

Fidelity Care Services Ltd

# Woofferton Residential Care Home

## Inspection report

Woofferton Residential Care Home  
Woofferton  
Ludlow  
Shropshire  
SY8 4AL

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 2 September 2016 and was unannounced.

The provider of Woofferton Residential Home is registered to provide accommodation and personal care for up to 15 people. At the time of this inspection 14 people were living at the home.

The registered provider was also the registered manager and was present for our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected on 15 April 2014 and was meeting the requirements of the law in all areas inspected at the time.

People were kept safe by staff who understood how to identify and report potential harm and abuse. Staff were aware of the risks to people and what they needed to do to help reduce those risks, such as helping people to move safely around the home. People were supported by sufficient numbers of staff who had the skills and knowledge to meet their needs. People were supported to take their medicine when they needed it.

Staff respected and supported people's right to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with care tasks. Staff had received training relevant to their roles and felt supported by the registered manager. People were supported to eat and drink enough to maintain good health. People had access to other healthcare professionals as required to make sure their health needs were met.

People felt staff treated them with kindness and compassion and they felt involved in their own care. Staff respected people's dignity and privacy and supported them to keep their independence. People received care that was personal to them because staff knew them well. People received their care when they needed it and were not kept waiting by staff when they asked for assistance. People knew how to make a complaint and felt able to discuss any concerns with the registered manager.

The registered manager and staff had created an environment that was homely and welcoming. The provider encouraged staff to value people and support them in a dignified and compassionate way. Staff were clear on their roles and spoke about the people they supported with fondness and respect.

We saw that systems were in place to monitor and check the quality of care and to make sure people were safe. The provider used the information to drive continuous improvement of the service they provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe living at the home. Staff understood how to recognise and report abuse. There were systems in place to make sure staffing levels were maintained in order to meet people's needs safely. People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff respected people's right to make their own decisions and supported them to do so. Staff had received training to enable them to meet people's needs effectively. People were supported to eat a balanced diet of their choice and were enabled to access healthcare services as required to maintain good health.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff they were familiar with and had the opportunity to build relationships with. People were involved in their own care. Staff provided care and support for people that was thoughtful, sensitive, and respected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which was responsive to their changing needs. Personal care plans were developed with people. People spent their time how they wanted to. People and their relatives knew how to raise concerns and make a complaint if they needed to.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted a positive and enabling culture in the home. There was consistent and effective leadership from the registered manager. Systems were in place to monitor the quality of care provided and identify any areas for

improvement.

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# Woofferton Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 2 September 2016. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make.

We checked the information we held about the service and the provider. This included statutory notifications received from the provider about deaths, accidents and any incidents of potential abuse. A statutory notification is information about important events which the provider is required to send us by law. We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service. Healthwatch are an independent consumer champion who promotes the views and experiences of people who use health and social care.

During our inspection we spent time in the communal areas of the home to see how staff provided care for people. We spoke with four people who lived at the home and two relatives who were visiting at the time of our inspection. We also spoke with the registered provider, three care staff and the cook. In addition we spoke with a district nurse who was visiting a person living at the home.

We looked at one care plan. We also looked at the systems in place for managing complaints and monitoring the quality of the service provided within the home.

## Is the service safe?

### Our findings

People we spoke with told us that they felt safe living at the home. We saw that staff supported and encouraged people to move safely around the home. Staff told us that they were aware of risks associated with people's mobility and what they needed to do to keep people safe. One person told us about how their medical condition put them at increased risk of falling. They said that the staff supported them by giving them confidence and encouragement to mobilise. Two people wore an emergency pendant. This enabled them to go outside as they wished, and request staff assistance if they needed help.

Staff we spoke with were able to tell us how they protected people from the risk of harm and abuse. One staff member said, "We are here to make sure people are safe and happy. Their well-being is always our first thought." Staff told us that they had received training in how to recognise and respond to any abuse or discrimination. They knew how to report any concerns they may have about a person's safety. This included how to take their concerns to external agencies such as the local authority or the Care Quality Commission (CQC). They knew the importance of following the provider's policies to help minimise risks to people. Staff understood how to report accidents, and incidents. The registered manager monitored all accidents or incidents which occurred. This was to identify why the accidents or incidents happened and to consider how to prevent them happening again. We saw easy to understand procedures explaining the action staff would need to take in the event of a fire or other untoward event. The staff were able to tell us about these procedures.

People we spoke with felt there were enough staff. We saw that staff were visible around the communal areas of the home and people were not kept waiting when they needed assistance. Staff told us that the registered manager spent much time working alongside the staff team. As a result they were able to monitor how care was provided by each staff member and provide support if new staff were unsure. Some staff performed more than one role within the team. The cook told us that they also undertook caring and domestic roles as required in the home. They felt that this helped them to have an all-round understanding of people's needs. This was confirmed by both the staff team and the people we spoke with. Staff confirmed that checks were completed by the registered manager before they could start work. These included a satisfactory Disclosure and Barring Service (DBS) check and two written references to ensure staff were safe to work with people who lived at the service. The DBS is a national agency which keeps records of criminal convictions.

We saw that people were supported to take their medicine when they needed it from staff who had received training to be able to support them safely. Staff offered people their medicines, stayed with them while they took them and helped them to have a drink. One person told us that, although they chose to have their medicines given to them by staff, they did put on their own cream on their knees. The provider had systems in place to ensure that medicines were ordered and stored correctly according to national guidelines. Procedures were in place to audit medicine recording and ensure correct practices were followed.

## Is the service effective?

### Our findings

People told us staff had the right training and skills to meet their needs. One person told us, "The staff are wonderful. They know what I want to be able to do and how to help me do it." Another person said, "The staff all know how to look after me. I have an unusual illness and they have all learned about it." Two relatives told us that staff showed that they understood their family member's needs and ensured they had the support they needed.

All staff were supported by the registered manager to attain a recognised care qualification. The provider was a member of the local care training partnership. As a result they were able to access training for staff. One staff member told us, "The manager has supported me to learn so much. If it was not for them I would not be as able as I am to do this job." All staff had received training on how to support people living with dementia. All staff spoken with agreed that this had helped them to improve the support they provided. One staff member said, "We have been trying different things, such as the different plate colours to help people see their food. We also have much more knowledge about why people act as they do and how we can support them."

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 interest and as least restrictive as possible. We found staff understood the principles of the MCA. The registered manager confirmed that all people living at the home were considered to have the mental capacity to make their own decisions. We saw and heard that staff sought people's permission before they assisted them with their care needs. We heard staff talking to people and asking them what they would like to do. We saw people responded to this approach in a very positive manner. One staff member said that they were very aware of people's body language as well as their speech. They gave an example of one person who would fold their arms and frown if they did not want to do something. They said, "We offer people opportunities but respect what they feel like doing. We always have their best interests at heart."

People we spoke with told us that there was a good selection of food available at all times. One person told us, "The food is absolutely lovely. It is good home cooking." Another person who was a vegetarian described the varied meals they were offered. They said, "There is always a lot of choice of proper vegetarian meals which are very tasty." We observed lunch being served in the dining room. The staff team ensured that everyone had their meal in a timely manner so nobody was waiting long. People who needed assistance to eat were assisted in a discreet and supportive manner. Staff told us that when people had difficulty swallowing a normal diet or required thickened fluids then they would be assessed by the speech and language team (SsLT). We saw that information about the required thickness of food and drinks were in place in the kitchen and in care plans. We spoke with the cook who was able to tell us which people required softer meals and who were diabetic. They were also aware of any likes, dislikes and allergies people had. We saw that hot drinks were freely available throughout the day, as well as a choice of juices and squash.

People told us that they were able to access healthcare services as required. These included their GP, district nursing team, chiropodist, speech and language team (SaLT) and other healthcare professional teams. Relatives also confirmed that this was the case. We were able to speak with a district nurse who told us, "We are very happy with the collaboration with the staff here. We have no worries about the people living here. The staff are very proactive in asking for our opinions." One staff member told us that they would involve the community mental health team if they identified that a person had a problem with their memory. We saw in one care plan how the registered manager had involved the community dietician in supporting one person who had decided to eat less. We saw how the dietician engaged in discussions with the person as to the reasons for their decision. In addition, we saw evidence of how they had respected the person's decisions.



## Is the service caring?

### Our findings

People told us that they received good care. One person told us, "I can talk to the staff about anything. They accept me for who I am, warts and all." We observed staff providing care and support which was thoughtful, patient and sensitive. People's verbal and physical responses to the staff team indicated to us that they were very at ease with the staff. One person told us that the kindness and support comes from all staff. They said, "The handyman comes in everyday to see how I am and if I need anything. We enjoy our conversations together." They also said, "I would recommend the home. It is my home and the staff respect that," When asked about the staff team, one person said, "The staff are lovely. some of them are very young but there is always somebody who is in charge. For me that means they are supported to learn." We spoke with one relative who told us, "[Family member] has been here 10 years. We are absolutely delighted with how they are cared for. The care is top notch, no complaints at all."

We were able to spend time with three people who were sitting together in the conservatory. They were chatting together and enjoying some friendly banter with one of the staff team. All three people said that they were encouraged to do whatever they wanted to do anytime. One person said that the staff always listened to them and respected their decisions about what they wanted to do. The other two people agreed with this comment. Another person said, "I can do what I want, such as go out in the garden anytime. I just let staff know I am going out so they know. That is just good manners." A relative told us they were fully involved in assisting their family member to make decisions about their care. They said that they were a close family and were pleased to be able to continue to support their family member.

People told us they felt involved in their own care and treatment. All agreed that staff listened to what they wanted and discussed their care with them. People told us that they had been involved in planning what care they received every day. For example, one person said, "I enjoy going out with my relatives but I could not go because my medication meant that I needed to be near a toilet. I spoke to [staff member] about it and we decided between us that, on the days I go out, I will have that tablet when I get back. I can now enjoy my trips out." Another person told us that they had been in discussion with the staff about the best way to get up from their chair and get their balance. They said, "The staff get me to do what I think is best. They give me confidence that I won't fall." At the time of our inspection, no people required the assistance of an advocate. However, the registered manager told us that they would contact an external advocacy service if one was required.

We saw that people were treated with dignity at all times. One person told us that the staff always asked permission before helping them and that care was always provided privately. We observed staff assisting people to go to the lavatory in a discreet and courteous manner. A relative told us, "The staff are warm and friendly. There are no restrictions on visiting and we are all made very welcome." They also confirmed that they were able to have private time with their family member whenever they wished. People were encouraged to personalise their rooms and we saw that people had photographs and other souvenirs on display in their rooms. One person confirmed that staff do not enter their room without knocking and waiting to be asked to come in. They also said that the staff team respected that they did not like to be disturbed in the night. They said, "They (staff) know that if I need help I will press my buzzer."

## Is the service responsive?

### Our findings

People we spoke with told us they received the care they needed to meet their individual needs. Throughout our visit we saw staff involved people in making choices about what they would like to drink or how to spend their time. We spoke with three people who told us that the information about their care needs, preferences, wishes and what was important to them was recorded in their care plans. They told us that this information was decided between them and the staff. Relatives were involved in care planning with people's permission. We looked at a care plan and were able to see how the person made their own decisions about how they wanted to be supported. These records were reviewed and updated regularly. The care plans also contained much information about the person's past history. We were told by people that they enjoyed chatting with staff about their past lives. Staff told us that they discuss care and support needs with people everyday. One staff member said, "It is all about people's individual needs and what they want to do. For example, if someone wanted to have a day in bed, or if they wanted to go to bed early then they can. It is up to them."

People could choose to spend time in their own rooms, the communal areas of the home and the garden. The provider had recently built a new conservatory which people said had enhanced the communal living space in the home. The home benefitted from extensive outdoor areas which people and their families were able to use whenever they wished. People and staff confirmed that, because they were local people, they enjoyed a shared knowledge of the area. This meant that people were able to have meaningful conversations with each other and staff as to their past lives. One person told us, "We have a lovely garden and are so near the farm. We see so many animals when we are in the garden." People were supported to go out with relatives and other friends whenever they wished. We spoke with a visitor who had come to take their family member out to a luncheon club. They told us, "[Family member] loves going to the club because they meet old friends there." One person told us that they enjoyed watching horror DVDs. They said that they watched them in their own room because they did not want to scare people. The staff team worked with the people to ensure they were enabled to take part in pastimes that they enjoyed. People told us that they enjoyed quizzes and reading. One person told us that they did not have to join in but sometimes did and enjoyed themselves.

Communication between people and their relatives and friends was encouraged by the staff team. One person told us, "I can use the home's telephone whenever I want to call people." Another person told us that the staff always made sure that their relative was kept informed about how they were doing. They also confirmed that they were encouraged to make contact themselves. They said, "It is always nice to talk to [relative's name] myself."

The provider had a complaints procedure which was available for people to read. People were aware of how to make a complaint. They told us they had not needed to complain about anything. They said that if they had any concerns they would speak to the registered manager about it and they would sort the problem out. One person told us, "I can talk to the manager about anything. They are always here to listen." Relatives were able to have discussions with the registered manager at any time. The registered manager encouraged people and their relatives to talk with them about anything, including any complaints they may have.

Relatives we spoke with also confirmed that they were confident that the registered manager would sort out any problem straight away. One relative said, "I do know how to complain but I have never had need to. We have no complaints whatsoever." The registered manager confirmed that they had received one complaint in the last 12 months. We saw from records that this complaint had been dealt with immediately and to the satisfaction of the person who complained.

## Is the service well-led?

### Our findings

The registered manager was also the owner of the home and registered provider. They spent much time at the home and it was apparent that everyone knew them well. They instilled in staff a set of values which ensured that the people living at the home were able to live a meaningful and happy life. The registered manager told us that the ethos of the service was 'to treat people in the way we would want to be treated.' People told us that the registered manager was, 'hands-on' and worked alongside the care staff. During our visit we observed the registered manager chatting with people. We saw that the people were enjoying the conversations and spending time with the registered manager. We also saw them supporting other members of staff in their work. We found the home had a positive and inclusive culture which was echoed by all people, visitors and staff we spoke with. One staff member said, "This home is very friendly. We are one big family together."

Staff told us they found the registered manager approachable and they were able to speak with them openly about any concerns or issues they had. One staff member said, "[Registered manager] is very helpful and always here". Another staff member told us, "[Registered Manager] is fantastic. They always listen to us and work with us to put the residents first." They also told us that the registered manager had supported them in deciding which educational courses to become involved in. They said, "I would not be at the level I am now if not for [registered manager]. They support and encourage me all the way." The staff team confirmed that they understood what whistleblowing was and who they could take concerns to outside of the home, such as the local authority, and CQC. Whistleblowing is when a staff member reports suspected wrongdoing at work. However, all staff said that they were confident that the registered manager would take action.

The registered manager said that they have staff meetings but, because there is a high level of communication at all times, the staff team felt that they were not needed. This was confirmed by staff we spoke with. They said this was because they spoke with the registered manager every day and were involved in handovers which provided much information. One staff member said, "We are such a small home, we are a close knit team – that includes the residents. We are all a team together." We saw, and were told, that people were involved in decision making on a daily basis. People were involved in reviewing their care needs and planning records. We also saw posters providing information for staff in place, such as training being organised.

People, visitors, staff and external healthcare professionals told us that the registered manager listened to them. Information gained during discussions formed the basis of the provider's continuous improvement planning. The registered manager had a programme of audits in place to assess compliance with internal standards and to make positive changes if the audits highlighted any issues. For example, there was a need to purchase a new hoist because one person's needs had changed. The registered manager took advice from experts about the best one to buy before they bought it to make sure it was suitable. They also provided extra training for staff to ensure they were comfortable with the new equipment.