

Woodleigh Christian Care Home Limited

# Woodleigh Christian Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 and 8 September 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Need for consent, Safe care and treatment, Safeguarding service users from abuse and improper treatment, and Good governance.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodleigh Christian Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We found that the provider had carried out the improvements and met the legal requirements.

Risks to people's safety were identified and managed and assessments carried out to minimise the risk of harm. The building was well maintained and regular safety checks were carried out.

People received care and support in a timely way and there were sufficient numbers of suitably qualified and experienced staff deployed. Appropriate pre-employment checks were carried out before staff began work at Woodleigh Christian Care Home.

People received their prescribed medicines when required and these were stored and administered safely. Procedures were in place to ensure people received their medicines safely when they were away from the service.

People provided consent to any care and treatment provided. Where they did not have capacity to offer informed consent their best interests and rights were protected under the Mental Capacity Act (2005). People's wishes regarding their care and treatment were respected by staff.

People told us they enjoyed the food offered and we saw they had sufficient quantities of food and drink to help them maintain healthy nutrition and hydration. People had access to healthcare professionals when required and staff followed their guidance to ensure people maintained good health.

There was an open and transparent culture at the service. People, their relatives and staff were encouraged to have their say on their experience of care and their comments were acted on.

Robust quality monitoring systems were in place to identify areas for improvement and ensure these were acted on.

## 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 ●

We found that action had been taken to improve safety.

People were supported to maintain their safety and risks were assessed and managed to reduce risk of harm

Sufficient numbers of skilled and experienced staff were deployed to meet people's needs.

People received their medicines when required and they were stored and administered safely.

### Is the service effective?

Good ●

We found that action had been taken to improve the effectiveness of the service.

Where people lacked capacity to make a decision about their care, their rights and best interests were protected.

People received enough food and drink to maintain healthy nutrition and hydration.

### Is the service well-led?

Good ●

We found that action had been taken to ensure the service was well led.

There was an open and transparent culture in the service.

There was a clear, supportive, management structure in place.

People who use the service, their relatives and staff were encouraged to give feedback about the service and their feedback was acted on.

There were robust quality-monitoring systems in place which were used to identify and drive areas for improvement at the service.

# Woodleigh Christian 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.

We undertook an unannounced focused inspection of Woodleigh Christian Care Home on 4 May 2017. This inspection was done carried out to check that improvements to meet legal requirements planned by the provider after our 7 and 8 September 2017 inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service safe? Is the service effective? And is the service well led? This is because the service was not meeting some legal requirements.

The inspection was carried out by one inspector. Prior to the inspection, we reviewed information we held about the provider including reports from commissioners (who fund the care for some people) and notifications we had received. A notification is information about important events which the provider is required to send us by law. We also reviewed the action plan submitted by the provider following our last inspection.

During the inspection, we spoke with two people who used the service and two people's relatives. We spoke with five care workers, a senior care worker, the registered manager and the Group Quality manager. We observed staff delivering care in communal areas, reviewed five people's care records, Medicines Administration Record (MAR) charts, quality audits, minutes of meetings and looked at the recruitment files of four members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

At our inspection on 7 and 8 September 2017, we found that the provider had not taken sufficient action to ensure that sufficient numbers of suitably qualified and experienced staff were deployed to meet people's needs. During this inspection we found sufficient numbers of staff were deployed.

The provider had recruited additional support staff to cover the busiest times of the day including meal times and evenings. An activities coordinator had also been recruited to oversee all activities and designated care staff were allocated to support kitchen staff at lunch times. This allowed the chef to oversee the serving of meals and ensure everyone was satisfied with the food. One person's relative told us, "The staffing has got so much better (since our last inspection). People are more settled, staff are available to help people with meals. You don't realise how useful they are until they aren't there." All of the staff we spoke with told us they felt enough staff were available to meet people's needs.

We looked at the staffing rota for the months preceding our inspection and saw that the staffing levels identified by the provider were achieved or exceeded for every shift. The provider had a process in place to assess the number of staff required to safely meet people's need based on their current level of dependency. We saw this assessment was repeated monthly to ensure adequate numbers of staff were always deployed to meet people's needs.

Throughout our visit we observed that staff delivered care in an unhurried manner and people did not experience long waits when requesting assistance.

At our previous inspection the provider was not meeting a legal requirement to ensure that care and treatment was provided in a safe way as risks were not always identified, assessed or mitigated against. During this inspection we saw that information about how to reduce risk of injury and harm was available in people's care plans and the provider was no longer in breach of regulation.

People told us they felt risks were managed well and they felt safe at the service. One person's relative told us, "They (staff) are really good at knowing about choking and food risks, they are really good with wound care, those things have definitely improved."

Records showed that staff had completed assessments to identify and manage risk for a number of areas including trips and falls, environment and fire safety. The assessments were regularly updated and included information for staff on how to manage risk. For example, one person was identified as being at risk of falls due to poor mobility. We saw their assessment had been updated five times in the three months preceding our inspection as the person's support needs had changed. Care staff we spoke with were aware of people's needs and the support they required to reduce risk. They told us they had enough equipment and resources to meet people's needs and keep them safe.

At our last inspection we found that people may be at risk of not receiving their medicines as prescribed and that medicines were not always stored safely. During this inspection we found that the provider had made

improvements to help ensure the safety of medicines.

During this inspection we saw that the provider had instigated systems to ensure medicines were managed, administered and stored safely. The nurse on duty showed how the storage and recording of medicines had been improved since our last inspection and we found that stocks of available medicines matched those recorded on MAR charts. The MAR charts we saw contained information that allowed staff to ensure the person received their medicine safely, including their photograph, date of birth, preferred method of administration and any known allergies. The nurse informed us that medicines rounds were now carried out at different times for each lounge of the service to ensure that sufficient staff are available to support people with their needs and ensure people did not feel rushed when taking their medicines. We saw that the registered manager had instigated a new medicines audit which was completed monthly.

# Is the service effective?

## Our findings

During our last inspection of 7 and 8 September 2016, we found that the provider was not meeting a legal requirement to ensure that people's rights under the Mental Capacity Act 2005 were protected. The provider sent us an action plan which outlined what changes they would make to ensure the requirement was met. During this inspection we found the provider had made the necessary changes and were no longer in breach of regulation.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). The 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.

During this inspection we saw that people's care plans contained detailed and individual mental capacity assessments if required. We saw that MCA assessments were very detailed and involved the person, their relatives and any other health professionals involved in their care to ensure the decision was informed and represented the person's wishes and best interests. Assessments encouraged people to be as involved and independent as possible.

Staff demonstrated a good understanding of MCA and had received training in its application. We saw that capacity assessments were completed for any decision that affected the person and were regularly updated. Where required staff had carried out best interest decisions and recorded their rationale for doing so. For example, one person had a best interest decision in place for staff to support them taking medicines.

At our last inspection, we found that applications to deprive people of their liberty to leave the service had not been submitted. This meant that a legal requirement was not being met. 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. The application procedures for this in care homes and hospitals are the Deprivation of Liberty Safeguards (DoLS). During this inspection we found the provider had followed their action plan and made the necessary changes so they were no longer in breach of regulation.

During this inspection we found that the provider had applied for DoLS authorisation for all people who required them and that a robust system was in place to ensure any conditions were adhered to and dates for renewal were noted. People's relatives told us they had been involved in discussions regarding best interest decisions and applications for DoLS. One person told us, "We met with the manager and best interest assessor and we are just waiting on their decision."

During our last inspection we expressed concern that people were not supported to maintain healthy nutrition and hydration.

During this inspection we found that people who required support to eat and drink received this from staff in a calm and unhurried manner. Kitchen staff and care staff we spoke with were aware of people's dietary requirements and ensured people received meals that met these. We found fluid balance charts for people who required monitoring of their fluid intake and output were in place and updated as required. Notes in people's care plans indicated involvement of other health professionals, including dietitians and speech and language therapy to help ensure people were able to maintain a healthy nutrition and hydration and that their guidance was followed by care staff.



## Is the service well-led?

### Our findings

During our inspection of 7 and 8 September 2016 we found that the provider was not meeting a requirement to ensure that good governance procedures were in place. The provider sent us an action plan outlining the changes they would make. During this inspection we found that the necessary changes had been made and the provider was no longer in breach of regulation.

Since our last inspection the provider had appointed a new registered manager along with a Group Quality manager. These roles had helped improve the governance and oversight of the service and we found that systems were now in use to monitor the quality and effectiveness of the care and support provided.

The quality of service people received was assessed by the management team through regular auditing of areas such as medication and care planning, environment, recruitment, infection control and health and safety. The registered manager carried out a monthly audit with the provider to identify any trends or concerns. Any incidents and accidents were reviewed in people's care plans and a central record of accidents was used to identify any patterns and learning for the service.

We saw that the manager and nurse reviewed care plans monthly and action was taken to address any concerns identified. For example, one audit showed that a person's dietary requirements needed updating to reflect their current needs. A second audit showed that people's relatives needed to be asked to review an update. We saw that action was taken to address these issues.

Staff we spoke with felt there was an open culture at the service and they would feel comfortable in raising issues with or asking for support from, the management team. A staff member told us, "I've got support from the management team".

People, their relatives, staff and health care professionals had the opportunity to give feedback about the quality of the service they received. The provider had a number of ways of gathering feedback including, a lived experience audit as well as regular staff and resident and relative meetings. Feedback from the lived experience audit showed that people were generally happy with the service they received.

The service had a registered manager who understood their responsibilities. Everyone we spoke with knew who the registered manager and group quality manager were and felt they were always visible and available