Leicestershire County Care Limited

Woodmarket House

Inspection report

Woodmarket
Lutterworth
Leicestershire
LE17 4BZ

Tel: 01455552678

Date of inspection visit:
15 December 2015

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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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Staff did not always follow safe procedures when recording medicines and in the use of creams.

Some routine maintenance was not being carried out to ensure that all areas were completely safe from the risk of cross contamination.

There were sufficient trained staff to keep people safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards were being met but some issues were identified around care staff's level of understanding of the legislation.

Staff had received appropriate and relevant training and support.

People said that the food choices were good and they had sufficient to eat and drink. The menu provided a balanced diet and was based on people's needs and preferences.

Is the service caring?

Good

The service was caring.

People using the service and their relatives felt involved in decisions about their care and support.

People's privacy and dignity was respected and staff had a good understanding of people's needs.

Is the service responsive?

Good

The service was responsive.

Care staff knew people's routines and preferences.

People had access to a range of activities including activities that supported them to maintain their interests and hobbies.

The provider had a complaints procedure that was accessible for people.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had systems in place to monitor the quality and safety of the service. However the provider's internal quality assurance process did not always identify where practice fell short of organisational procedures.

The service worked effectively with the local authority to make improvements.

People using the service, their relatives and staff were involved in developing the service.

Woodmarket 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 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.

This inspection took place on 15 December 2015 and was unannounced.

The inspection team consisted of two inspectors 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 the inspection, we asked 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.

We spoke with five of the 37 people using the service at the time of our inspection and four relatives. We looked at six people's care plans and associated records including people's medication records. We spoke with the regional quality manager, the registered manager, a senior care worker, three care workers and a member of the ancillary staff. We also spoke with a visiting social care and health care professional.

We looked at a staff recruitment file, training plans and records associated with the provider's quality assurance system for monitoring and assessing the service.

We spoke with the local authority that funded some of the care of people using the service.

Requires Improvement

Is the service safe?

Our findings

We looked at a sample of medicine administration records and found that not everyone had a photograph for identification. This was particularly evident where the person was new to the service. Staff did not always record clearly the reason why a person had not taken their medicines. For example we noted where one person had not taken their medicine on eight occasions, for five medicines over eight days. We also found eight missed signatures in the record charts sampled. Where we were able to check back we found that the medicines had been given.

Where people were prescribed transdermal patches, the positioning of these was not always recorded. This meant that care staff may place the patch in the same place potentially causing skin irritation. Controlled drugs were stored appropriately and records were double signed.

We found that creams were not always dated on opening. We found that body maps were not always in place advising staff where to administer creams. Staff were not always signing for creams and sometimes using 'o' to record in the medicine record chart without an explanation as to what it meant. This meant it was hard to audit whether people were receiving the creams as prescribed by their GP.

We found that competency checks had been carried out and that these contained observational competencies. Care staff received the training they needed to administer medicines according to safe practice guidelines, but did not always follow those guidelines.

We saw that during the medicines round people were offered pain relief. Care staff contact was appropriate and respectful. Care staff administered the medicines according to good practice guidelines and did not sign for medicines until they had observed that it had been taken. We spoke to care staff administering medicines and they knew how to report any suspected medication errors.

The registered manager had completed a weekly medicine audit which did not highlight the issues we found. A pharmacy audit had been carried out in November 2015. It said that overall there was a very good standard of medicine management. The registered manager told us that the few recommendations which had been made had been completed.

People we spoke with told us they received their medicines on time. One person said, "Staff give me my medicines as I wouldn't remember and I would probably take them all at once".

The storage of medicines was correct.

The provider had arrangements for the maintenance of equipment and monitoring the safety of the premises. Equipment such as hoists and stand-aids were serviced and maintained but we saw toilet raisers with signs of wear and tear that were being used. We saw that the testing stickers for the hoists were not in place on equipment. We spoke with the registered manager regarding this and they showed us that the equipment had been tested but the company no longer issued stickers to place. This meant staff did not

have a quick method to check if the equipment was fit for purpose. The registered manager said they would speak with their head office to resolve this issue.

During the morning we noted that all store rooms where cleaning equipment was stored were locked, however during the afternoon we noted that a store room on the first floor had been left open and was unattended. This meant anyone could walk into the cupboard and remove cleaning chemicals. We brought this to the attention of a senior care staff who closed the cupboard.

We also brought to the registered manager's attention, that some of the store cupboards where towels and bed linen were stored could not be effectively cleaned as items were stored on the floor. The registered manager said they would make arrangements for the items to be moved.

We found that portable electrical equipment testing stickers were not always in place in bedrooms and communal areas. This meant that staff would be unsure as to the safety of these items. Window restrictors were fitted to upstairs windows. However there were several very large long windows downstairs which would have meant people could potentially leave or enter the building without staff being aware. These were in bedrooms and communal areas. We brought this to the registered manager's attention who arranged for restrictors to be fitted.

The sluice room door was kept locked. However there were areas of the sluice which could not be easily cleaned. One area was not tiled and splashes were apparent to the paintwork. The large sluice area was visibly dirty, tile grout was missing and metal areas were heavily scaled. The registered manager also made arrangements for these areas to be cleaned. There were dead flies in some of the light fittings in the service. We saw that these were removed on the day of inspection.

We also asked the registered manager to investigate whether the gaps on the stair bannisters posed any risk to people due to their size. We did note that there was restricted access to the stairs. Following the inspection we received confirmation that they had obtained advice and had made the decision to alter the bannisters to minimise any potential risk. They subsequently confirmed that work had been carried out.

We found that the water in some outlets in bedrooms and communal areas were very hot and that scale and corrosion were visible on some taps. There was potential that people could scald themselves. We saw that monthly temperature testing was in place. Where the temperatures were showing as too low, there was no evidence of action taken. Temperatures had not been recorded as too high. We spoke with the registered manager about ensuring the calibration of testing equipment was correct as we had found the water to be very hot.

In one bedroom we found that the water in the sink used for personal care was not warm. There was a sign advising staff to get a jug of hot water from the kitchen for personal care. The next door bedroom had the same water issue, but there was no advice for staff. This meant there was potential risk that the person's hygiene needs may not be met.

None of these issues posed an immediate risk to people who used the service but highlighted that the audits were not always effective in terms of ensuring the premises were always safe and free of potential hazards to people's safety.

People using the service told us they felt safe. A person told us, "Oh yes! I feel safe." Other people told us they felt safe because staff cared for them and were kind. Relatives of people using the service told us people were safe. They explained they felt people were safe because staff understood how to support

people and were there for them if they needed help. One visitor told us, "Prior to coming to Woodmarket [The person using the service] was not coping well." They told us they had chosen the service following a recommendation from someone. They added, "We have found it fine." A visiting professional also told us, "[The person using the service] has been here on respite before and has decided to stay."

People's care plans included risk assessments associated with people's care routines. Where appropriate care plans also contained information about people's behaviour and possible triggers to behaviour that challenged others. However, there was no clear information about how staff diffused challenging situations except that they ensured that there was no harm to the person and others. This meant staff did not have the information they needed to support people who may have behaviour that challenged. People we spoke with did not report any incidents where they were concerned for their safety due to the actions of other people using the service.

Staff we spoke with knew how to recognise signs of abuse. They were aware what to do if they saw unexplained bruising, changes in mood or behaviour and eating habits. They knew about the provider's procedures for reporting abuse either to a colleague or a senior. They were confident their concerns would be taken seriously. They were also aware of the provider's whistleblowing procedures which encouraged staff to report safeguarding concerns anonymously using a whistle blowing call-line. We saw posters about whistleblowing displayed in corridors. Nearly all care staff had received or were booked to attend safeguarding training. Minutes of staff meetings also showed that safeguarding and whistle-blowing was routinely discussed with staff to further re-enforce their responsibility in reporting concerns.

The provider had procedures for reporting and investigating accidents and incidents. The registered manager cooperated with the local authority safeguarding team when they carried out investigations at the service. We were told by the local authority that the provider's cooperation extended to working with the local authority to achieve improvements in safety of people using the service.

People we spoke with told us that care staff were there for them when they needed them. Relatives of people using the service had no concerns about staff deployment. Some did say that staff appeared to be very busy at times. Staffing levels at the service were determined by the registered manager assessing people's needs and the level of support they required.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 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. We checked whether the service was working within the principles of the MCA.

Staff explained that they had received training in the Mental Capacity Act and Deprivation of liberty safeguards (DoLs). However they were not consistent in understanding how this affected them in their role. One care staff told us, "One person is having their capacity assessed by the GP as the social worker would like them to go home." Other care staff were not clear if anyone at the service had a DoLs authorisation in place.

Care staff did not have a thorough understanding of different methods of restraint. For example, staff told us that restraint was not used in the home. However, we found that bed rails, sensor mats and recliner chairs were all in use and could constitute restraint. This showed that staff were not fully aware of what restraint meant under current laws and people were at risk from unsafe and illegal practice. This meant that the provider had not made sure that the staff had fully understood the MCA and people were at risk of their human rights not being fully protected.

We saw that staff sought people's consent before they provided care and support. A person told us, "Staff always come to me in the morning and ask if I need any help." Another person said, "I don't have any restrictions placed on me." We heard and saw staff speaking with people to ask if they wanted support and only proceeded to provide it after people consented.

The files we viewed showed evidence of MCA assessments. There was evidence of applications for Urgent and Standard Authorisations in respect of DoLS procedures. The DoLS applications showed evidence of considering peoples' particular needs. For example where a person needed a sensor in their bedroom due to their risk of falling and administration of medicines and personal care.

People we spoke with told us they thought staff had the skills and training to support them effectively. One relative told us, "[Person using the service] was bad before. Staff cope with them well. Staff have the skills to look after them. They look after them very well."

Care staff confirmed they had an induction which included shadowing more experienced staff members. It also incorporated essential training such as moving and handling training. We saw an example of completed induction plan that confirmed what we were told. One care staff said when asked about how often they received training, "All the time. It's booked and we do refreshers." Another care staff told us, "The training I've had has been quite good, they advertise extras like end of life care." Care staff were able to tell us how they used their training in the work place. A member of staff told us, "I really enjoyed the dementia training. We were previously trying to bring people back to reality but we don't do that now." Another care staff gave

an example from their first aid training. They said, "First aid was really good. I didn't know you rang 999 to use the defibrillator and they would talk you through it." Care staff we spoke with did not think they had any gaps in their training needs.

Care staff had supervision but there seemed to be varying levels of frequency. We asked the registered manager who confirmed that frequency was determined by the level of support the care staff required. The area quality manager also stated that the Leicestershire County Care Limited's policy was that care staff had a minimum of 8 supervision sessions during the year. This included one to one meetings, group supervision, staff meetings, which staff contractually attended a minimum of 2 annually and competency checks. This demonstrated staff were supported and received opportunities to review and develop their practice.

People using the service told us they enjoyed the meals. One person said, "Food, you cannot fault! It is excellent and ample. The cooks do an excellent job. And, yes there is choice." Another person told us, "The food here is very good. The puddings in particular. Staff are helping me with healthy eating as well." Relatives also commented on the quality of the meals. One relative said, "[Person using the service] tells me that they like the food here."

Care staff were able to tell us which people required special diets. One care staff told us, "Food and fluid is monitored. We record input and output every day." We were also told, "We put jugs of juice for people in rooms, jugs in lounges, we ask if people would like drinks, we're always giving fluids."

We saw that four weekly menus were in place. The cook told us they were changed once a year. People were involved with choices through resident's meetings. They told us as a result of this they had recently added chicken salad and chips to the menu. People had requested more Italian food. The cook told us, "Some people don't like this so we'll do a big batch of something like spaghetti bolognaise and then freeze individual potions so the people who want it can have it."

Menus listed two choices and the cook told us they used a mixture of fresh and frozen vegetables. Alternatives were listed such as soup, salad and jacket potatoes. People chose their lunch on the previous day. The cook said, "They can always change their mind on the day. We always put a bit extra in, so it's not very often we don't have any left."

Meal times appeared pleasant and unhurried. People were given the support they needed to enjoy their meal. During the meal Christmas music was playing and care staff and people using the service engaged in friendly conversation.

During the afternoon care and catering staff prepared the dining room for the Christmas tea. The table was set with a buffet and the dining room was decorated in a festive manner. People we spoke with were looking forward to the festivities.

People told us that they were supported to access healthcare services when required. One person said, "I see a doctor if I am not very well." Another person commented, "If I need a doctor I get one. I get opticians, dentists etc. everything is available." We also saw examples of referrals to external healthcare professionals such as dieticians. This showed people's health was monitored and appropriate action was taken when concerns were identified.

Good

Is the service caring?

Our findings

People using the service told us they were treated with kindness by staff. A person told us, "Staff are excellent. The staff make a place. They are very good here." Another person said, "The staff are kind and considerate. I know there are bad homes out there but this is not one of them" Relatives we spoke with also praised staff and referred to staff as "kind" "it's like a family." One relative told us "When we first came, [the manager] said welcome to the family. It is a big family. They are so family orientated." A visiting professional said, "The care's ok. The relative is happy or they would have looked for somewhere else. I'm ok with the care. They're well looked after and cared for."

Most people told us that staff respected their privacy and dignity. One person said, "They don't make me feel uncomfortable when I have a shower." However another person did tell us that care staff although, they knocked on the door they did not always wait before they came in. The person did not like that. We noted that dignity and respect was regularly discussed in team meetings to reinforce good practice.

Care staff were able to describe how they would preserve people's privacy and dignity. One care staff told us, "Knock at the door and wait, see if they're ready to get up or not. Do personal care or not. Change the sign on the door so other people don't come in. I continue talking to them and telling them what I'm doing." The registered manager had introduced new signs on doors to show when care staff were carrying out personal care and ensure that people's dignity was maintained. Care staff were clear that if they saw that someone was not being treated with dignity they would report it to the manager.

Throughout the day we saw care staff showing kindness and compassion to people using the service. The conversations included exchange of individualised information from both parties which showed that care staff were knowledgeable about people's histories and that people using the service also knew the care staff. This supported the forming of positive relationships between people using the service and the care staff that supported them. When we overheard people speaking with care staff in bedrooms, staff were kind and respectful.

Care staff we spoke with had a good knowledge of people's care needs and were able to describe in detail the support people needed. For example, a person who had a particular mobility issue care staff were able to tell us what they did to support the person and reduce any risk.

People we spoke with told us they felt involved in decisions about their care. A person told us, "I feel very involved in my care. If I wasn't happy with anything, I will tell staff." People told us they were asked about what was important to them and what they liked, for example about what food they liked and the types of activities they enjoyed. Relatives of people using the service told us they felt involved. They said. "One carer is responsible for [person using the service] care. She chats with me about their needs and their support."

Good

Is the service responsive?

Our findings

People using the service who were able to, contributed to the assessment of their needs and planning of care. A person told us, "I feel very involved in my care." Another person said, "Communication is good here."

One person enjoyed gardening and their bedroom led directly to the garden so they could come and go as they pleased. A care staff told us, "They go out into the garden and do certain things in certain areas. They won't stop until it's done, even if it's raining. They're out in all sorts."

When people's needs were assessed and reviewed at regular intervals, they and their relatives were asked about what was important to them. Where people's needs had changed plans were amended to meet their needs. For example, where a person needed more support in their personal care.

One care plan described how a person was supported to access the community independently. Care staff made a note of the clothes that they were wearing, ensured they carried contact details of home and relevant people such as the manager. They also agreed with the person the time that they expected to return back to the home. This arrangement appeared to be working well and promoted the person's independence.

Staff we spoke with had a good knowledge of people's care needs and were able to describe in detail the support people needed. For example, a care staff told us, "One person is very specific about clothes. All of them are beautiful. Their eye sight is not brilliant so we take the clothes to them so that they can choose. They tell you what they want doing next. They clean their teeth in a very certain way."

People were involved in a range of activities. A relative told us, "People are supported to go out in the community and to have social events. They have garden parties. Staff took the residents to Skegness." We saw photographs of people using the service out on trip to Twycross Zoo and involved in creative activities. The registered manager showed us some cushions that people had made to sell at the Christmas fair.

People had information available to them about how to make complaints. Relatives we spoke with told us they knew how to make complaints or raise concerns. One person said, "I have no complaints. If I were unhappy with anything I can tell staff." Another person said, "I don't think there's anything I can complain about." A relative also said they felt confident to complain if they needed to. "I have no complaints whatsoever. I think it's a wonderful place."

The provider had procedures for staff to report concerns about delivery of care or incidents and accidents. Care staff understood their responsibilities and the procedures they needed to follow. Reports were investigated by the manager or the regional quality manager. We saw that where issues were highlighted following incidents, changes to procedures were made.

Requires Improvement

Is the service well-led?

Our findings

We asked the registered manager about how they had checked the quality of the service. The registered manager carried out a range of scheduled checks and monitoring activity intended to provide assurance that people received the care and support they needed. These included the checking of people's bedrooms, monitoring charts that were in place for people, cleaning records and medicines. However we found that not all the audits had highlighted areas where we found shortfalls such as infection control and management of medicines. We brought these issues to the registered manager's attention on the day of the inspection.

People we spoke with during the inspection were complimentary about the service and staff. We received comments such as, "The manager is lovely." And, "All the staff are great." They included positive comments from relatives of people in the home and visiting professionals. One relative told us they visited several times a week and said, "We are always welcome no matter what time we come." They also said, "Nothing is too much trouble." A visiting professional told us, "The manager is very keen to work with me. Any little issues have been remedied and resolved quickly." A visiting health care professional told us that following a meeting with the manager they now had senior care staff who acts as a link person. That meant they have the information they needed when they visited.

People were encouraged to give their views about the service by the registered manager ensuring that the culture within the service was positive, person centred and open. Minutes of meetings showed that people who used the service were encouraged to give their views about the meals, standard of cleanliness and other things pertinent to the running of the service. They were encouraged to say what they felt was working well and what they would like improvements on. We saw evidence of compliments the service had received. People could also provide feedback in reviews of care plans and through satisfaction surveys. People using the service and relatives told us they had participated in the satisfaction survey. One relative told us, "We have just filled in a questionnaire." The provider used this information to develop and improve the service.

Care staff we spoke with were aware of the whistle blowing policy. However, only two out of four staff we spoke with knew how to report concerns internally as well as externally. Care staff had been given information about the provider's whistle-blowing policy and it was discussed at team meetings. We discussed this with the manager on the day of the inspection and we were told they would remind staff of the policy.

The service had a registered manager who understood their responsibilities in terms of ensuring that we were notified of events a provider had a legal responsibility to notify us about.

The registered manager had a clear understanding of what they wanted to achieve for the service and they were supported by the staff group. Care staff described the vision of the service, "Give them everything they wish for and would have at home." "Comfort and dignity." "To still go out in the community if they can or we bring entertainers to them." And "In my eyes this is their home, they can come and go, have visitors when they want, we're here to assist and make them comfortable and happy." Care staff we spoke with also added they felt supported by the provider and on the registered manager said, "(Manager)'s lovely. I've watched

them come up through the ranks. I think they're doing ok." Other comments we received from staff included, "Approachable, supportive, really good with the residents." "They know them really well." And, "They are quite respected."