

Mr & Mrs M Ellis

Woodthorpe View Care Home

Inspection report

53 Woodthorpe Drive
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Tel: 01159624556

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this home on 27 July 2017 the inspection was unannounced. The home is situated in the Woodthorpe area of Nottingham and offers accommodation for up to 28 people who require personal care. On the day of our inspection 16 people lived at the home, some of whom were living with dementia.

The home was last inspected on 6 February, 1 and 8 March 2017 and was rated 'inadequate' overall. We placed the home in to 'special measures' and the provider sent us an action plan outlining how they would improve. We undertook this inspection to check if improvements had been made. We found that enough improvements had been made to take the home out of 'special measures' and the quality and safety of care people received had improved. However there were still some improvements required so that the provider could ensure themselves that people received a service which consistently met their individual needs.

The home had a registered manager in place at the time of our inspection who was also the registered provider. 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 supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily lives and care needs were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support however not all staff had undertaken the training the provider identified that they required. Plans were in place for further staff training.

People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions. However care plans did not always contain personalised information which told staff how they preferred to be supported.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People lived in a home where staff listened to them. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting. People were supported to enjoy a social life.

People were involved in giving their views on how the home was run. However the systems in place for

monitoring the quality and safety of service people received required time to be implemented, embedded and sustained. We found a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe.

People were kept safe because the risks associated with people's care were managed well. The risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents. People received their medicines as prescribed. The provider had effective recruitment systems in place. However the provider requires further time to embed the changes to ensure their new systems keep people safe.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People were supported by staff who had not undertaken all the training the provider said they needed, however staff spoken with had a good understanding of people's care needs and further training was planned. People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005. People were supported to maintain their nutritional intake and their health was monitored and responded to appropriately.

Requires Improvement ●

Is the service caring?

The service continued to be caring.

People were supported by kind and caring staff. Staff spoke to people with respect and maintained their dignity.

Good ●

Is the service responsive?

The service was not consistently responsive.

Some people were involved in planning their care and support but others hadn't had their care reviewed. People were supported to have a social life and to follow their interests. People were supported to raise issues and staff knew what to do if issues arose.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

There was a registered manager in post who was also the registered provider. People were involved in giving their views on how the service was run. The management team were approachable; however the systems in place to monitor and improve the quality of the service required further time to embed changes within the home.

Requires Improvement 

Woodthorpe View 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.

We inspected the home on 27 July 2017. The inspection was unannounced. The inspection team consisted of two inspectors, a specialist professional advisor who was a nurse with specialist knowledge in falls prevention and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the home. This included previous inspection reports and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved in the home and commissioners who fund the care for some people.

Before the inspection, we told the provider to complete 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. This was completed and returned to us.

During the visit we spoke with nine people who lived at the home to understand their views of the care and support they received. There were no visiting relatives that we were able to speak with.

We also spoke with four members of staff, the deputy manager and the registered manager who is also the registered provider. We also spoke by phone to the Quality Assurance and Compliance Manager who the provider had employed to bring about the improvements from our last inspection. We refer to this person as a 'consultant' within this report.

We looked at the care records of four people who lived at the home, medicines administration records (MARs) for everyone, staff training records, as well as a range of records relating to the running of the home including checks carried out by the consultant and the registered provider.

Is the service safe?

Our findings

At our last inspection this key question was rated 'inadequate' as we found that the provider did not take adequate steps to ensure people were protected from avoidable harm in relation to falls. We also found that medicines were not given to people as prescribed or administered in line with national guidance. We found a breach of regulation in relation to safe care and treatment and the provider sent us an action plan outlining how they would improve. At this inspection we found that improvements had been made.

At our last inspection, we identified that people had a total of 54 falls between May 2016 and January 2017 and the provider had not undertaken comprehensive and effective falls risk assessments to reduce the risk of people falling. We also found that referrals had not been made to the necessary healthcare professionals. At this inspection we found there had been two falls between April 2017 and July 2017. Actions had been taken to ensure the effective management of falls, appropriate risk assessments were in place and healthcare professional had been consulted.

We reviewed the falls risk assessments of four people who were at risk of falling. We saw that the provider had updated the risk assessment tool which reflected current national guidance and covered several risk factors such as the environment, medicines and mobility. For one person, we saw that the assessment identified they were at high risk of falls. The provider had referred one person to their GP to review their medicine (as they had more than four medicines prescribed, which is a known risk factor to increase falls). A referral was also made to the Local Authority 'falls team' who had recommended several measures including a suitable three-wheeled walking frame and an exercise programme, along with increasing the person's milk supplements and supplementation of vitamin D to help strengthen the person's bones. These recommendations had been actioned. Since the introduction of the falls risk assessment and input from the healthcare professionals, this person had not experienced any further falls.

At our last inspection we found there was an inappropriate falls sensor alarm in place for one person. At this inspection we found this had been replaced. Three people now had the correct type of sensor, which would alert staff to when people left their bed or chair. This meant staff could respond quickly when they were alerted so that the person is kept safe.

Possible risks associated with people's care had been identified and assessed. People's care plans contained details of the measures required to keep people safe and we found these had been implemented to effectively reduce the risk. For example, one person had been assessed as being at high risk of developing a pressure ulcer. Their care plan contained measures to reduce the risk of skin damage, such as, use of pressure relieving equipment and regular repositioning. Staff were aware of these measures and we found they followed the guidance within the care plan. The pressure relieving mattress was at correct setting for the person and records showed they had been repositioned in line with care plan. This person's risk in relation to falls had also been assessed. Checks on the equipment were carried out to ensure these remained safe to use. Staff were aware that the pressure relieving equipment was due for a service and had made an appointment with the equipment provider.

At our last inspection we found that staff did not give people their medicine at the time they were prescribed and they were not administered in line with current guidance. At this inspection we found that people received their medicines as prescribed. One person told us, "I don't have any problems with my medicine." Another person told us they received medicines when they should and they were able to explain how many they had and what they were for.

We found the medicines systems were organised and people received their medicines when they should. We observed when staff gave people their medicine, they checked with the person first that they wanted their medicine before proceeding to administer it. Staff stayed with the person until the medicine had been taken before signing the medication administration chart to confirm it had been given.

Staff followed safe protocols, for example completing stock checks of medicines to ensure they had been given when they should and medicines were stored safely. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicine.

People were protected from abuse. People we spoke with told us they felt safe. One person said, "I do feel safe."

People were supported by staff who recognised the signs of potential abuse and knew how to protect people from harm.

The provider's whistleblowing policy had been updated since our last inspection and staff knew how to 'blow the whistle' and escalate concerns to the management team or to external organisations such as the local authority or the police if they had concerns about people's care.

The registered provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed, the registered provider carried out checks to determine if staff were of good character and requested police checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People were living in a safe, well maintained environment. We saw there were systems in place to assess the safety of the home such as fire risk and the risks of legionella (which is known to cause respiratory diseases). Staff had been trained in relation to health and safety and how to respond if there was a fire in the home. People had personal emergency evacuation plans (PEEPs) in place which told staff and emergency services who needed support and who didn't during an evacuation.

People received the care and support they needed in a timely way. One person we spoke with told us there was always a member of staff available if they needed support. One person said, "I just buzz, I don't wait long." Another person said, "They always come when I buzz, sometimes they say 'I'll come back in a minute' which they do."

The registered provider told us they had recruited two new care workers since our last inspection and that staffing levels were increased as the number of people who lived at the home increased or if people's needs changed. Staff we spoke with said they felt there were enough staff to meet the needs of people who lived at the home.

We recognised that the provider had made several improvements since our last inspection and had introduced new systems and processes. However, the provider requires a further period of time to embed

and sustain their new systems to ensure people are kept safe.

Is the service effective?

Our findings

At our last inspection this key question was rated 'Requires Improvement' as the provider was not working within the principles of the Mental Capacity Act 2005 (MCA). We found a breach of regulation in relation to consent. Also where a potential deprivation of people's liberty occurred, these were not referred to the local authority for approval. We also found a breach of regulation in relation to this. The provider sent us an action plan outlining how they would improve.

At this inspection we found that sufficient improvement had been made so that the provider was no longer in breach of these regulations. However further improvements were required within this key question to ensure that all staff undertook required training.

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.

Since our last inspection a number of staff had undertaken training on MCA. On completion of the training, the management team followed up their learning a few days later and completed a competency check so that any further learning needs could be identified and addressed. The registered provider told us that all staff will have completed the training by the end of August 2017. In addition a new member of staff told us that a member of the management team had spoken to staff about the principles of the MCA and new paperwork was being introduced. Records showed mental capacity assessments and best interest documentation had been developed in addition to guidance for staff.

People were supported to make decisions on a day to day basis. We observed people decided how and where they spent their time and made decisions about their care and support. We saw that the provider had put a notice up encouraging people and those important to them to be involved in their care. One person we spoke with told us they could make decisions and choices when they wanted to.

We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

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 called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered provider had made applications for DoLS where appropriate. For example, the provider had identified there was a potential for three people to be deprived of the liberty as their freedom was restricted. This was because they were unable to leave the home when they chose to due to a risk they might have an accident or become disorientated. The provider had submitted DoLS to the Local Authority for authorisation. They had received one decision back and were waiting for the outcomes of the other two.

New staff were completing the care certificate and we saw one member of staff had recently completed this. The care certificate is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. Staff we spoke with were knowledgeable about the systems and processes in the home however we found that not all staff had received training in moving and handling. We spoke to a newly recruited member of staff who told us they supported people to move using a specific piece of equipment. They told us they felt confident in using this as they had been shown how to use the equipment by a more experienced member of staff during their induction.

On the day of our inspection, both staff members on duty had not completed moving and handling, and safeguarding training. We also found that seven out of 10 care workers had not received mandatory training in safeguarding (protecting people from the risk of abuse). However the staff we spoke with had a good knowledge of how to recognise the signs that a person might be at risk of harm. When we discussed this with the consultant appointed on the provider's behalf, we were advised that the deputy manager was supervising the staff. We saw that the provider had a training matrix in place which identified what training staff required and had scheduled dates for them to be completed. The provider told us all staff training will be completed by the end of September 2017 and this would ensure that all staff had the relevant skills. The registered provider told us that the remaining staff will have completed their training by the end of August 2017.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. The deputy manager told us that appraisals took place annually and supervisions were every two months. We saw that the provider had a supervision matrix which confirmed these were being undertaken.

People were supported to eat and drink enough. People we spoke with told us they had enough to eat and we observed people had access to food if they were hungry. One person said, "The food is good and we get enough." Another person said, "There was something I didn't like once, I told them and they don't give it me now." Another person who spends a lot of time in their room said, "If I want anything during the day, then I will ask. I'll have a sandwich and I bring a packet of crisps up to my room."

People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs. Staff we spoke with were knowledgeable about people's specific dietary requirements, such as which people required a soft diet to reduce the risk of choking. Care records referenced a need to ensure sufficient fluid intake and we saw that this was provided.

People were supported with their day to day healthcare. People were supported to attend appointments to get their health checked. If people were unable to attend appointments, we saw arrangements for home visits had been made. One person said, "They (the staff) ring up if I am not well and need a doctor. Once I was very sick and they rang for an ambulance straight away." Another person told us that they regularly saw the optician.

Staff sought advice from external professionals when people's health and support needs changed. For

example staff had involved a physiotherapist for one person when their mobility changed. We saw there was a range of external health professionals involved in people's care, such as occupational therapists and the Speech and Language Team (SALT).

Is the service caring?

Our findings

At our last inspection we found the service people received was caring and this key question was rated 'Good'. At this inspection we found people were cared for and the rating continued to be Good.

People told us they were happy living at the home. One person said, "I'm very happy here, it's a very friendly place and it's like I've got family." Another person said, "I am happy to be here."

People were positive in their comments about the way staff supported them. One person said, "They (the staff) are very good, it's wonderful how they look after me." Another person had said, "The care is good, they are helpful in all ways." We saw people joked together and it was clear they had a good relationship with each other and with staff. We observed that staff interacted with people in a meaningful and personal way.

People were supported by kind and caring staff and we observed staff spoke with people in a calm and relaxed manner. When staff spoke with people, they ensured they crouched down and were at eye level with the person. We saw that staff would gently hold the hand of the person they were speaking with to provide reassurance and comfort, with a calming effect.

The provider had told us in their PIR that they planned to introduce a 'key-worker' system in the future which meant each person would have a named care worker who would be responsible for overseeing their care. The provider told us they hoped that this would encourage and further develop the relationships between people and care workers.

People told us they were involved in making choices about their care. We saw that each person had a care plan in place which reflected their likes, dislikes and preferences. People and those important to them were invited to care plan reviews. One care plan we looked contained a life history of the person. This was very in-depth and covered the person's family life, work history, hobbies and interests. This information helped staff understand what was important to the person and how to support to them.

People were encouraged to speak up if they wanted any changes to be made. Resident and relative meetings were held so that it provided an opportunity for the provider to be made aware of any issues or suggestions for improvement, and actions to be taken. There had been a recent meeting prior to this inspection but the minutes were not yet available for us to review. The date of the next meeting was displayed within the home.

People were encouraged to keep in touch with their families and friends. People told us there were no visiting restrictions in place and that visitors were welcome anytime.

People were supported to have their privacy and were treated with dignity. One person said, "The carers are all thoughtful, very good and do what you ask them." Another person said, "I like my privacy and they respect that. They do knock and wait, they don't just walk in". Staff described how they supported people to maintain their privacy and dignity. This included asking people for their consent before providing support

and ensuring that doors and curtains were closed before providing personal care.

Is the service responsive?

Our findings

At our last inspection we rated this key question 'Requires Improvement' as people's needs and preferences were not always identified and responded to by staff. The pre-admission assessment used by the provider to determine whether they could meet the needs of a person before they came to live at the home was not effective. Care records did not reflect the level of care people required when their needs changed and the provider's complaint policy was not followed. We found that some improvements had been made but further improvements were still required.

We previously found that people's care plans did not always contain the information staff needed in order to meet their needs and their likes, dislikes and preferences had not been recorded. Following our last inspection the provider sent us an action plan advising that they would review and update all care plans by the end of July 2017. At this inspection we found only one care plan had been fully updated. The provider told us that the remaining care plans would be reviewed week commencing 31 July 2017 and would be completed by the end of August 2017. They explained this had been delayed due to implementing other improvements across the home. Therefore this still required improvement.

We saw that two of the three people that were in their rooms were unable to call for assistance when they might require it as their call bell was placed out of reach which meant staff might not be able to respond to the persons request for help. We raised this with the deputy manager who told us that they should be within reach and asked staff to ensure people had access to call for help when they might need it.

The provider told us that people and their relatives would be involved in planning and making choices about their care and support as some care plans were not personalised to the individual. The provider told us that people have been invited to attend meetings to review their care and support and there was a notice on display welcoming people to be involved in reviews.

Since our last inspection, the provider had reviewed and updated their pre-admission assessment. The new pre-admission assessment looked at areas of risk associated with people's needs. This would then inform the provider whether they could meet the person's needs prior to them coming to live at the home. However, there had been no new admissions to the home since our last inspection so we were unable to assess how effective the new pre-admission assessment was. The provider told us they were assured it would give them the information they required.

We reviewed the updated care plan which was comprehensive and assessed many aspects of the person's daily life, including how they liked to spend their time, their daily routine as well as likes as dislikes. For example, we saw a list of food items that the person did not like and ones they did. This information was used by staff when preparing meals and snacks, so they could respond to the person's preferences. Staff told us that they found this new format helpful as it gave them the opportunity to discuss the information with the person to find more out about them.

People continued to be supported by staff to follow their interests and take part in social activities. One

person said, "I play dominoes or make jigsaw puzzles. I also like to make planes and paint them." Another person said, "I do a lot of reading and most days we play a game after lunch. There's enough to do." The staff we spoke with told us that people were provided with activities such as bowls, hoopla and jigsaw puzzles and they had regular entertainers visit the home who facilitated singing and quizzes which people enjoyed.

People knew how to raise concerns if they had any. One person said, "There's a big notice outside (in hallway) telling us what to do if we have any complaints but I've never had any. I can talk to staff, anytime. I'm very outspoken and would say if I wasn't happy with something, I'd let them know." Another person gave an example of when they had raised a concern about windows being left open by other people, and said that now the staff regular checked and it no longer happened.

The deputy manager told us they had not received any complaints since our last inspection. However staff knew what action to take if a person wanted to make a complaint and information was on display within the home.

Is the service well-led?

Our findings

At our last inspection this key question was rated 'inadequate' and we found a breach of regulation in relation to governance. This was due to a number of issues. The provider was not working in line with the principles of the Data Protection Act 1998 and analysis and learning from incidents and accidents within the home were not undertaken to reduce similar incidents occurring. Audits carried out to monitor and improve the quality and safety of the home were not effective. Care plans did not support staff in delivering safe and personalised care as risk assessments did not reflect the person's level of needs. The provider's whistleblowing policy had not been reviewed since 2004 and did not tell staff how they could raise concerns externally. The provider sent us an action plan outlining how they would improve.

At this inspection we found some improvements had been made and it was clear that the quality and safety of care people received had improved. However further improvements and time were required to ensure that effective quality monitoring processes were implemented, embedded and sustained.

We found that quality monitoring systems were in place but not fully effective. A range of audits had, however, been completed on a monthly basis in relation to health and safety, cleanliness, infection, control, incidents and medicines. The deputy manager told us, due to the improvements they had made in regards to other areas of the home; this had caused a delay in meeting their action plan. The provider told us all remaining actions would be completed by the end of August 2017 and a new audit system would be introduced.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider had made a number improvements across the home in response to the serious concerns we identified at our last inspection. They used the services of the consultant to review and implement new policies and procedures in line with nationally recognised best practice.

We saw at this inspection that the provider was now working in line with the principles of the Data Protection Act. The provider was registered with the Information Commissioners Office which is required when organisations obtained and processed people's personal data. There was also a contract and data management agreement in place between the provider and the consultant whose services they used and people's information was protected.

The provider's whistleblowing policy had been updated since our last inspection and included contact details for external agencies and staff were aware of how to raise concerns.

We saw that incidents and accidents were now reviewed on a monthly basis by the management team. This provided them with the opportunity to check that staff had taken the necessary action. If they hadn't, this would be identified and action taken and learning was shared with staff either at staff meetings or at handover when staff changed shift.

The management team were aware of their responsibilities to tell us about certain specific incidents which occurred in the home, such as allegations of abuse or serious injuries and had a system in place which helped them identify when these were required.

People and their relatives were involved in the running of the home and they felt listened to. Meetings had been arranged to inform people, staff and relatives about the outcome of the last inspection. One person told us, "We had a meeting probably 5 or 6 weeks ago and I suggested that they had a bell in this dining room as often we are left on our own a bit, and the next day there was one by the side of my place setting. It's there all the time now." People, relatives and visitors were also given the opportunity to make suggestions about the service via an annual survey. The results of the survey were displayed within the home and were positive about the service provided.

People we spoke with knew who the management team were and they told us they were always available and approachable. One person said, "(Deputy Manager) is alright, she always says hello and goodbye. She's approachable and always helps me out." Another person said, "They (the management team) always talk to you."

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Audits used to monitor and improve the service were not fully effective in identifying improvement and actions were not always taken promptly. Care plans did not contain personalised information which gave staff the information they needed. Staff hadn't been given the training the provider said they should have received.</p>