

Woodfields Residential Carehome

Woodfields Residential Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 6 April 2016. At our last inspection visit in January 2015 we asked the provider to take action to ensure people received care that was safe, that there were suitable arrangements in place to gain people's consent and ensure there were effective staff recruitment systems in place. When we carried out this inspection we found all these issues had been addressed. Woodfields is a care home which provides accommodation and personal care for up to 17 older people some who may have dementia. At the time of our inspection 13 people lived at the home.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People may not have received their medicines as prescribed as records were not always completed in a consistent manner. People told us they felt safe and happy living at the home. Staff understood their responsibilities to identify and report potential harm or abuse. The provider had systems in place that kept people safe and protected them from the risk of harm. The provider reviewed incidents and falls to reduce the risk of people being harmed. People's individual risks were known by staff and managed safely.

People's care and support needs were met in a timely manner. People and staff said there were sufficient numbers of staff available to meet people's needs. People were supported by staff that were recruited safely into their role. Staff said they were well trained to do their job and felt supported by the registered manager.

Staff understood the need to gain people's consent to care before providing any support or assistance. People's liberty was not being restricted and the registered manager understood how to promote people's legal rights.

People told us that they had a choice of meals and that they liked the food and drinks provided. People told us that they were supported to have access to a wide range of healthcare professionals should they need to.

People were cared for by staff who knew them well. They said staff were kind and caring and they received care from a consistent staff group. People felt involved in their day to day choices and were supported to maintain their independence. People's dignity and privacy was respected by staff.

People and their relatives said that they felt fully involved in developing their care plan and received care that met their needs. People told us they were happy living at the home and took part in a number of different activities. People and relatives knew how to raise any concerns and were confident any issues would be addressed.

The registered manager was aware of their role and responsibilities. People and staff told us they felt

listened to and any suggestions made were listened to. There was evidence of learning from incidents and falls and changes were implemented to improve the service people received. Regular checks were completed to review and monitor the quality of the care that people received. Where issues were noted, action was taken by the registered manager and provider to put this right. However these checks had not identified some areas that needed improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People may not have received their medicines as prescribed as records were not always completed in a consistent manner. People felt safe and staff understood their responsibilities to protect people from the risk of harm or abuse. There was sufficient staff to meet people's needs who were recruited safely. Staff were aware of risks to people's safety and how to minimise these.

Requires Improvement 

Is the service effective?

The service was effective.

People had their rights to consent to their care and support respected. Staff followed the principles of the MCA to make sure people rights were protected. People were looked after by staff that were trained to meet their needs. People were supported to have enough food and drink and staff understood people's individual health and nutritional needs.

Good 

Is the service caring?

The service was caring.

People were looked after by staff that were kind and caring. Staff knew people's individual likes and dislikes. People were supported by staff that provided care in a respectful and dignified way.

Good 

Is the service responsive?

The service was responsive.

People received care that was reflective of their changing needs. Care plans were updated as people's needs changed. People were supported to maintain relationships and pursue their interests. People and their relatives were aware of how to make complaints and share their experiences and concerns.

Good 

Is the service well-led?

Good 

The service was well- led.

There was a registered manager in place who was open and transparent. People their relatives and staff told us the care people received were well managed. Staff had a good understanding of their responsibilities and role. Systems to monitor the quality of the service were in place.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 April 2016 and was unannounced. The inspection team consisted of two inspectors. As part of the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority for information they held about the home. We used this information to inform our inspection.

We spoke with five people who lived at the home and three relatives of people who lived there. We spoke with four members of staff, the registered manager and the provider. We looked at four people's care records, records relating to medicines, three staff files and records relating to the management of the home. We also carried out observations across the service regarding the quality of care people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection in January 2015, we had found that the provider did not ensure people always received care in a safe way. The provider sent us an action plan outlining how they would make improvements following the inspection. We found at this inspection the provider had met the regulations.

Risks to people who lived at the home had been assessed and action had been taken to keep people safe. Staff we spoke with were able to explain people's individual risks and understood how risks were minimised. For example, they told us when people were at risk from damage to their skin or choking measures were in place to protect them. Staff we spoke with told us of one person who was at risk of fragile skin. They told us how they supported the person to mobilise to relieve the pressure on their skin. We looked at the care record and saw it provided guidance for staff to refer to. We observed throughout the inspection staff following the guidance provided within the care plan to minimise the risk to the person. Some people who lived at the home were at risk of falls. We saw that when some people mobilised staff were quick to identify if people required assistance such as to get up from a chair. We discussed the actions the provider had taken to minimise the risk of falls for people. The provider had introduced a falls monitoring procedure which was a system of sensors and alarms. Throughout the inspection we observed staff responded quickly to the alarms. Staff checked to ensure people were safe and did not require assistance. Care records we looked at had been updated when people's needs had changed.

Where people had falls, accidents or injuries these were reported and recorded by staff appropriately. We looked at records and saw when a person had sustained an injury the provider had analysed the potential cause and taken action to limit the risk of this happening again. The action they had taken made sure the person's needs were reviewed and any equipment they required was obtained to reduce the risk of a re-occurrence.

At our last inspection in January 2015, we had found that the provider did not operate effective recruitment procedures. The provider sent us an action plan outlining how they would make improvements. We found at this inspection the provider had met the regulations.

Staff we spoke with told us they had undergone appropriate checks prior to their employment at the home. One member of staff said, "I had an interview before I started working here and my DBS and reference checks were completed." The registered manager told us they checked staff were of good character before they were employed to start work at the home. They showed us three staff member's files and we saw appropriate checks had been obtained before staff started to work at the home such as references and disclosure and barring (DBS) checks. DBS helps employers make safe recruitment decisions and helps to prevent unsuitable people from being recruited.

We looked to see whether medicines were managed safely. One person told us, "Staff bring me my medicines; I have had no problem they always remember to give me them [medicines]." We sampled Medicine Administration Records (MAR) and found some people's medicines were not recorded accurately. One of these medicines was prescribed to a person to ensure they did not develop blood clots, which meant

not having the correct dose may have an impact on their health and well-being. We found the total amount of medicines available did not match the person's MAR and this was indicative that they had not received their medicines as prescribed. We looked at four other people's medicines and also found prescribed medicine in stock did not reflect their MAR or records of receipt for medicines. Staff told us they were aware how medicines should be administered; however we found medicine guidance was not in place for medicines that had been prescribed for 'as required' (PRN). This meant some medicines could be at risk of being administered incorrectly. Although there was no evidence that anyone had been harmed by these errors and procedural lapses, we discussed them with the registered manager and provider who told us that, in the light of our findings, they would review medicines management procedures and arrange retraining for staff involved in medicines administration.

People we spoke with told us that they felt safe living at the home. One person said, "I feel safe here because staff are always about and they look after me." Another person told us, "I feel safe all I have to do is press the button and someone comes straight away, it really is excellent service." A relative said, "[Person's name] is safe here staff treat [person name] like one of their own. The family have peace of mind 100%." All the staff we spoke with knew how to keep people safe and were able to tell us about different signs of abuse. Staff understood their responsibility to report any concerns about people's safety to the manager or provider. One member of staff said, "If I thought someone was at risk of abuse or any harm I would speak to the manager and they would sort it out and make sure people were safe. I don't have any concerns." All the staff we spoke with were aware how to escalate concerns about people's safety to external agencies if required such as the local safeguarding authority or CQC. We saw that where incidents had occurred concerning people's safety, staff followed the provider's procedure to protect people from the risk of abuse. This demonstrated people were protected from the risk of harm or abuse as the provider had appropriate systems in place.

People who lived at the home told us there was enough staff to meet their care and support needs. One person said, "Staff have a rota, there is so many on at one time and you never have to wait for anything. At night there are always staff here and if you ring the bell they come straight away." One relative said, "There seems to be enough staff about they always come straight away if the buzzer is pressed." Another relative commented staff were always available and acted promptly when assistance was required. We saw people were not kept waiting when they required support or assistance and there were sufficient numbers of staff on duty to support people with their care needs. We discussed staffing levels with both the manager and provider and were told staffing numbers were based on people's individual dependency needs. This showed that there were sufficient staff deployed to keep people safe.

Is the service effective?

Our findings

At our last inspection in January 2015, we had found that the provider did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people. The provider sent us an action plan outlining how they would make improvements following the inspection. We found at this inspection the provider had met the regulations.

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 interest and as least restrictive as possible. People told us and we observed staff sought people's consent before providing them with care or support. A person told us, "They [staff] will always ask me before they do anything to make sure they have my agreement. They explain why or what they are doing they are very good." We found from speaking with staff they understood the principles of the MCA. We heard staff explain to people what their choices were. We saw staff wait for a response and saw people made their own decisions about their care, where they wanted to sit or what they wanted to eat. Where relatives had the legal rights to be involved and consulted regarding any decisions about their relatives care we saw staff respected this. Where people might not have the capacity to make decisions the registered manager made sure decisions were made in people's best interest which included consultation with them and their representatives.

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 service 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 manager was aware of DoLS and told us two people living at the home had their liberty restricted. The registered manager understood how to make applications to the local authority where they might consider restricting a person's liberty to make sure they remained safe or to meet their care needs. Staff we spoke with were aware of the restrictions in place to keep those people safe that had a DoLS and were complying with these. We observed people's movements were not restricted around the home and people had their mobility aids within their reach so they were able to move safely around the home.

People spoken with told us staff had the right training and skills to meet their needs. One person told us, "Staff have to use a hoist and all staff have been trained. They [staff] are so careful when using the hoist and there is always two staff and sometimes three to do this." Another person said, "Staff know what they are doing." Relatives said they thought staff were trained and had the skills to support the people who live at the home. One relative said, "Staff are very knowledgeable about [person name] needs and know exactly how to care for [person name]. It is very good."

Staff told us they received support from the management team to do their jobs. They told us when they

started in their roles they completed an induction which involved shadowing experienced members of staff and completing training to ensure they were competent to undertake their roles. One member of staff said, "When I started in my role I shadowed a senior for a shift and then shadowed carers. Shadowing lasted for about one and a half weeks. I felt confident to undertake the role after I completed this." All staff spoken with told us they received the training they required to be able to their job effectively. They said they understood their roles and responsibilities and felt they could approach the management team if they had any concerns. Staff told us and we saw from records that regular one to one meeting's, team meetings and appraisals took place. Staff told us they were able to discuss any concerns during these meeting and any issues were addressed. Staff were supported to gain the knowledge and skills to do their job well

People told us they enjoyed the food provided at the home. People said that they had plenty to eat and drink throughout the day. One person said, "The cook talks to everyone about what they like to eat, I said I fancied liver and onions one day and the next day we had it for lunch. The food is so good here; there are afternoon snacks and lots to choose from." Another person told us, "I can have what I feel like. If you ask [staff] do it for you." Staff we spoke with had a good understanding of people's individual dietary needs and risks. Where people had specific needs in relation to their nutrition or swallowing; risk assessments were in place and we saw staff were following instructions. We saw lunch being served and the interactions between staff and people were positive and people were supported to eat their meals at a pace suitable to them.

People and their relatives told us they were able to see healthcare professionals when they needed them. One person told us, "An optician was called out to come and assess for new glasses it was sorted out very quickly." A relative told us, "Staff are really good, they always call the GP if something is wrong and inform us." People and relatives we spoke with had no concerns about people's health needs not being met or about how they were supported by the staff at the home. We looked at people's records and saw that referrals were made to healthcare professionals promptly where concerns had been identified such as speech and language teams (SALT) or doctors. This showed people's healthcare was supported by the provider.

Is the service caring?

Our findings

People who lived at the home told us that staff were kind and caring. One person said, "[Staff] are very kind and will do anything for you. They are very thoughtful." Another person commented, "I love it here; I can't believe how kind and caring [staff] are." We observed staff interactions were kind and staff assisted and supported people in a caring way. We saw staff communicated in a sensitive way, for example staff reassured people who were worried and spoke with people in a compassionate manner. We saw staff listened to people and did not rush them letting them talk at their own pace. Where people required support, staff responded promptly to their request. For example, one person refused care from staff. We saw different members of staff approach the person offering re-assurance and talking to the person in a compassionate manner. The person continued to refuse care; however staff went back at regular intervals to check on the person's well-being looking for non-verbal cues on how the person was feeling. Relatives we spoke with told us about the positive relationships in the home between people and the staff members. One relative told us, "Staff treat residents like family; you know they are getting 100% care."

People we spoke with told us they were involved in their own care. One person said, "Staff talk to me about what care or support I need." A relative told us, "[Person's name] is given opportunity to choose how their needs are met and is involved in making decisions about their care whenever they are able to." People we spoke with told us staff involved them in developing their care plan and asked them questions about their choices and preferences. Staff we spoke with were able to tell us about people's likes, dislikes and preferences such as what they liked doing or where they liked to spend their time and those people who preferred a female member of staff when personal care is given. This demonstrated people's choices were sought and listened to.

People and their relatives told us that staff respected their privacy and dignity. One person said, "Staff are always mindful of your privacy they knock on the door every-time they come to my room." Another person said, "My daughter and her husband come to visit me and we are always asked if we would like to go somewhere private." A relative commented, "If personal care is being given they are always discreet and ask relatives to leave the room for a while whilst care needs are being addressed." During the day we observed staff treated people with respect and supported people in a dignified way that took in account their individual needs. One member of staff told us, "I always try to ensure I protect people's privacy and treat people with respect. For example if a nurse visits and [person] wants to stay in the lounge while having treatment I will hold up a blanket to protect the person's privacy." Another member of staff said, "I close the door and curtains when personal care is being delivered." This showed staff promoted people's dignity and privacy.

People who lived at the home said their family could visit them whenever they wanted. One relative said, "You are always made to feel welcome whatever time you visit the home." We observed staff were caring towards people's visitors ensuring visitors had access to drinks during their visit to the home. This was indicative of people's existing relationships being promoted.

Is the service responsive?

Our findings

People and their relatives told us they were involved in making decisions about their care and support. They said that they received the care they required when they needed it. One person said, "Staff respond quickly if I need any help." One relative told us, "[Staff] keep me informed, they tell me what is happening. I am fully involved."

We saw assessments were undertaken to identify people's support and care needs and used to develop people's care plans. The care plans we looked at contained general information about people's needs; they did not always include people's personal history, individual preferences and interests. However, the staff we spoke with had worked at the home for a long period of time and knew people well. They were able to demonstrate to us a good understanding of people's preferences, routines and care needs. For example, one person needed occasional prompting to eat slowly to avoid choking. We asked staff how they shared information about changes to people's needs. They told us they shared information at the start of each shift during handover sessions. Staff said this provided an opportunity for staff to share and discuss information about people's care so people received continuity with their care. For example, one person continually refused support with their care needs, staff starting a new shift were made aware and continued to monitor and offer the person support.

We asked people what interested them and what they enjoyed doing during the day. One person told us they liked to look through the newspaper or sit and talk to other people living at the home. People told us they could choose to take part in a range of different activities one person enjoyed participating in gardening at the home. Other people said they enjoyed going out with their families. During the day we saw staff spending time with people chatting with people. One person we spoke with said they liked to spend time in their room and they enjoyed watching the television and using their laptop. They told us "Staff pop in regularly for a chat and check I am ok." This showed that people were able to spend their time in activities that were meaningful to them.

People and their relatives told us they were aware of the complaints policy and felt confident to speak with staff if they had any concerns. One person said, "Nothing to complain about but if I was worried I would speak with the manager and I am sure it would be resolved." A relative we spoke with said, "We had a small issue with laundry being missing, this was dealt with quickly and resolved." Staff we spoke with were able to explain how they would raise concerns or complaints on behalf of people who lived at the home. They said they would refer any concerns to the registered manager and said they were confident any issues would be addressed. We looked at records and saw the provider had a procedure for receiving and handling complaints or concerns. We saw one complaint had been received since our last inspection and this had been investigated and responded to appropriately.

Is the service well-led?

Our findings

People and their relatives we spoke with felt the home was well managed. One person told us, "It's an excellent service. It's very well managed [provider's and registered manager's name] are always about and available to speak with. I am very happy here." A relative said, "Really happy with the care [person's name] receives. I think the home is well managed."

People, relatives and staff confirmed they were involved in commenting on the service. One person said, "Staff always listen to what you have to say and make any changes if needed. We also discuss things like what activities we would like to do. [Staff] are very approachable." People told us any suggestions they made however small would be seen as important and were looked at. Staff we spoke with told us they felt their views were valued and were able to share their ideas for the benefit of people who lived at the home. For example, meal planning. People identified the registered manager and provider by name and said they saw them frequently. We saw throughout the day the registered manager spoke with people, relatives and staff in a friendly manner and responded quickly to any requests. One relative we spoke with said, "[Manager's name] is very approachable as is everyone here and will sort any issues quickly."

The registered manager managed the home on a day to day basis and had a good understanding of people's needs and which people required extra support from staff. They demonstrated an open and transparent management style. For example, they discussed with us the issues they faced in trying to meet the needs of a person living at the home. They explained the actions they had taken to ensure the person remained safe and they knew their responsibilities to ensure the person's care needs were being met. The registered manager was knowledgeable about all aspect of the service. Both the registered manager and provider highlighted to us the areas where work was in progress to ensure improvements were being made. For example, improvement in infection prevention and the refurbishment of some areas within the home. The provider has a history of meeting legal requirements and notifying CQC about events that they are required to do so by law. We saw the provider had ensured information about the home's inspection rating was displayed prominently as required by the law.

There was a clear management structure in place and staff knew who to go to if they had any issues. People received care from a consistent staff group which meant that people were familiar with them and staff knew people well. Staff we spoke with told us they felt supported by the registered manager in their roles and demonstrated a clear understanding of their responsibilities. Staff said that they worked as part of a staff team and said that they enjoyed working at the home. Staff were aware of the provider's policies and procedures and of whistle-blowing. They said they would not hesitate to use if they felt issues or concerns were not appropriately addressed by the management team. Whistleblowing means raising a concern about a wrongdoing within an organisation.

The provider had systems in place to monitor the quality of the home. We found some of the quality audits did not identify and address some areas of concern we picked up during the inspection. For example, medication errors and care plan audits. However the provider had systems in place to identify trends and themes in order to measure and improve the quality of care received such as incidents and falls. We saw that

where the provider had identified areas for improvement action plans had been produced. We saw that these were used to improve the quality of care for people living at the home. For example, infection- control. The provider and registered manager worked to continually improve the quality of the service people received and said they would address immediately the concerns we found during the inspection in relation to the medicine discrepancies.