

Fidelity Care Services Ltd

Woofferton Residential Care Home

Inspection report

Woofferton
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Woofferton is a residential care home providing personal care to 13 people aged 65 and over at the time of the inspection. The service can support up to 15 people in one adapted building.

People's experience of using this service and what we found

People were not always protected from the risk of injury because there were no effective systems in place to identify, monitor or mitigate risks. The provider's quality assurance procedures had not been effective in identifying the shortfalls we identified at the inspection. Staff were not supported in their role through regular supervisions and appraisals.

People were cared for by staff who were kind and respectful. One person said, "I don't think you could get a better care home than this. The staff are really lovely." People told us staff understood the things that were important to them and that they were cared for in a way which met their needs and preferences.

Staff had been trained and knew how to protect people from the risk of harm or abuse. The provider's recruitment procedures ensured that staff were suitable to work with people. People received their medicines when they needed them by staff who were trained and competent to carry out the task. Staff followed good infection control procedures and people lived in a home which was clean and fresh smelling.

The provider ensured staff received the training needed to meet the needs of the people who lived at the home. People were positive about the meals offered and they told us they had plenty to eat and drink. People saw doctors and other health care professionals when they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Before people moved to the home an assessment was carried out to make sure the home could meet their needs and preferences. Diversity and communication needs were also considered. Information could be produced in accessible formats for people where required. People told us they were provided with opportunities for social stimulation and that their visitors could visit them when they wanted. People were satisfied with the service they received and they felt confident in raising concerns where needed.

People's views were encouraged through informal discussions and annual surveys.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment, staffing and good governance.

Please see the action we have told the provider to take at the end of this report.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Woofferton Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Woofferton Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager is also the provider.

Notice of inspection

The first day of the inspection was unannounced. The second day was announced as we wanted to meet with the provider.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We also reviewed information we held about the service such as previous inspection reports and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law. We asked the local authority, commissioners and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns were raised by the professionals we contacted. We used all of this information to plan our inspection.

During the inspection we spoke with eight people who lived at the home. The provider/registered manager was available on the second day of our inspection and we spoke with six members of staff. We looked at three people's care plans, medication records, staff training records and records relating to health and safety and the management of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always considered and there were no plans in place to manage or mitigate risks to people.
- For example, staff told us about one person who was at high risk of falls. The person's care plan did not contain a risk assessment or care plan. There was no care plan in place to manage the person's medical condition which relied on the administration of time critical medication.
- People were not always protected from environmental risks. For example, in four bedrooms and one bathroom we found wardrobes had not been secured to the wall. The wardrobes were easy to move and could pose a risk to people.
- Bath hot water outlets in a person's en-suite bathroom and a communal bathroom were excessively hot exceeding 50 degrees centigrade. When asked, staff told us they did not routinely check hot water temperatures, but they did check the temperature of the bath water before assisting a person.
- There were electric free-standing radiators in two bedrooms, however there were no risk assessments in place to ensure people were not placed at risk of harm or injury.
- Windows in a first-floor bedroom and on the landing had not been restricted and there were no risk assessments in place to mitigate or manage potential risks to people.

Following the inspection the provider told us they had made arrangements for these issues to be rectified.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This is a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

- People told us staff were available when they needed them. One person said, "There are always staff about if I need them."
- We observed staff responded to any requests for assistance in a timely manner.
- People were protected from the risk of harm or abuse because the provider followed safe staff recruitment procedures and made sure staff were suitable to work with people before they started working at the home.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person said, "I feel very safe here; much safer than I

felt at home." Another person told us, "There is no reason not to feel safe here."

- Staff knew how to protect people from the risk of harm or abuse.
- Staff had received training and knew how to recognise and report any concerns. A member of staff said, "None of the staff here would put up with a resident being abused. I'd report it straight away."

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "I get my tablets two hours before my breakfast. They're [staff] are very good at that."
- Medicines were managed and administered by staff who were trained and competent to carry out the task.
- Medicines were securely stored, and a record of medicines administered to people were maintained.
- There was a record of medicines entering the home and returned to the pharmacy which gave a clear audit trail of all medicines held at the home.

Preventing and controlling infection

- Staff told us they had access to a good supply of personal protective clothing (PPE).
- We observed staff used PPE appropriately.
- Cleaners were employed, and the home was clean and smelt fresh.

Learning lessons when things go wrong

- There had been very few accidents or incidents involving the people who lived at the home however, these were reviewed by the provider to help identify any trends and consider action to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection the rating for this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before a placement at the home was offered. This helped to ensure the home could meet people's needs, preferences and aspirations.
- Assessments of people's diverse needs such as religion were discussed prior to admission.
- A person who lived at the home told us, "Somebody visited me at home and I came to have a look around the home before I moved in."

Staff support: induction, training, skills and experience

- People told us they were supported by staff who were competent in their role. One person said, "The staff certainly know what they are doing. I have no concerns there."
- Staff told us they received the training they needed to meet the needs of the people who lived at the home. One member of staff said, "We are forever training. The training is good, and you get everything you need."
- New staff completed an induction and training programme which gave them the basic skills and training they needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were very positive about the meals provided. One person said, "The food is always excellent." Another person told us, "I get plenty to eat and drink. If there is something I don't like, I'll tell the cook and they'll get me something else."
- Nobody living at the home required their food and drink intake to be monitored, however people's weights were regularly monitored to highlight any concerns.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us they saw health professionals when they needed. One person said, "We are medically looked after here. You only have to ask and they [staff] will get the doctor to visit."
- Records showed people were supported to attend appointments to meet specific health needs and that any advice or recommendations were implemented.

Adapting service, design, decoration to meet people's needs

- The service was not purpose built but has been adapted to meet the needs of people with mobility difficulties.

- Bedrooms were located over two floors and there was a stair lift giving access to the first floor.
- There were spacious communal areas on the ground floor which included a lounge, sun room and dining room.
- All but two bedrooms were for single occupancy. All had a minimum of en-suite toilet facilities.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- The provider informed us there was currently nobody living at the home who lacked the capacity to consent to their care or treatment.
- Applications to deprive a person of their liberty had not been required.
- People told us staff always asked for their consent before assisting them. One person said, "I can do what I like. The staff don't make me do anything I don't want to do." Another person told us, "The staff come and ask me if I would like a bath and if I say not today; that's fine."
- Staff understood the importance of ensuring people's rights were respected. A member of staff said, "We always ask residents about everything and we must respect what they want."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection the rating for this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by staff who were kind and considerate. One person said, "The staff know me very well and they are very kind. They listen to me and I enjoy a chat with them." Another person told us, "I don't think you could get a better care home than this. The staff are really lovely."
- Staff interacted with people in a genuinely caring way. When a person became tearful, a member of staff supported them to a quiet area away from others and spent time reassuring them. The person responded positively to this and returned to the dining room.
- People's protected characteristics such as religious preferences were discussed and recorded in their plan of care. People were able to take part in religious ceremonies in the home.

Supporting people to express their views and be involved in making decisions about their care

- The people who lived at the home were able to express their needs and preferences.
- People told us they were always consulted about the care they received. For example, one person said, "I have to attend regular hospital appointments and [name of care staff] took time to help me understand my condition and treatment and explore my options. That helped me a great deal."
- We observed people moving freely around the home and choosing how and where they spent their time.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect and respected their right to privacy. One person said, "They [staff] are very considerate when they help me to have a bath. I never feel uncomfortable." Another person told us, "I like quiet time in my room sometimes. I just tell the staff I'm off to my room and they let me be."
- We saw that, where required, people's mobility aids were placed within reach, so they could move about when they wanted.
- A person who lived at the home told us, "We can wander around the garden when we want to. The staff just like us to let them know so they can give us an alarm to put round our neck in case we need help."
- People told us their visitors were always welcome to visit when they wanted.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection the rating for this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received care and support which met their needs and preferences. One person said, "The staff know me very well and they always listen to me. I have things done just the way I like."
- Although people were satisfied with the care they received and they told us they were consulted, care plans did not demonstrate that people had been involved in planning or reviewing their care.
- Staff knew about people's preferences and what was important to them. They spoke with great fondness about the people who lived at the home and engaged in conversations about their family and interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was nobody currently using the service who had difficulty communicating their needs or understanding the care they received.
- People's communication needs were assessed and considered as part of the pre-admission process.
- The provider told us that information would be provided in accessible formats, such as large print, for people where required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had opportunities for social stimulation in the home and local community.
- One person said, "We have someone come in to do exercises once a week and someone comes in and we do all sorts; like cooking, crafts and quizzes. We also go out for a drive. It's all good here."
- People told us they had formed friendships with other people which they enjoyed. One person told us, "I've made quite a few friends here and we enjoy a natter. We sit together at meal times which is nice."
- People were supported to maintain contact with friends and family. One person told us they visited a relative every week. We heard a member of staff ask a person if they would like help to telephone their relative after lunch.

Improving care quality in response to complaints or concerns

- People felt confident to raise any concerns they may have. One person said, "I haven't needed to complain about anything, but I would speak up definitely. It would be sorted I'm sure."
- People were provided with a copy of the provider's complaints procedure when they moved to the home.

This could be produced in alternative formats where required.

- There had been no complaints in the last twelve months.

End of life care and support

- Nobody using the service was receiving end of life care. However, care plans showed that there had been discussions with people and their relatives about their preferences during their final days and following death.
- People's religious preferences were recorded in their plan of care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they did not always receive the support they needed to carry out their role.
- Staff told us they did not receive regular supervisions or appraisals. One member of staff said, "I can't remember the last time I had a supervision. I found them useful when I got them."
- Another member of staff said, "We don't have meetings or supervisions."
- However, following the inspection the provider sent us the minutes of staff meetings which showed meetings had taken place in January, February and March 2019.
- Staff told us they felt morale was low amongst the staff team but reiterated that this did not affect the people who lived at the home. One member of staff said, "We need more support but our residents are always our priority."

This is a breach of Regulation 18 Staffing: of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the home within required timescales.
- The ratings of our previous inspection had been clearly displayed in the home and on the provider's website.

Continuous learning and improving care

- The provider's quality monitoring systems had not been effective in identifying or addressing the concerns we identified at this inspection.
- Risks posed by hot water, hot surfaces, unrestricted first floor windows and unsecured wardrobes had not been identified or considered.
- Where risks had been identified, risk assessments and a plan of care to manage the risk had not always been completed. For example, high risk of falls.

This is a breach of Regulation 17 Good Governance: of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The people who lived at the home knew the provider by name and they told us they would often have a chat with them.
- The provider's systems for monitoring the day-to-day culture in the home had not been effective in identifying that staff did not feel supported.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had informed professionals such as the local authority when concerns had been identified. They had also communicated with people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were sought on a daily basis.
- The provider and cook had informal discussions with people to seek their views about the service provided.
- The provider told us changes had been made to the provision of activities and menu options based on the views of the people who lived at the home.
- The outcome of discussions with people was not formally record however, the provider told us that this would be implemented to form part of the quality assurance systems.
- Annual surveys were sent to the people who lived at the home and their relatives to seek their views on the quality of the service provided. The results of a recent survey were not available for this inspection however, the provider told us feedback had been positive.
- There were links with the local community which benefitted the people who lived at the home. These included local singers and school children who visited the home.

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for the people. These included the local authority, GP's, and specialist health professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>People who use services and others were not protected against the risks associated with unsafe care because environmental risks were not always considered. Regulation 12(1) & 12(2) (a), (b) & (d)</p> <p>Risks to people were not always considered and there were no care plans in place to manage or mitigate risks to people. Regulation 12(1) & 12(2) (a) & (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider's quality monitoring systems had not been effective in identifying or addressing the concerns we identified at this inspection. Regulation 17(1) & (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>Staff did not receive the support, supervision and appraisal to carry out their role. Regulation 18 (2) (a)</p>

