Care Quality Commission

Select Health Care Limited

Woodcote Hall

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	
Is the service well-led?	**Requires improvement**

Overall summary

This inspection was unannounced and took place on 12 August 2015. At the last inspection on 8 and 9 December 2014 breaches of legal requirements were found and the provider was not meeting the expected standards of care in relation to ensuring people's care was planned and delivered to meet their individual needs. The provider was not managing people's skin conditions effectively and did not have sufficient numbers of staff on duty. We also found that the provider had not ensured that there were effective systems to assess and monitor the quality of service provided to people. The provider took some action and applied to change their registration. They ceased to provide nursing care at the home and focussed on providing residential care only. They also wrote to us to tell us what they would do to meet the legal requirements.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements as there had been three breaches at the last inspection. 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 Woodcote Hall on our website at www.cqc.org.uk. At this inspection we found improvements had been made.

Summary of findings

Woodcote Hall provides accommodation and personal care for up to 56 older people with a range of needs. There were 26 people living in the home when we visited. There was no registered manager in post. The provider had appointed an acting manager who had been in post two weeks prior to the 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.

Everyone we spoke with told us there were enough staff on duty.

People's prescribed creams were managed in a safe way by staff who were skilled to do so. The provider had commenced checking staff competencies in respect of medication management and we judged that people were now receiving their prescribed creams safely.

People were provided with a choice of meals and were supported to eat and drink sufficient amounts in line with their healthcare needs.

Staff communicated well with people and treated people with respect and kindness. People told us they could make their own decisions about their everyday lifestyle. People's needs were responded to in a timely manner and people were not kept waiting for care and support they needed.

The provider had taken steps to commence assessing what was needed at the home to improve the service people received. A new acting manager had been appointed and had begun to take action where improvements were identified. We saw that some improvements had been made in records relating to people's care and support needs with direction provided to ensure appropriate levels of care was provided . This improvement had been commented on positively by people using the service.

Summary of findings

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.

We found that staffing levels had improved and that some previous issues of concerns had been addressed. The management of prescribed creams was found to be much improved. Risks arising from health care needs were being addressed and people with high nursing care needs were no longer being admitted into the home.

Whilst the issues that had made rating of 'inadequate' applicable were no longer evident we could not improve the rating for safe above 'requires improvement' because to do so requires consistent good practice over time.

We will check this during our next planned Comprehensive inspection.

Requires improvement

Is the service effective?
The service was not always effective.

Staff had begun to receive formal support. Menus were now available for people to choose their meals from. Health needs assessments had been completed for people with diabetes.

We could not improve the rating for effective from 'requires improvement' because to do so requires consistent good practice over time.

We will check this during our next planned Comprehensive inspection.

Requires improvement

Is the service caring?
Staff were caring and knowledgeable about the people they supported. People were given choices about their day to day care and support and people's privacy and dignity were respected.

We could not improve the rating for caring from 'requires improvement' because to do so requires consistent good practice over time.

We will check this during our next planned Comprehensive inspection.

Requires improvement

Is the service responsive?
Not assessed during this inspection.

We will check this during our next planned Comprehensive inspection.

Is the service well-led?
The service was not always well led.

A new acting manager had been appointed and had begun to take action where improvements were identified.

Requires improvement

Summary of findings

We could not improve the rating for well led from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Woodcote Hall

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.

The inspection took place on 12 August 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the home and looked at the information the provider had sent us. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority and other external agencies about the quality of the service provided. We used this information to help us plan our inspection of the home.

During our inspection we spoke with six people who were living at the home. We also spoke with four staff, the cook, and the acting manager. We also spoke with one visiting professional. We looked in detail at the care three people received, carried out observations across the home and reviewed records relating to people's care. We also looked at medicine records and records relating to the management of the home including results of a recent satisfaction survey.

During our inspection we used the Short Observational Framework for Inspection (SOFI) observation. SOFI is a way of observing care to help us understand the experience of people who lived at the home. We used this because some people living at Woodcote Hall were not able to tell us in detail what it was like to live there. We also used it to record and analyse how people spent their time and how effective staff interactions were with people.

Requires improvement

Is the service safe?

Our findings

The provider had taken action to address the concerns identified at the previous inspection in regard to pressure ulcer management. The provider had de registered the regulated activities that related to the home looking after people with nursing needs. People who needed or received nursing care no longer lived at the home. These people had been moved to other suitable placements to receive nursing care. Although we saw the impact had therefore reduced, the provider needs to demonstrate that they are able to manage skin conditions for existing and new admissions safely. We looked at a person's records who required pressure area management. We saw a wound assessment had been undertaken to determine how the pressure ulcer should be managed. This included the type of equipment the person required to support their needs. We spoke with the person who told us, "I have a special cushion, mattress and boots to stop me getting sore. The nurse (district nurse) visits to change my dressings". Staff we spoke with were aware of people who were at risk of having fragile or broken skin. One member of staff said, "We are now being more vigilant about looking after people's skin". We saw people who required nursing care support were visited by a community nurse. A visiting healthcare professional told us, "The referrals to our service have got better but there is still room for improvement. Staff are definitely responsive to suggestions and any recommendations made".

The provider had taken action to address the concerns identified at the previous inspection in regard to staffing levels. Sufficient numbers of staff had been deployed throughout the home to meet people's needs. One member of staff told us, "The staffing levels have been increased". Another member of staff said, "There are plenty of staff to meet people's needs". One person said, "I ring the call bell and they come straight away. The bell does not ring constantly". Another person told us, "Staffing levels are very good". Another person said, "I think they could do with more staff. Bit sparse. No buzzer in the lounge to call them". We raised the issue of people's access to a call bell in the main lounge area and were advised that this would be addressed. We saw the impact for people had reduced since the last inspection. The provider must continue to ensure that staffing levels are calculated in line with people's individual needs and the lay out of the home.

A visiting professional said, "There are definitely more staff about". We looked at the staffing rotas for the two weeks preceding the inspection and the following two weeks after the inspection. We saw there were sufficient numbers of staff on duty both day and night to meet people's needs. Deployment of staff had improved and an allocation of work guidance sheet had been introduced. Staff were informed when they commenced each shift who they were looking after for that day. We were told this had been introduced to assist in making staff accountable for their work and so that managers could check that all allocated tasks had been completed. We saw one person whose behaviour challenged the service had been placed on regular observations. However, we saw the person was not monitored in line with their monitoring plan, which potentially left people at risk of harm. When we brought this to the attention of the acting manager they took immediate action and alerted staff to follow the monitoring plan. However, on discussion with one member of staff they were not aware of the reasons why the person was closely being monitored because this information had not been shared at the staff handover they received.

We looked at three people's care records in detail. We saw in one person's records that they had been involved in an incident that involved another person who lived at the home. A support plan was in place to protect the person who had been potentially abused by the other person. However, despite the person in charge at the time of the incident alerting the acting manager, the incident had not been referred to the local authority. The local authority take a lead in investigating such concerns. The acting manager agreed to make the referral as required.

We looked at how people's prescription creams were managed by staff because we identified concerns at the last inspection. A visiting professional told us, "Creams are now locked up so it's improved". One person we spoke with at the last inspection said, "I take care of some of my creams. The one the staff apply is now detailed in the yellow record". We looked at the record and saw the cream had been signed for when staff had applied it.

Requires improvement

Is the service effective?

Our findings

At the last inspection some people raised concerns about the lack of choice at meal times

One person told us, “I have fresh poached eggs for breakfast and toast. The soup tastes like it has come from a packet. There are two choices each day and I have a hot meal and a pudding. There is always an alternative if you do not like what is on offer”. Another person told us, “The food is okay. I always enjoy it”.

We spoke with the cook who explained that menus had been introduced since the last inspection. Special diets were prepared at the home and discussions we held with the cook showed they were aware of people’s individual specific requirements. We observed lunch time and saw people were offered a choice of food. Tables were nicely laid with condiments. We saw that people were offered drinks throughout the inspection. The meal we observed was not hurried and we saw that staff supported people sensitively where people required assistance to eat their meal. People who chose to eat in their rooms were enabled to do this.

At the last inspection the provider had not completed a care plan for someone who had diabetes. We looked at a person’s records who was diabetic. We saw information was documented and provided staff with guidance on how to support and meet their specific dietary needs in a safe and appropriate manner.

We previously identified there was a lack of formal support arrangements in place for staff. This meant that staff did not have the opportunity to discuss their practice and development needs. The acting manager told us, “I have developed a plan to record staff one-to-one meetings as they were not up to date. I am aiming to complete these monthly or as and when required”. We spoke with staff about this. One member of staff told us, “It is really brilliant here now. We get the support we need from [name of acting manager]”. Another member of staff told us, “I have had the opportunity to sit down with my manager and found this helpful”.

Requires improvement

Is the service caring?

Our findings

At the last inspection people were not given choice and control over their everyday life. For example, going to the toilet when they wanted to. We observed people waited to 'fit in' with staff. Staff were 'task' focussed and did not sit and talk with people. Not all staff were knowledgeable about people's individual needs.

At this inspection one person told us, "I don't have to wait too long if I need help". Another person said, "Staff are quick to respond if you ring the call bell". We saw people's requests for assistance were responded to in a timely manner. For example, one person wanted assistance to go to the bathroom. We saw staff responded straight away to their request. We also saw one person requested to be assisted outside to enjoy the nice weather. Staff met their request and we saw the person returned smiling from their trip outdoors. They told us they had enjoyed it.

We saw staff sat and talked with people. One member of staff sat with a person who they had distracted from a difficult situation. They sat and discussed a book together. The member of staff engaged fully with the person to get them to take interest in the book by chatting with them and showing them pictures in the book.

We looked at the care records held for three people that had been re-written since the last inspection. We saw people's care plans took into account their life history, preferences and what was important to them. For example, a person had expressed the wish to have a bath. We spoke to the person who told us staff always assisted them with a bath as they wished. Another person told us, "I was involved in planning my care when [name of acting manager] came to visit me. I was asked about my routine and how I preferred things to be done. The staff have carried my wishes out". One person told us, "I prefer to stay in my room. Staff never force me to go into the lounge". Staff we spoke with told us they were encouraged to read people's care plans. We found staff were aware of people's preferences, life history and their wishes.

Is the service responsive?

Our findings

We did not assess this key question at this inspection.

Requires improvement

Is the service well-led?

Our findings

Since the last inspection the provider notified CQC of their intention to deregister from providing nursing care at the home. This was because they recognised the difficulty in recruiting competent nurses to provide continuity of care for people who had nursing needs. They worked with the local authority to find alternative nursing placements. We were kept fully informed by the provider.

At the last inspection we found that the quality assurance systems to monitor the home were not effective in identifying shortfalls at the home. These included issues such as the management of risks to people including poor pressure ulcer care, low staffing levels and quality monitoring systems which were not effective. The acting manager acknowledged that all of the internal audits were behind. They told us, "Audits will start fresh in September. I have a plan in place and they are all on the calendar. We saw they were prioritising their workload and had a good overview of where the home was and where they wanted it to be. The acting manager told us, "It is a challenge but I will do it. You will definitely see improvements the next time you visit. I know what needs to be done and I will do it".

At the time of this inspection there was no registered manager in post. There had been a change in manager who had been in post for two weeks prior to this inspection. They told us, "You are not going to find us perfect by any means". They shared the improvements they had made since being appointed as acting manager and their future plans for the home. Discussions showed they were very committed to improve the quality of the service provided to people living at the home. This was reflected in what staff told us. One member of staff said, "[name of acting manager and area manager] are absolutely fantastic and do things right. Staff morale is brilliant now. The acting manager is really approachable and we are now aware of our responsibilities. We want to get this home back on the map". Another member of staff told us, "I am very impressed with [name of acting manager] so far they have been very professional and very approachable. If they say they will do something they do it".

Staff told us they felt much more supported in their work. They had attended a staff meeting with the acting manager who had kept them up to date with the proposed improvements to the service. They spoke about the training that had been arranged and improvements in staff retention. One member of staff said, Staff told us a staff meeting had been held with the acting manager. One member of staff said "We went through a phase where a lot of staff were leaving but since [name of acting manager] has arrived things have gone well. Staff are getting on with each other better. The structure was lost but it seems to be getting better".

The acting manager told us a satisfaction survey had been carried out . We saw the results were displayed on the notice board held in the reception area of the home. The results were produced in way that made it easy for people to understand the results. We saw that people's opinions had been acted on. For example, people said they would like to see placemats on the table at mealtimes. We saw this had been addressed. People also said they wanted more cakes as snacks. We saw that fresh fruit and cakes were available on the drinks trolley each morning and afternoon.

We looked at how the provider managed accidents and incidents. We saw that they had improved how they monitored falls. They shared an example of this with us. One person had experienced three falls in close succession but this had not been acted on. We saw these had occurred before the acting manager and senior member of staff had commenced or were appointed. The senior member of care staff told us that the person had not had any falls since they started work at the home two weeks previously. They advised that they intended to refer the person to their doctor for a review.

Although we saw improvements had been made by the acting manager over a very short period of time, we need to see that the provider is able to demonstrate sustainability and continued improvements for people.