

Crosscrown Limited

Woodville House

Inspection report

37 Bilton Road
Rugby
Warwickshire
CV22 7AN

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10 August 2017

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04 September 2017

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

Woodville House provides accommodation and personal care for up to 23 older people. Twenty people were living at the home at the time of our inspection visit. At the last inspection, the service was rated Good. At this inspection we found the service remained Good in all five questions and Good overall.

There was a registered manager in post. 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.

People were protected from the risks of harm or abuse because staff were trained in safeguarding. Staff understood their responsibilities to raise any concerns with the registered manager. The registered manager made sure there were enough suitably skilled, qualified and experienced staff to support people safely and effectively. Medicines were stored, administered and managed safely.

People and their families were included in planning how they were cared for and supported. People's individual risks to their health and wellbeing were assessed and their care was planned to minimise the risks. The provider and registered manager regularly checked the premises, essential supplies and equipment were well maintained and safe for people to use.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to maintain a balanced diet that met their preferences and were referred to healthcare professionals when their health needs changed.

People, relatives and staff felt well cared for. Staff understood people's diverse needs and interests and were actively involved in supporting them to enjoy their lives according to the preferences. Staff were happy working at the home because they felt supported in their work and felt the registered manager was genuinely interested in their welfare.

The manager and staff understood people's individual needs, preferences, likes and dislikes. People were supported and encouraged to maintain their interests and to socialise in the home and in the local community. Staff respected people's right to privacy and supported people to maintain their dignity.

People and relatives knew the registered manager well and had no complaints about the service. The registered manager and provider demonstrated the values and aims of the service, which ensured care was centred on the individual's needs.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Woodville House

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 checked 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.

The comprehensive inspection took place on 10 August 2017 and was unannounced. The inspection was conducted by one inspector.

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

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection we spoke with five people who lived at the home and two relatives. We spoke with three care staff, the assistant manager, the cook and the registered manager.

Many of the people living at the home were not able to tell us about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We reviewed three people's care plans and daily records to see how their care and treatment was planned

and delivered. We reviewed management records of the checks the registered manager and area manager made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People were relaxed in staff's company and people's behaviour and response to staff's approach demonstrated they trusted staff. A relative told us they were confident people were safe at the home, because the external doors were locked with a number code. Staff understood the provider's safeguarding and whistleblowing policies and procedures for keeping people safe. The registered manager understood the requirement to notify us if they made a referral to the local safeguarding authority. The provider's recruitment process included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

People told us there were enough staff to support them when they needed it. The registered manager analysed people's abilities and dependencies to ensure there were enough staff on duty to meet people's needs. We saw there were enough staff to respond to people's individual needs for practical and emotional support. Staff had time to sit and talk with people about subjects that interested them, such as changes in their local town. Staff told us there were always enough staff, which minimised risks to people's safety.

People's plans included risk assessments related to their individual and diverse needs and abilities. Care plans explained the equipment and the number of staff needed, and the actions staff should take, to minimise risks to people's health and wellbeing. People and relatives were involved in identifying their personal risks and agreeing how to minimise them. A relative of a person who was known to fall out of bed told us, "Staff lower [Name's] bed and have a crash pad in place. No bed rails, they would be more dangerous." We saw staff promoted people's independence using special mobility equipment to manage risks.

The provider's policies to keep people safe included regular risk assessments of the premises and regular testing and servicing of essential supplies and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. A member of staff told us they had regular fire drills and knew how to help people evacuate the home safely. The registered manager told us the local Fire Prevention Officer had assessed the provider's fire prevention policy as suitable for the premises and the people who lived at the home. They had not made any recommendations for improvements in their procedures.

Medicines were managed and administered safely. Staff told us only trained staff administered medicines and kept a record of when they were administered or whether people declined to take them. On the same day as our inspection visit, a qualified external pharmacist conducted a full audit of how medicines were stored, administered and disposed of. They reported they had no concerns about how medicines were managed, because staff followed the guidance for safe medicines management.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People and relatives told us staff had the right skills and attitude to support them effectively. A relative told us they had seen improvements in their relation's mood and level of activity since they had moved to the home. They told us, "[Name] is out of bed and dressed every day. They eat well and are putting on weight." Some staff had transferred from other homes in the provider's group, but no new staff had been recruited to this home. Staff said the training, policies and procedures were the same across the group of homes, which gave them confidence in their practice.

Staff were introduced to the fundamental standards of care as set out in the Care Certificate during their probationary period and worked towards nationally recognised qualifications in health and social care. Staff told us they had plenty of opportunities to discuss and reflect on their practice, because the registered manager or assistant manager were always available. A member of staff told us, "They are always supportive. It gives you confidence and is better for people."

Staff told us people's care plans were detailed enough to know how best to support people and they learned more about each person through conversations with them. They told us they knew when people's needs or abilities changed because they attended handover and read people's daily records. Staff said, "It's all written down and you can read daily records and the diary for appointments. You need to know what is going on."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities under the Act, and when necessary for people's safety, applications had been made to the local authority to deprive people of their liberty.

People told us they made their own decisions about their day-to-day care and support, and said staff respected their right to decide. Staff told us most people were able to express their wishes and said they knew people well enough to understand their body language and facial expression. This meant they understood how best to support individual people in their decision making. Relatives told us they were involved when decisions needed to be made in people's best interests. A relative told us, "The family decided what's best to do."

People told us, "The food is nice" and "Staff help me to make sure I eat enough." A relative told us, "The food is excellent and there is always a choice." Care plans included information about people's dietary needs, allergies and any cultural or religious preferences for food. The cook had worked at the home in other roles

before becoming the cook. They knew people well and knew their individual needs, preferences and appetites. At lunch time almost everyone ate in the dining room, which made lunch a social occasion. Staff sat beside people who needed assistance to eat and supported them calmly, explaining what they were doing throughout the meal. People were offered hot and cold drinks and snacks throughout the day.

Staff monitored people's appetites and weight and obtained advice from their GPs and dieticians if they were at risk of poor nutrition. People's care plans included information about their individual medical conditions and health. Daily records showed people were supported to obtain advice from their GP when their health needs changed. Staff supported people to maintain their health through regular appointments with healthcare professionals, such as dentists, opticians and chiropodists.

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be Good.

People were treated with kindness by staff who knew them well and understood them. Relatives told us staff were, "Very good" and understood their relative's needs and preferred routines. In the most recent survey, relatives had commented, "Staff smiling and happy" and "Excellent care."

There was a calm and relaxed atmosphere at the home. The provider's vision and values of, "Respect privacy, dignity, care, love, as for our own family", were explained in a booklet in people's bedrooms. Staff demonstrated the provider's vision and values, to put people at the heart of the service, in their attitude, behaviour and approach to care. Staff adapted their approach according to how people expressed their needs.

People we spoke with were not able to explain whether they were cared for in accordance with their needs assessment, but they were able to tell us they felt cared for. They told us the staff were kind and caring and helped them enjoy their day. A relative told us, "[Name's] being looked after very well." A member of staff said, "This is their home. They could be here for months or years. It would be boring if no-one was talking with them. I need to make [Name] feel comfortable here, so they can talk about anything." Another member of staff said, "You get to know the person and people miss you. We look at their photos with them."

Staff told us they enjoyed working at the home. They told us they had time to, "Show we are interested" and to "Build relationships and adapt to their needs." Care staff were supported by activities, domestic and catering staff, which meant they could concentrate on supporting people according to their individual needs and abilities. The provider's 'keyworker' policy, made sure that each person had a named member of staff to look after their interests, co-ordinate their care and to develop an individual relationship of trust. Keyworkers were matched to people according to their shared cultures, language and interests.

People were supported to maintain their dignity and were treated with respect. People wore clean clothes, and their nails were clean and manicured. People's care plans included guidance for staff to support them to maintain their appearance if needed. People's care plans included a section for 'factors to maximize contentment' with guidance for staff about supporting people to maintain their preferred routines and how to promote their privacy and dignity. A relative assured us they were able to spend time privately with their relation, because staff understood privacy was important to the person's wellbeing.

Staff understood people's life experience affected their values and expectations. Care plans included people's religion, culture, occupation, family and significant events. Staff had training in equality, diversity and human rights, which helped them understand people's personal, cultural and religious traditions. The registered manager told us they had recently revised the equality, diversity and human rights policy, with a renewed emphasis on supporting people who are lesbian, gay, bi-sexual or transgender. They said the policy encouraged staff to be open about their own relationships, to reassure people that staff were non-

judgemental, which would encourage and support people to talk openly about their own relationships, if they wished.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People who had capacity to plan their own care were able to decide who should be involved in discussing their needs and abilities and agreeing their care plan. For people with complex needs, who were not able to explain how they wanted to be supported, their families were involved in planning their care. Care plans included people's likes, dislikes, preferences and interests. People told us they were happy being supported to spend time doing things they enjoyed.

Staff knew people's preferences for how they spent their time and understood how to support people's diverse needs. People's history, interests and preferred social activities were explained in their care plans so staff knew the topics of conversation people might enjoy. Staff understood their role was to support people to enjoy their lives and to make the most of their time. Staff told us, "You need to play an active role in their lives and families. They enjoy talking about their lives" and "We do personal care, talking, walking, activities, go into the garden and into town, go to tea dances."

People were supported to maintain their interests, preferred pastimes and to socialise with their visitors. A relative told us, "Staff make an activities list. We did the quiz today and read the newspaper together" and "We have privacy in the garden here. It's a private and peaceful place, like an oasis." The provider employed two activities co-ordinators to make sure people had opportunities to engage in pastimes they enjoyed and were supported to socialise. In reception, there were photos of people celebrating their birthdays, seasonal events and events in the local community. The activities co-ordinators kept records and photo albums when people took part in craft work and attended social events, which helped people to reminisce about the recent past.

During our inspection visit, people were supported by staff to play dominoes, join in a musical quiz, spend time with their visitors and engage in one-to-one conversations with staff. A relative told us, "People get exercise too. They were playing a game with balloons. I didn't think [Name] would join in, but they did."

Staff recorded how people were and how they spent their day and shared information with the registered manager and people's families. When changes in people's needs or abilities were identified, their care plans were updated. People's needs and dependencies were regularly reviewed and their care plans were updated when their needs changed. A relative told us they had seen an improvement in their relation's mood and level of activity since moving to the home.

Relatives told us they felt welcome enough to visit every day and had no complaints about the service. People told us they had no complaints, but were confident staff would take a complaint seriously. The provider's complaints policy was explained in a poster in reception, along with the names and photos of the staff. This gave people and relatives an understanding of staff's responsibilities and encouraged them to make their views known. No complaints had been received, but thank you cards and compliments were

posted in the entrance hall. The compliments reassured staff and management team that people did not have any complaints and appreciated the service they received.

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

People, relatives and health professionals were invited to take part in annual surveys to make their views of the service known. The most recent survey demonstrated people were happy with all aspects of the service. The provider had posted the results of the survey and an open letter in reception. No one had made any suggestions for improvements to the service and several people had taken the opportunity to compliment the management and staff. Comments included, "Very satisfied" and "Very happy for [Name] to be in such a lovely place."

The home was well-led. Staff told us they liked working at the home and were pleased to work for a provider who had, 'a good reputation locally'. The registered manager and staff shared the provider's values to put people at the heart of the service. Staff told us they felt well supported by the registered manager, assistant manager and provider. They told us the whole management team were supportive. A member of staff said, "[Name] is brilliant as the assistant manager. She is the right person for the job."

The provider demonstrated the values they expected staff to work to. The cook told us there was no limit to the food budget and although there was always a planned menu, "People can have whatever they like really." Relatives were pleased that the provider took an active interest in people and staff. One relative told us, "I've met [Name] several times. It is nice for staff that he comes and chats with them."

The manager had been registered with us for five years. They understood their legal responsibilities and sent us statutory notifications about important events at the home. Staff trusted the registered manager and felt empowered by their professional and caring leadership, which motivated them and gave them confidence in their practice. Staff were supported to progress their career by studying for nationally recognised qualifications in health and social care.

Staff told us the culture of 'caring' included staff, because the registered manager took a genuine interest in staff's welfare and accommodated changes in staff's personal lives to enable them to continue working. Staff said, "I can rely on the manager. They give us peace of mind" and "It is all fine and I am happy with my colleagues and the manager. They are always supportive."

The registered manager conducted regular audits of the quality of the service. They checked people's care plans were regularly reviewed and up to date, that medicines were administered safely and that the premises and equipment were safe, regularly serviced and well-maintained. The registered manager was also the area manager, which enabled them to monitor the quality of services across the group of homes and to share good practice. The rating from our previous inspection was displayed in reception and on the provider's website. The registered manager told us they were currently reviewing the provider's website to make sure all the information about the service was up to date.