

Select Health Care Limited

Woodcote Hall

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 inspection was unannounced and took place on 14 June 2016. At the last inspection in August 2015, we found the provider was meeting the regulations in all of the areas we reviewed; however improvements were required in some areas. At this inspection we found some improvements had been made, however the provider was not meeting the expected standards of care in relation to the safe handling of people's medicines.

Woodcote Hall is registered to provide accommodation and personal care for up to 56 older people including people with dementia. On the day of the inspection there were 49 people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found that medicines were not always managed safely. People were not always supported by sufficient numbers of staff. People told us they felt safe and staff were aware of their responsibilities to keep people safe from harm. Risks to people had been assessed and were managed effectively.

People were supported by staff who had received training to ensure they had the skills and knowledge to be effective in their role. People were asked for their consent before support was provided. The registered manager had assessed people's capacity and acted appropriately to ensure people's rights were protected. People enjoyed the food and were supported to access appropriate healthcare services when required.

People felt staff were caring and treated them with kindness. Staff knew people well and understood their life histories as well as their needs. People and their relatives felt involved in decisions about their care and support and staff acted in a way that upheld people's dignity and privacy.

People and their relatives were involved in the planning and reviewing of their care. A range of activities were available for people to participate in, although the registered manager recognised that improvement were needed in this area. People knew how to complain if they were unhappy about any aspect of their care and support and there was a system in place to manage complaints.

People, relatives and staff told us they felt the home was well managed. The registered manager had made a number of improvements since the last inspection. The registered manager was open to receiving feedback and was looking at ways to increase feedback from people and staff. There were systems in place to monitor the quality of care being provided and the registered manager felt supported by the provider to develop and improve the service.

During this inspection we found breaches of the Health and Social Care Act 2008 (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?

Requires Improvement ●

The service was not consistently safe.

Medicine were not always managed safely. There were not always enough staff to meet people's care and support needs in a timely way. People told us they felt safe. Staff knew how to protect people from harm. Risks to people had been assessed and were managed effectively.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their care and support needs. People were asked for their consent before staff provided care. People were happy with the food provided and received support to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People felt staff were caring in their approach. Staff knew people well and understood their needs and preferences. Relative were made welcome when they visited and staff supported people in a way that protected their dignity.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning and reviewing their care. People were supported to follow their interests, although people expressed they would like a wider variety of activities. People knew what to do if they were unhappy about the care and support they received.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt the home was well managed. The

registered manager was aware of their responsibilities as a registered person and there were systems in place to monitor the quality of care provided.

Woodcote Hall

Detailed findings

Background to this inspection

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

This inspection took place on 14 June 2016 and was unannounced.

The inspection team included 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 use this type of service. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and the clinical commissioning group (CCG) for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We spoke with five people who lived at the home, three relatives, eight staff members and the registered manager. We looked at four records about people's care and support, eight medicine administration records and quality assurance audits which were completed by the registered manager and senior staff.

Is the service safe?

Our findings

People told us they were happy with the way they were supported with their medicines. One person said, "I am happy with the medicines, I get them on time." Another person told us, "I get my painkillers with my ordinary pills." However when we reviewed the management of medicines including the Medicine Administration Record (MAR) charts for eight people we found concerns. We found the arrangements in place for handwritten MAR charts were not robust. Information that was recorded was not always checked by two staff to ensure it accurately reflected the instructions given by the person's GP. We found some people's medicines were not recorded accurately. In particular we looked at three people prescribed medicines for pain relief and another to reduce anxieties. We were not able to check that the medicines had been given as prescribed because the total amount of medicines available did not match the records of receipt or administration. We asked the registered manager, deputy manager and senior team leader about this and they were not able to confirm if people had received their medicines. Where people were prescribed a variable dose of a medicine such as 'one or two tablets to be taken' we found that the quantity given was not always recorded and again the management team were unable to confirm what dose had been given. This is particularly important for pain relief medicines to determine if people had been given the maximum prescribed dose or could be given a further tablet for pain relief.

Controlled drugs are medicines that require special storage and recording to ensure they meet the required standards. We found that controlled drugs were stored securely but were not always recorded correctly. There were systems in place to audit the safe administration of controlled drugs but these were not effective and stock balances recorded in the audit did not match the balance in the controlled drug record. These medicines may cause serious problems like dependence and harm if they are not used properly, therefore people had been placed at risk of potential harm by unsafe practices.

This was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014, Safe care and treatment.

People expressed mixed views about whether there were enough staff available to meet their needs. One person told us, "If they had more staff they could help me be more independent. I would just need the help of a carer." Another person said, "The amount of staff varies a great deal. Sometimes there are more staff than usual and sometimes less. Today is a typical day; they could always do with more staff." A relative expressed concern that at times their family member was not supported to bed until very late, due to a lack of available staff. Other people expressed more positive views. One person said, "I think there are enough staff", and a relative said, "We think there are enough staff, there are more on the floor than before." All of the staff we spoke with felt there had been times when there were not enough staff to meet people's needs. One staff member told us, "There are not really enough staff to do what we would like to do, we would like to do more for example some people would love to have a chat, but I don't have the time." Another staff member told us, "Staff do the best they can based on the number of staff available, you can't run the best service on the amount of staff we have." Other staff had a different view, "There are generally enough staff in the morning. I never rush people; I am here for 12 hours so we go at their [residents] pace." We observed people receiving care and support throughout the inspection and found there were times where people had

to wait for over ten minutes for care because two carers were needed and they were not available. We also observed a person who was being supported to eat; they had their meal interrupted for ten minutes because the staff member needed to respond to another person's care needs. This demonstrated there were not always enough staff available to provide care and support when people needed it. We discussed our concerns with the registered manager who told us they used a dependency tool to calculate the staffing levels required to meet people's needs. Following our concerns they advised us they would review this to ensure people's needs were met in a timely manner.

People told us they felt safe. One person told us, "I do feel safe." We asked relatives how they felt about their family member's safety and one relative told us, "I feel that [person's name] is safe here, they do what they can; [person's name] loves it here." Where people were not able to express their views we saw they appeared comfortable when in the presence of staff members and were confident to approach staff for support when they needed it. People were protected from harm by staff who knew how to recognise possible signs of abuse. Staff understood their responsibilities in recognising and reporting suspected abuse and knew to raise concerns with both the registered manager and other external agencies if necessary. One staff member told us, "You have to look for changes in mood, personality; perhaps they may stay in their room more and be withdrawn." Another staff member said, "I would always note any changes so the person can be monitored and if in doubt report this to the management team. They then report things as a safeguarding." Staff told us they had received training in protecting people from harm and abuse and this was supported by the staff training records we saw during the inspection.

The registered manager told us new staff were not able to start in their role until employment checks had been carried out. Staff told us the provider had requested references from previous employers and carried out background and identity checks, including Disclosure and Barring (DBS) checks. This helped the provider to ensure that staff were suitable to work with vulnerable people.

We saw that the provider used risk assessments which helped to ensure people's care and support was delivered in a way that kept them safe from harm. Staff told us care plans identified where people were at risk and what action staff needed to take in order to minimise the risk. Staff were able to tell us which residents were at risk and give examples of how risks were managed. One staff member said, "There are three people here who are at risk from choking, they all have a pureed diet and thickener is used in their drinks, people are not left alone when eating or drinking." We observed that staff stayed with people who were at risk from eating and drinking throughout meal times. Staff also told us these individuals had been referred to the Speech and Language Therapy (SALT) team for specialist help with managing the risk and there were detailed plans in place showing what action to take and how to manage this aspect of their care. We reviewed four care plans during our inspection, which supported what staff had told us about risk management and help from specialist services. For example there were risk management plans in place from the SALT team for people at risk of choking and from the district nurses for people at risk of skin tears and who needed pressure care relief. The registered manager had oversight of all ongoing concerns to people's safety and was able to explain to us how they had identified any patterns or trends in relation to accidents and incidents to prevent them from reoccurring.

Is the service effective?

Our findings

People told us they felt staff had appropriate skills and knowledge and were trained to be able to meet their needs. One person said, "You can't grumble about the staff, you only have to ask and you get help." A relative told us, "I think the staff are excellent." Staff told us they received regular training which enabled them to support people in a way that met their individual needs. One staff member told us, "I have had dementia training recently. It really opened my eyes. I understand people so much better now; I can see things through their eyes." Other staff shared with us examples from training they had received in safe guarding, manual handling and infection control. We observed that staff had a good knowledge of people's needs and understood how to best support people. For example during lunch time staff knew how people preferred their meal to be served.

Staff told us they received supervision and support from senior staff and the registered manager. One-to-one meetings included an opportunity for staff to receive feedback on how they were performing in their role, as well as discuss any issues of concerns they had. Staff told us they attended team meetings which helped them support people more effectively. One staff member said, "Team meetings are good, they make me feel like we are all pulling together to do the best for people."

People told us staff asked for their consent before providing care and support. One person told us, "They ask permission, I don't mind that." One staff member told us, "You need to gain consent from people before you do things" Staff shared examples with us of people using sounds and facial expressions to indicate their consent. A staff member told us, "If someone indicates they do not want something, for example personal care, I would leave it and go back and try again later." Throughout the inspection we observed staff asking people for their consent, including where they would like to sit to eat their meal and if they wanted to take part in organised activities. Where visitors arrived at the home, staff did not always assume people would be happy to see them. Instead, they checked with the person first and then invited the visitors into the room where the person was. One person told staff they were unwilling to spend time with the person who had come to see them and staff respected their wishes and relayed this information to the visitor.

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. We found assessments had been carried out to assess whether or not people lacked capacity to make certain decisions and these were recorded and shared with the staff team. Staff understood the principles of the MCA and had a good knowledge of people who lacked capacity to make certain decisions and knew how to support people to make decisions in their best interests.

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. We found that two people currently living in the home had a DoLS in place and there were 21 applications awaiting assessment by the local authority. The registered manager had a good understanding of their responsibilities in this area. Staff we spoke with had received training in DoLS and were aware of potential restrictions to people's rights and freedom. One staff member said, "There are different things that can restrict people's liberty; for example window and door locks, monitoring peoples movements and bed rails." Where bed rails were used assessments had been carried out to ensure this was a necessary requirement introduced in the best interests of the person involved. This ensured people's rights and freedoms were not unlawfully restricted.

People told us they were happy with the food provided. One person told us, "The food is good. We have two or three choices, I think the food is fresh." Another person said, "The food isn't bad, you get two choices. I would prefer more vegetables." Relatives were also positive about the food their family members received. One relative said, "[Person's name] is given choices and gets encouragement from staff to eat." Staff had a good understanding of people's dietary needs and were able to tell us what people needed to eat or drink and what specialist support they needed, for example which people needed to follow a diabetic diet and how people were offered a choice of meals. Some people told us they would like to be offered more to drink and one person told us they were thirsty. We observed people sitting in the main lounge and dining room were regularly offered a variety of drinks by staff members. However people who chose to spend their time in other areas of the home were not offered drinks as frequently. We discussed this with the registered manager who told us that jugs of water were made available to people in other areas of the home, but that this would be reviewed following the inspection.

People told us they were able to access relevant healthcare professionals when they needed them. One person said, "I have seen a chiropodist and the doctor comes in." People's healthcare needs were monitored by staff and there were systems in place to ensure that staff were able to identify a change in people's healthcare needs. We spoke with a visiting district nurse who told us improvements had been made in recent months to the way in which staff supported people with their healthcare needs. Staff had received training to update and refresh their knowledge and a room had been made available for visiting healthcare professionals to use when they were at the home. The registered manager told us they were now meeting on a monthly basis with the district nursing team to maintain communication and improve outcomes for people living at the home.

Is the service caring?

Our findings

People told us staff were caring and everyone we spoke with described their care as good. One person said, "We like the carers, they are very helpful." Another person told us, "The staff treat me very well." One person we spoke with told us they sometimes felt staff were rushed; however they said staff were still caring when they supported them. A relative said, "[Person's name] loves the friendly staff." We observed staff responding to people in a warm and friendly manner. For example one person moved to sit in the communal lounge and a staff member noticed they were feeling cold so went to the person's room to collect a blanket. This showed that staff were attentive to people's needs and acted in a caring way.

Staff knew people's personal histories and had good relationships with people. They were able to communicate with people in a way they could understand and were caring in their approach. We saw staff took time to find out what people wanted. Staff also felt they understood the needs of the people they were supporting. They were able to share examples of how they communicated with different people, for example they used pictures and simple sign language to offer people choices about things such as what to wear or what they wanted to do. A staff member told us, "The care plans helped me know what people needed where communication was difficult for people."

Staff were observed supporting a person who was anxious about why they were at the home; they spent time comforting the person and took the person to see their bedroom and their belongings to help remind and reassure them.

People and their relatives were involved in decisions about their care and support and people told us they felt staff listened to them. One person said, "You only have to ask you get it. The staff don't hesitate." Staff told us people were encouraged to express their views and make their own decisions where possible. They shared examples with us of where people were given choices for example, people could choose when to get up and whether they wanted to receive personal care or not. A staff member told us, "We get to know people and communicate with them in the best way to find out what they want and don't want."

Staff were observed engaging people in conversations, for example the gardener came into the communal areas of the home and brought a dog for people to see. This encouraged people to engage in conversation and we saw people responded positively to this interaction and began to smile and relax. Relatives told us they were made welcome when they visited. One relative said, "We have a laugh and a joke with the manager; we are made welcome."

We saw examples of staff maintaining people's dignity when providing care and support. For example staff knocked on people's doors before entering their rooms and offered people time and space to chat to one another. Staff acted quickly to maintain a person's dignity when they were being supported to transfer from a wheelchair to an arm chair, by adjusting their clothing. We observed staff introducing a new resident to a group of other people. This was done in a respectful way, using the person's name and gently encouraging the person to interact with other people.

Is the service responsive?

Our findings

People and their relatives were involving in the planning of their care and support. One relative said, "We have reviews with the manager and social services." We saw there were systems in place to regularly review people's care records to ensure they were relevant and up to date. Staff were able to tell us how they would identify a change in someone's needs. For example one person had developed a behaviour which caused a risk to their skin integrity. Staff were able to share with us the professional support had been sought, and what actions they had taken in response. Staff were observed encouraging this person to change their behaviour as directed in the person's care records.

People told us there were some activities available to them, but they would like more variety. There was an activity coordinator employed at the home who was on duty on the day of the inspection. The registered manager told us they were seeking to recruit an additional person in the same role to improve the activities programme available to people. During the inspection some people were engaged in group activities. For example one group did a canvas painting, while later in the day another group iced some cakes. The activity coordinator also engaged people in conversation and was caring in their approach, supporting people to access individual activities, for example painting people's nails and fetching a person's knitting from their bedroom. The registered manager told us some people accessed the garden to take part in activities and there were animals for people to look at in the grounds, these were taken care of by the groundsman. We observed people using the garden throughout the day and one person told us they had taken part in potting some plants. The registered manager was aware that more could be done to offer people a variety of activities and at the time of the inspection there were plans to develop a bistro area, allowing people to access their own drinks, and share a quieter space either alone or with their relatives and friends.

People told us they knew how to raise concerns if they were unhappy with their care. One person told us, "I would speak to the manager; I find them very nice when I speak to them". Relatives also knew how to raise concerns, one relative said, "I would go to the manager if I was concerned". Staff were aware of their responsibilities if they received a complaint. One staff member told us, "Complaints are managed through the registered manager but I am sometimes involved in rectifying things and this is usually done straight away." We looked at the log of recent complaints and found there were systems in place to ensure complaints were investigated and responses provided to the complainants. We looked at complaints that had been received in the months prior to the inspection and found these had been resolved and the outcome communicated with the complainant.

Is the service well-led?

Our findings

People told us they felt the home was well managed and the registered manager was approachable. A relative told us, "We think the home is well run. We are happy and if [person's name] wasn't happy, we would have moved." The service had experienced a number of changes since the last inspection and staff were positive about the changes. Staff told us the registered manager had made a difference to the home in recent months and improvements had been made. One staff member said, "The managers do a good job, I have worked for bad managers and I can tell the difference." Staff felt there was a good team approach to providing the care and support people needed. One staff member said, "It's a good team, we pull together." Staff told us the management of the service had improved since the arrival of the current registered manager.

Staff told us the registered manager was supportive and was accessible if they needed to speak with them. One staff member said, "The manager is present, there is an open door policy and they walk around every day." Another staff member told us, "I am confident I could approach the manager about anything." Staff told us they were able to give feedback through team meetings as well as informally by speaking directly with the registered manager. We spoke with the registered manager about gathering feedback from staff. They told us, "I would like to develop staff member's confidence to say more in team meetings, staff gave us feedback about how the support allocations worked and things were changed."

The registered manager was present in the home on a regular basis and people, relatives and staff all knew who they were. Relatives told us they could contact the registered manager whenever they needed to and were happy with the care their family members received. One relative told us, "I walk away with the feeling my family member will be cared for." Another relative said, "I am always kept informed." We spoke with the registered manager who explained the changes they had made since the last inspection. They were honest about the improvements that still needed to be made. Such as improvements to the activity programme. The registered manager was clear about their responsibilities as a registered person. We reviewed the information we held about the provider and found they had notified us of things they were required to do so by law. For example, safeguarding incidents. We saw the provider had ensured information about the homes inspection rating was displayed prominently as required by law.

The provider had systems in place to monitor the quality of care provided and we saw that a 'provider visit' took place on a monthly basis. We discussed this with the registered manager who was able to share copies of recent audits and action plans. We saw the registered manager monitored the progress of safeguarding referrals, or DoLS applications and took action where necessary to progress these. The management team also carried out audits in areas such as care planning, infection control and health and safety. The registered manager shared with us how these processes enabled them to monitor the overall quality of care people were receiving and identify areas of improvement where required. They told us they felt the provider was supportive of the on-going changes they had made, "I feel the provider has put their trust in me and the team. They have supported the development of the sensory garden and improvements to the grounds, they are a huge support."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not taken appropriate steps against the risks associated with the unsafe use and management of medicines, by means of making appropriate arrangements for recording, handling, using, safe keeping, dispensing and safe administration of medicines. Regulation 12 (g)</p>