

## Heart of England Properties Limited

# Woodford House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

We inspected this service on 5 April 2016. This inspection was unannounced. Our last inspection took place in September 2014 and we found no concerns with the area we looked at.

The service was registered to provide nursing and personal care for up to 40 people. At the time of our inspection 37 people were using the service.

There was a registered manager in post. 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 told us they felt safe and staff knew how to recognise and report potential abuse. We found that individual's risks were managed in a safe way. When people needed specialist equipment it was provided for them. The systems to manage medicines were safe and kept people protected from the risks associated to them.

People were treated in a caring way by staff who knew them well. Staff received an induction and training that helped them to support people. People were encouraged to make choices about their day and remain independent.

People told us they enjoyed the food and there were choices available. When people needed access to health professionals this was provided for them people and relatives were involved with reviewing their care and felt updated. We found there were enough staff to meet people's needs.

When people were unable to consent mental capacity assessments had been completed. The provider had considered when people were being restricted and Deprivation of Liberty Safeguarding (DoLS) authorisations were in place. Staff knew about this and how to support people.

Quality monitor checks were completed by the provider and this information was used to make improvements. Feedback from people and relatives was used to make changes within the service. Staff felt listened to and assured any concerns they had would be dealt with.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe and risks to people were managed in a safe way. Staff knew how to recognise and report any potential abuse. We found there were enough staff to meet people's needs. Medicines were managed to keep people safe from the risks associated to them.

### Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act 2005 were followed. Where people were being restricted this had been considered and authorisations for this were in place. Staff received training and an induction that helped them support people. Referrals were made to health professionals when needed. People enjoyed the food and were offered a choice.

### Is the service caring?

Good ●

The service was caring.

People and relatives were happy with the staff and were treated in a caring way. People were encouraged to make choices and be independent. People's privacy and dignity was promoted. Relatives and friends were free to visit throughout the day and felt welcomed

### Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and used information they had about people to provide positive interactions. People were involved with their care and families were update. People had the opportunity to participate in activities they enjoyed. People knew how to complain and there were systems in place to manage complaints.

### Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor and improve the quality of the service. The opinions of people and their relatives were sort to bring about changes. Staff felt listened to and well

supported by the management team.

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# Woodford 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 the 5 April 2016 and was unannounced. The inspection was carried out by one inspector 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.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with eight people who used the service, six visitors and relatives, six members of care staff, one registered nurse, and three wellbeing coordinators. We also spoke with the home manager, the complex needs manager, the wellbeing manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

## Is the service safe?

### Our findings

People told us they felt safe. One person said, "I'm well looked after here, no one would hurt me". A relative told us, "[Person] is cared for in the right way, no one would do anything that they shouldn't". We saw when needed people had specialist equipment provided for them. For example, we saw people using pressure relieving equipment in line with their care plans. When people needed equipment to transfer or mobilise we saw staff using this equipment in a safe way. This demonstrated people were supported in a safe way.

Staff knew how to recognise and report potential abuse. One staff member said, "It's anything we are concerned about really, something that's not normal for that person. For example if someone had bruises and we didn't know how they got them". Another member of staff told us, "I would report any abuse straight away to the manager, or the CQC if needed". We saw procedures were in place to report any concerns appropriately, and when needed these procedures had been followed.

Staff told us they understood the whistleblowing policy. This is a policy to protect staff if they have information of concerns. One member of staff said, "If I saw something I would report it without question". The staff we spoke with felt confident any concerns they raised would be acted upon and they would be supported.

Staff we spoke with knew about individual risks to people and actions they would take to support people in a safe way. For example, staff told us about a person who was at risk of falls due to a medical condition. Staff explained this person had specialist equipment to keep them safe and they needed to wear this at all times when mobilising. We saw this being used. We looked at the care plan for this person. Where risks had been identified the care plan showed how this risk could be reduced. This demonstrated staff had the information available to manage risks to people in a safe way.

Staff we spoke with were aware of people's emergency plans and the levels of support people would need to evacuate the home. We saw plans were in place to respond to emergencies. These plans provided levels of support people would need to be evacuated from the home. The information recorded was specific to individual's needs.

People told us they received their medicines. One person said, "I have a yellow and a blue one, the nurses are very good". We observed medicines being administered to people in a safe manner and staff spent time with people to ensure they had taken them. We saw staff administering medicines gained consent from people before giving them. People were offered as required medicines for pain relief. We saw when people requested this it was provide for them. When people received covert medicines we saw protocols for this were in place and reviewed. Covert administration is when medicine is hidden in food or drink and the person is unaware they are taking this. Records and our observations confirmed there were effective systems in place to store, administer and record medicines to ensure people were safe from the risks associated to them.

People told us they did not have to wait for support. One person told us, "I don't have to wait if I need

anything". Another person said, "They are always busy but if I need them they help me". We saw staff were available in communal areas and people did not have to wait. When people needed one to one support it was provided for them. This demonstrated there were enough staff to meet people's needs.

Staff told us a Disclosure and Barring Service (DBS) check was carried out before they were able to start work. The DBS is a national agency that keeps records of criminal convictions. We looked at two staff files and saw pre-employment checks were completed before staff were able to start working within the home. This demonstrated the provider ensured that staff were suitable to work with people who used the service.

## Is the service effective?

### Our findings

Staff told us they received an induction and training that helped them to support people. One member of staff said, "The induction is very good, it covers everything. After that you then shadow the more experienced staff". The staff member went on to say, "It was good as I hadn't got much experience so it made me more confident". Another staff member explained about the training they had. They told us, "It's like a mini induction, it goes through everything, a reminder I guess". The staff member explained how they had undertaken moving and handling training. They told us how they used this training to support people in a safe way. The staff member said, "It was very good training, I learnt about the slings. Also about how people would feel while being hoisted. That made me consider how the person was feeling". This demonstrated that staff received training relevant to meeting people's needs.

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 or 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.

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 looked to see if the provider was working within the principles of the Mental Capacity Act 2005. Some of the people living within the home lacked capacity to make important decisions for themselves. We saw when needed mental capacity assessments were in place. Staff we spoke with demonstrated an understanding of the Act to assess people's mental capacity. One staff member said, "Its lack of understanding about something or when they can't tell us because of their dementia". We saw staff explain to people what they wanted to do and gain consent from people. For example, one staff member explained they were going to hoist a person to make them more comfortable. The staff member went to the person and explained what was going to happen. The staff member said, "Are you happy to go up". We saw the person nod in agreement. This demonstrated staff understood the importance of gaining consent from people.

The provider had considered when people were being restricted unlawfully and application to the local authority had been made when needed. There were DoLS authorisations in place for 24 people and a further 13 applications had been made. Staff understood this and their role to protect these people. This demonstrated the principles of the MCA were recognised and followed.

People told us they enjoyed the food. One person said, "Lunch was lovely". A relative explained how their relative would not eat when they moved into the home and a staff member had suggested they eat their meals together at the home. The relative told us, "I have been doing that ever since, [relative] now eats up the meal and I enjoy having mine cooked for me". We saw people were offered a choice of meals. There were



cold drinks on the side and were offered to people. We saw that hot drinks and snacks were also offered to people throughout the day. When people had specialist diets this was provided for them. When needed staff spent time with people and offered support. We saw one person did not want their meal, staff spent time with the person encouraging them. The person refused and was offered an alternative which they accepted. This demonstrated when people needed individual support it was provided for them.

People told us they received support from health professionals. One person said, "The GP is coming to see me today". We saw the GP visit the home and spoke with the person. We saw referrals had been made to health professionals when needed. For example, when people had pressure areas referrals had been made to the relevant professionals and management plans introduced.

## Is the service caring?

### Our findings

People and relatives told us they were happy with the staff. One person said, "I have no complaints there". A relative said, "They're a lovely bunch". The home had a nice atmosphere, we saw staff were laughing and joking with people. Staff were engaging with people about their families and previous occupations. One staff member said, "Come on tell me about my glasses and how you are going to fix them like you use to". The person smiled and engaged in a conversation with the staff member about this. We observed a person was leaning in their chair. A staff member went over to the person and encouraged them to sit upright. The staff member said, "Now I bet that's a bit more comfortable". The person nodded in agreement. This demonstrated that people were treated in a caring way.

People told us and we saw that people's privacy and dignity was promoted. One person said, "Yes they are very good, they whisper things in my ear so no one else can hear". We saw there was a dignity tree in the communal corridor. It was decorated with leaves, each leaf had a suggestion on how people's privacy and dignity could be promoted. Staff gave examples how they used this to support people. One staff member said, "We cover people up. Close curtains and knock on people's doors," We saw when a person was being hoisted their shirt was pulled up exposing their body. The staff member observed this and readjusted their clothes to ensure no one could see. This demonstrated that people's privacy and dignity was upheld.

Staff gave examples how they encouraged people to be independent. One staff member explained that when people had falls they would encourage them to walk as part of their rehabilitation. The staff member said, "It would be easier and quicker for us to get the wheelchair for someone to use, but that doesn't help them. We need to make them independent again". We saw people were encouraged to walk around the home using their walking aids. This demonstrated staff encouraged people to be independent.

Staff supported people to make choices about their day. For example, when people went into the communal area they were offered the choice where to sit. At lunch time people were offered the choice to go to the dining room or use a small table in the lounge. One person said, "I stay here I can watch my programmes then while I'm having my lunch".

Relatives and visitors we spoke with told us the staff were welcoming and they could visit anytime. One relative said, "I always come at lunchtime and we have our lunch together". Another relative told us, "I come when I like, it's always ok they don't mind. The staff make me a drink. I don't have to let them know or anything". We saw relatives and friends visited throughout the day. This showed us that visitors were welcomed by staff.

## Is the service responsive?

### Our findings

People and relatives told us they were involved with reviewing their care. One person said, "They do as I tell them". A relative told us they attended meetings about their relatives care and were regularly updated by the home. We saw that a review meeting was taking place, professionals and families were involved with this. The care plans we looked at confirmed where possible people were involved with planning and reviewing their care.

People told us there were activities within the home that they enjoyed. One person said, "We do lots of great things, flower arranging, colouring and a good old sing a song." Another person said, "We go to the pub have a bite to eat and a drink or two". There was information displayed in the communal areas about up and coming events and activities. A wellbeing coordinator told us, "We have a weekly meeting with management to discuss activities and events. We get the information from people during the week what kinds of things they would like to see or do". This meant people had the opportunity to participate in activities they chose and enjoyed. The wellbeing manager showed us a project that had been completed with 'Arts for health'. A stain glass window had been made with people's comments on. The staff member explained. That a rose was chosen. Staff showed people the flower and recorded their comments when they reminisced about it. These comments were then engraved into the window. Some of the comments included, "My child would buy them for mother's day" and "I always brought my wife flowers, I will never forget it"

Staff knew about peoples preferences. For example one member of staff said, "I know you have to have your dinner piping hot, that's the way you like it". The person replied, "Your right, I do". Another staff member said, "Shall we sit over here away from the door, I know you don't like the draft". Staff told us they used information in people's care plan and from relatives to support people. The care plans we looked at had information in about people's likes and dislikes.

People told us they knew how to complain. One person said, "I would bring it up with the manager initially, if nothing was done I would take it further". The provider had a complaints procedure in place and systems to manage and monitor complaints. We saw when complaints had been made the provider had taken action to resolve them and had responded to them in line with their policy.

## Is the service well-led?

### Our findings

People and relatives spoke positively about the home and we saw there was a positive atmosphere. One person said, "Overall it's very good, I like it here". A relative told us, "I'm very pleased with all aspects of the care". Another relative said, "It's by far the best home". Staff told us they worked together to make it a nice place for people to live.

Staff told us the home was well managed and the management team were approachable. A staff member said, "There all very approachable and they get things sorted". Staff told us they received regular supervisions and attended team meetings. One staff member said, "We have regular staff meetings it's good to get together, we have a moan or two, but things get sorted". Another staff member said, "Overall they listen to us, somethings they can't change things but we understand that". This demonstrated staff had the opportunity to raise concerns.

Quality checks were completed by the management team and the provider. These included checks on medicines, health and safety and safeguarding's. Where concerns with quality had been identified we saw actions had been put in place to improve this. For example, a care plan audit had been completed. It had been identified that further care plans were needed for a person. We saw an action plan with timescales for this had been put into place. We checked this person's file and saw the care plans had been completed. This demonstrated when improvements were needed the provider had taken action.

People and relatives were asked to complete quarterly surveys on the home. The information was used to bring about changes to the home. For example, we saw it was requested that the hairdresser could visit more often. This had been actioned and now a new hairdresser had been sourced. The home manager told us how they were introducing a friend and family meeting, they told us they were commencing the following day. We saw flyers around the home promoting this. The home care manager told us they would use the information from these meetings to bring about changes. This showed us the provider used people's feedback to bring about changes.

People and relatives told us they knew who the registered manager was and they were approachable. One person said, "She is always in and out and comes and says hello". The registered manager understood their responsibilities regarding their registration with us and notified us of important events that occurred within the home. This meant we could check appropriate action had been taken.