Mr & Mrs M Ellis

Woodthorpe View 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?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an unannounced inspection.

In October 2013, our inspection found that the care home provider had breached regulations relating to care and welfare of people who use services, safeguarding people who use services from abuse, cleanliness and infection control, management of medicines and records. Following the inspection the provider sent us an action plan in November 2013 to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made. We saw that improvements had been made in all the areas of previous concern.

Summary of findings

Woodthorpe View Care Home is a care home providing accommodation and personal care for up to 28 adults. There were 19 people living there when we visited, though one person was in hospital on the day of our inspection. The care home provides a service for older people. A registered manager was in post, although most of the day to day management is carried out by the duty manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe in the home and we saw that there were systems and processes in place to protect people from the risk of harm. Suitable arrangements for staff to respond appropriately to people with behaviours which might challenge people around them were in place and being followed.

The duty manager told us that none of the people living in the home lacked capacity and we saw no evidence to suggest that anyone living in the home lacked capacity.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. The MCA Deprivation of Liberty Safeguards (DoLS) require providers to submit applications to a 'Supervisory Body' for authority to do so. The CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

We looked at whether the service was applying the DoLS appropriately. The duty manager told us there was no one currently living in the home who was being deprived of their liberty. We saw no evidence to suggest that anyone living in the home was being deprived of their liberty. We found the location to be meeting the requirements of the DoLS.

Staff were recruited through safe recruitment practices. Infection control procedures were being followed. Safe medicines management practices were also being followed.

Staff were receiving supervision, appraisal and most training as required. However, staff attendance of food hygiene training required improvement. Records showed that people who used the service were mostly protected from the risks of inadequate nutrition and dehydration. However, observations of lunchtime showed that improvements could be made to ensure that people who required support at mealtimes received it effectively. The home mostly involved outside professionals in people's care as appropriate, however, we saw that one person required chiropody care. People told us that staff knew what they were doing.

We observed interactions between staff and people living in the home, and staff were kind to people when they supported them. However, people were not always treated with dignity at mealtimes.

Staff mostly responded appropriately to people's needs. However, people told us they were not happy with the level of activities offered in the home. We saw that very limited activities were taking place in the home and no activities coordinator was employed by the home. This meant that the service was not responsive to people's needs and did not fully support those people to participate in activities that were individualised and meaningful to them.

There were systems in place to monitor and improve the quality of the service provided, however, these were not always well documented and people who used the service and their relatives were not fully involved to drive improvement. However, people who used the service and staff told us they had no complaints and if they did, they would be confident raising them with the management and the duty manager would take action.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

Good

The service was safe. People who used the service were protected against avoidable harm. Guidance for staff on managing people's challenging behaviour was in place and followed.

Staff knew how to recognise and respond to abuse correctly. There were sufficient staff to meet people's needs and the service was following legal requirements regarding mental capacity and deprivation of liberty safeguards.

People were recruited using safe recruitment practices and infection control procedures and safe medicines management practices were being followed.

Is the service effective?

Requires Improvement

The service was not always effective as people who required assistance at mealtimes did not always receive adequate support.

Staff received supervision, appraisal and training. Although staff attendance of food hygiene training needed to improve.

People told us that staff appeared competent and other health and social care professionals were involved in people's care except for one person who required chiropody care.

Is the service caring?

Requires Improvement

The service was not always caring as people were not always treated with dignity at mealtimes.

Care records detailed people's preferences and life histories and the staff had a good knowledge of people's likes and dislikes. People's diverse needs were assessed and respected.

Is the service responsive?

Requires Improvement

The service was not always responsive. People had access to limited activities.

People knew how to make a complaint and felt that their choices were respected.

Is the service well-led?

Requires Improvement

The service was not always well-led as people who used the service and their family and friends were not regularly involved in the service to drive improvement and questionnaire results were not always acted upon.

Audits were carried out but were not always formally recorded and it was not clear what improvements had been made.

The duty manager was considered to be approachable and staff felt well supported.

Woodthorpe View Care Home

Detailed findings

Background to this inspection

We visited Woodthorpe View Care Home on 17 July 2014. The inspection team consisted of a lead inspector, a specialist nursing advisor 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.

Before our inspection we reviewed all the information we held about the home. This information included notifications and the provider information return (PIR). A notification is information about important events which the provider is required to send us by law. The PIR 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 contacted the commissioners of the service to obtain their views on the service and how it was currently being run.

During our inspection, we spoke with ten people who used the service and one visitor. We spoke with two care staff, one health and social care professional, looked at the care records of five people, observed care and reviewed management records.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

When we inspected the home in October 2013 we found that there were concerns regarding how the provider responded to incidents of potential abuse. At this inspection, we checked whether effective safeguarding processes were being followed and noted that improvements had been introduced since the last inspection. The provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening to protect people living in the home from the risk of abuse.

The people we spoke with told us they felt safe in the home. One person said, "I'm well looked after and I feel safe." Another person said, "Yes, I feel safe here." They all told us they would speak to staff or the duty manager if they felt worried about anything. A health and social care professional told us that people were safe. A visitor said, "It's safe, it's a good home."

Staff told us that people were safe and they had no concerns regarding other staff and how they interacted with people who used the service. Staff were able to tell us how they would respond to allegations or incidents of abuse. We saw that the safeguarding policy and procedure contained contact details for the local authority and was easily accessible for staff. We saw that safeguarding concerns had been responded to appropriately and staff had received training.

When we inspected the home in October 2013 we found that there were concerns regarding a lack of care plans to support staff to manage risks to people's health and welfare. At this inspection, we checked whether care plans were in place for identified risks and noted that improvements had been introduced since the last inspection. We saw risk assessments and guidance were in place for staff supporting people regarding behaviours that may challenge people around them and there were also risk assessments and guidance for staff supporting people at risk of falls.

Staff told us they had received training in the use of the Mental Capacity Act (MCA) 2005. This is an Act introduced to protect people who lack capacity to make certain decisions. The duty manager told us that none of the people living in the home lacked capacity to make significant decisions and as a consequence no assessments of capacity or best interests' documentation were in place.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The duty manager told us there was no one currently living in the home who was being deprived of their liberty.

We looked at whether staffing levels were safe. People we spoke with raised no concerns regarding staffing levels. One person said, "There's always somebody knocking around somewhere." Another person said, "There are always two carers on. When I buzz them, they always come quite quickly." A visitor said, "There seems to be [enough staff]." Staff told us there were sufficient staff on duty to meet people's needs. A health and social care professional told us that there was always a member of staff to greet them and that staff responded quickly to call bells.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. We looked at completed timesheets and confirmed that identified staffing levels were being met. The registered manager told us that staffing levels were based on dependency levels and these were noted in the moving and handling assessment in each person's care record. They told us that they would get feedback from staff and carry out observations to ensure staffing levels were adequate. They acknowledged that they did not ask people who used the service for their views on this issue.

We checked to see whether people were recruited using safe recruitment practices. We looked at two recruitment files for staff employed by the service. The files contained all relevant information and the service had carried out all appropriate checks before staff started work. This showed that the service had effective recruitment practices in place to make sure that their staff were of good character.

When we inspected the home in October 2013 we found that there were concerns regarding the arrangements in place to manage medicines. At this inspection, we checked whether safe medicines management practices were being followed and noted that improvements had been

Good

Is the service safe?

introduced since the last inspection. We found that medicines arrangements were safe. People we spoke with raised no concerns regarding medicines. One person said, "Yes, we get our medication on time."

Staff had been trained in the handling, administration and disposal of medicines. We found medicines were being stored safely and securely and records showed staff were administering medicines to people as prescribed by their doctor. We observed staff administering medicines and this was carried out correctly. We saw that medicines were being checked daily to ensure staff were managing people's medicines correctly. However, people's preferences when taking medicines were not noted and protocols were not always in place to support staff when administering 'as required' medicines. This meant that there was a greater risk that people would not receive medicines appropriately in line with their preferences. We raised these issues with the duty manager on the day of our inspection.

When we inspected the home in October 2013 we found that there were concerns regarding the cleanliness of the home and that effective systems were not in place to reduce the risk and spread of infection. At this inspection, we checked whether safe infection control practices were being followed and noted that improvements had been introduced since the last inspection. The people we spoke with told us that the home was clean. One person said, "The home is clean and they come and clean my room often. The housekeeper is very good." A visitor said, "It's always clean and tidy." We observed staff wearing aprons at mealtimes and when attending to people.

We carried out a tour of the premises to check whether infection control procedures were being followed. We visited all communal areas and some bedrooms. A number of air vents in bathrooms required cleaning. All other areas were clean.

We looked at the provider's records of training which showed that infection control training was one of the provider's identified mandatory training courses and that staff had attended this course. We spoke with staff who were able to explain their infection control responsibilities. This provided assurance that the service's infection control training was effective.

Requires Improvement

Is the service effective?

Our findings

We checked to see whether staff were supported to have the knowledge and skills they needed to carry out their roles and responsibilities. Staff told us that they had received an induction, supervision and appraisal. We saw that all staff had received an appraisal in June 2014 and most staff had received supervision in July 2014. We looked at the service's overview of training. Training was provided in a range of areas and most courses were well attended except food hygiene where approximately only 50% of staff had attended. Almost all staff were involved in the preparation or serving of food so this meant that there was a greater risk that staff would not follow correct food hygiene practices. People told us that staff appeared well trained and competent. One person said, "When you've someone like her [carer] looking after us, it's heaven. Yes, they do know their job."

We checked to see whether people were protected from the risks of inadequate nutrition and dehydration. People we spoke with told us there was enough to eat and drink. People gave mixed comments regarding the quality of food. One person said, "The food is mixed, average. Nothing extraordinary. Boring." Another person said, "[The food is] quite good." A visitor said, "The food must be alright. [My relative] hasn't made any complaints. They get plenty to eat and drink."

We observed two people who needed support to eat were assisted by four different staff members who were also carrying out other domestic tasks while supporting them to eat. This meant that people who used the service were not effectively supported to eat their food and the mealtime was rushed and did not provide a pleasurable experience for people who used the service.

We saw from the care records of one person that they had specific needs around their nutrition due to a risk of weight loss. Staff had put in place a nutritional risk assessment and a nutrition care plan; however, they had not weighed the person for three weeks despite the risk assessment recommending that the person should be weighed weekly. We saw that another person had lost weight and the appropriate advice had been obtained. A health and social care professional told us that staff had effectively followed a person's care plan when they had specific nutritional requirements.

We checked to see whether people were supported to have access to healthcare services. People we spoke with told us that their GP visited them in the home. We saw that other health and social care professionals were involved in people's care as appropriate. We saw examples of people visiting the opticians and the GP. We saw examples of the involvement of social workers, district nurse, speech and language therapist, chiropodist and the dementia outreach team. However, one person's toenails and feet required care which we raised with the duty manager who agreed to contact the chiropodist to arrange this. This showed that the service did not always involve other professionals where appropriate to meet people's needs.

Requires Improvement

Is the service caring?

Our findings

We asked people whether staff treated them with dignity and respected their privacy. People told us that staff did. One person said, “Yes, carers are kind and respectful. They have a lot of patience.” Another person said, “They treat me with respect and dignity. They give me my privacy.”

We observed lunchtime in the dining room. The mealtime was hurried and poorly organised. This led to people not being given sufficient time to eat. For example, staff did not sit down when assisting people who needed support to eat. People were not allowed time to enjoy what they were eating as staff put spoonful's of food in front of their mouth while they were still chewing. This meant that people’s dignity was not respected.

People told us that staff treated them with kindness. One person said, "The carers are wonderful. They are nice and kind. They look after us very well.” Another person said, “I’m registered blind and I need help to get washed and dressed. They do explain things to me and help me choose the right clothes to put on.” A visitor said, “It’s a good home. Carers are nice. They are kind to the people here.” A health and social care professional told us that staff were caring. We observed that carers were kind and talked to people with respect.

When we inspected the home in October 2013 we found that there were concerns regarding the lack of information in care plans to support personalised care. At this inspection, we checked whether sufficiently detailed care plans were in place and noted that improvements had been introduced since the last inspection. Care records we looked at were detailed regarding people’s preferences and life histories. We discussed the preferences of people who used the service with care staff. Staff had a good knowledge of people’s likes and dislikes.

On admission to the home the provider took into account and explored people’s individual needs and preferences such as their cultural and religious requirements. For example where one person’s religious requirements had been identified, they had been supported to meet these needs. One person said, “The Deacon [of the Church] visits me every week and gives me Holy Communion.” This meant that people’s diverse needs were being assessed and respected.

We asked people whether they were involved in their care planning and were able to express their views about their care. People told us that staff listened to them and acted on what they said. One person said, “[Staff] do listen to me and do what I like to do.” However, there were mixed comments regarding people’s awareness of their care plans. Some people knew that they had a care plan, whilst other people did not know. We looked at people’s care records and saw that in some records there was no written evidence of people’s involvement in agreeing care plans, however, care records were detailed regarding people’s preferences and there was evidence that families were involved in people’s care.

During our visit we observed people’s privacy being respected. For example, we observed staff knocked on people’s bedroom doors and bathrooms before entering. We also observed staff react quickly to preserve a person’s dignity.

Requires Improvement

Is the service responsive?

Our findings

Most people were unhappy with the level of activities available in the home. One person said, “There’re no activities here. Nothing to do. We don’t go out. It would be nice to have some days out especially on days like this.” Another person said, “We do have some exercises and stimulation and motivation activities but not every week. A sing along about once every three months. We play dominoes. We could do with a lot more.”

We did not see any organised activities taking place during our inspection though three people were playing dominoes. The duty manager confirmed that there was no activities timetable in place and there was no activities coordinator employed by the service. This showed that the service was not responsive to people’s needs and did not fully support people to participate in activities that were individualised and meaningful to them.

We checked whether people received care that was responsive to their needs. We saw that a person was identified as at risk of skin damage and their care plan advised staff to encourage the person to change their position to minimise this risk. We observed staff followed the care plan in practice. We looked at the records of another person who was risk of skin damage. We saw that appropriate risk assessments and care plans were in place and were being followed.

The people we spoke with told us they could make choices about their care and that staff explained what support they were going to provide and checked that people were happy before providing the support. One person said, “Yes, I can make my own choices. I can go to bed and get up when I want to.” We observed that care staff explained to people what they were going to do and asked for their approval first before providing care.

People told us they didn’t have any complaints. People told us they would talk to the manager. One person said, “I have no complaints or issues. If I did, I could talk to the manager.”

We saw that the complaints procedure was displayed in communal areas. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. There had been no written complaints since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

People told us there were no meetings for people who used the service. One person said, “No, we don’t do it. It would be nice to have regular residents’ meetings. We could then discuss things and make suggestions.” Another person said, “There are no residents and relatives meetings. It would be good to have one so people could air their views and make suggestions.” We were told by the duty manager that no meetings had taken place of the people who used the service.

The results of the most recent annual questionnaire completed by people who used the service were displayed in the main corridor. We also saw questionnaires completed by visitors. This meant that people who used the service and their relatives were asked their views on the quality of the service provided. Reponses were generally positive, however, negative comments had been made regarding the availability of activities. The home’s action plan stated that an activities plan would be produced by the end of April 2014. This had not been completed at the time of our inspection. As noted earlier in the report, despite these comments the provider had not taken action to ensure that people who used the service were supported to participate in activities that were meaningful to them.

The duty manager told us that they saw the registered manager and provider every day. We saw that the duty manager carried out some audits on the quality of the service; however the findings of the audits were not always formally documented. This meant that the quality assurance systems were not sufficiently robust to drive continuous service improvement. These were breaches of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were positive about the duty manager. One person said, “The manager is very good. She talks to everyone.” Another person said, “Yes, [the duty manager] is very good.” A health and social care professional told us that the duty manager was approachable. A visitor said, “We have no complaints. It’s a good home. We can speak with the manager or staff.”

We spoke with staff who told us they felt the management team treated them fairly and listened to what they had to say. One person said, “The management are supportive, completely, no doubt about it.”

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed and actions were identified and taken. We saw that safeguarding concerns were also responded to appropriately and appropriate statutory notifications were made to us as required by law. This meant effective arrangements were in place to review safeguarding concerns, accidents and incidents and the service learned from this.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The registered person did not have effective systems in place to monitor the quality of the service delivery.**