bedrooms and saw they were individually furnished to reflect people's individual choices and meet their needs. We also looked in

four shared bathrooms and noted they were clean and well-equipped. We saw that people were clean, well cared-far and appropriately dressed. We spoke with the cleaner who told us they worked 30 hours a week over five days (Monday to Friday). They told us the home had realised this caused problems with cleaning and laundry over the weekend. They said there were plans in place to employ another cleaner and this would improve things at the weekends. The manager confirmed that this information was correct.

Safeguarding people who use services from abuse ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw that there was a safeguarding policy on file and the whistle blowing procedure was on display in the nurses' office. However, the local safeguarding procedures were not available that would give staff details of who they would need to contact to make a safeguarding referral.

We spoke with the nurse on duty who told us that they had completed some safeguarding training on the computer. We asked them if they knew how to make a safeguarding referral and they told us that they didn't and would refer any concerns to the manager.

We also found that staff were not addressing any possible Deprivation of Liberty issues through the care planning process. These safeguards provide a legal framework to ensure that people are only deprived of their liberty when there is no other way to care for them, or safely provide treatment and to ensure that people's human rights are protected.

The manager told us they had already identified that staff needed training in relation to safeguarding, the Mental Capacity Act and Deprivation of Liberty and they were going to arrange this to make sure staff understood this legislation.

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

On the morning of our visit there were 19 people living in the home. One nurse was on duty with three care assistants. During the morning we saw that staff were busy, but were available to respond quickly to people who required assistance. The care team were also being supported by a cook, domestic, laundry assistant and administrator. There was also an activities co-ordinator who worked in the afternoons.

The manager told us they had already recruited another carer and a nurse who had not started working at the home yet. They were also advertising for more care staff; two to work in the daytime and one at night. This would increase the number of care staff employed from 16 to 19. They also told us if people living in the home became more dependent or if the numbers of people living in the home increased, staffing numbers would be increased accordingly.

The manager told us the home had been using bank nurses at night and they were holding interviews on the 1 March for a permanent nurse to work these duties. The managers also told us they had appointed a new Clinical Lead, who would be starting work as soon as references and Criminal Records Bureau (CRB) checks were completed.

Complaints ✖ Action needed

People should have their complaints listened to and acted on properly

Our judgement

The provider was not meeting this standard.

There was no evidence that an effective complaints system was available. There was a lack of evidence to show that comments and complaints people made were responded to appropriately.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

We looked at the company's complaints procedure which was available to staff in the policies and procedures file. The registered manager and the project manager told us information about making complaints was brought to the attention of potential residents at their pre-admission assessment. The registered manager explained the complaints procedure was included in the documentation given to everyone before they came into the home. The complaints procedure stated that the Care Centre Manager was the nominated person to deal with any complaints received. The registered manager confirmed with us that they would be the nominated person to deal with any complaints received.

We looked at the complaints log and saw there was only one complaint filed, which had been submitted the day before our inspection visit. The registered manager told us as they were new in post, they did not know whether this was an accurate reflection of complaints received in the past 12 months. They thought there would probably have been more complaints received, however they were unable to locate any relevant paperwork during our visit.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010** **Safeguarding people who use services from abuse**
	How the regulation was not being met: The registered person had not made suitable arrangements to ensure that service users were safeguarded against the risk of abuse. Regulation 11 (1). The registered person did not have suitable arrangements in place to protect service users against the risk of any form of control or restraint. Regulation 11 (2)
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010** **Complaints**
	How the regulation was not being met: There was a lack of evidence that an effective complaints system was available. Regulation 19 (1)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

This section is primarily information for the provider

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 16 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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