Woodway Carers Limited

Woodway 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 carried out our inspection on 19 January 2016 and this was unannounced. We returned announced on 20 January 2016 to complete the inspection.

Woodway House is a residential home which provides accommodation for up to 32 people. At the time of our inspection there were 31 people using the service as a double room was used by one person.

The service had a registered manager. 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 who used the service felt safe. Staff understood how to keep people safe. They were trained and knowledgeable about their responsibilities in reporting any suspected abuse both internally and externally.

Staff were recruited following the provider's recruitment procedures and this ensured only people suitable to work at the service did so. There were sufficient trained staff employed in the home to meet people's basic need, however they were not always deployed in the most effective way.

Medicines were ordered, stored, administered safely by staff who were trained to do so. There were some minor errors in recording when people received their medicines.

Staff received the training and support they required to care for people. Staff understood people's needs. Care plans provided staff with the written information they needed to provide people's care in a personalised way.

Staff understood the relevance of and acted in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards when they supported people.

Staff understood the importance of ensuring people had sufficient to eat and drink. People were assessed to identify if they were at risk of not having their nutritional needs met and were monitored. Catering staff were provided with the information they needed to ensure people's dietary needs and preferences were met.

People said staff were kind and caring and that their privacy and dignity was supported. Staff understood people's needs and were provided with the information they needed to provide support as people preferred.

People using the service and their relatives were involved in making decisions about their care and support. People were supported to see healthcare professionals if they felt unwell. Staff monitored people's health and wellbeing and referred to the appropriate healthcare services such as speech and language therapist if they had concerns.

People's care plans were focused on their individual needs. Staff supported people to maintain their independence by encouraging them to follow their hobbies and interests. People using the service and their relatives knew how to raise concerns. The provider had a system in place to obtain people's views of the service.

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 felt safe at the service. Staff understood their responsibility to protect people from abuse and report any concerns.

People received care from staff who had been recruited following suitable checks.

Medicines were stored and administered safely. There were minor lapses in recording when people had taken their medicines.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had been trained and were supported by the registered manager.

Where people lacked capacity to make decisions staff understood how Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005 impacted on their role and supported people in line with the legislation.

People received a balanced and varied diet. Staff sought advice from professionals when people were assessed as being at risk of not having their nutritional needs met.

Is the service caring?

Good

The service was caring.

The staff team were kind and caring, they treated people with respect and supported their dignity.

People and their relatives were involved in developing their care plan and making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

People were supported to take part in a variety of activities including hobbies and interests.

People and their relatives felt able to raise concerns.

Is the service well-led?

Good

The service was well-led.

People using the service were involved in developing the service.

The registered manager ensured staff were supported and understood the values of the service.

People and their relatives thought the registered manager was approachable.

There were systems in place to check people were receiving a good quality service.

Woodway 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 19 January 2016 and was unannounced. We returned announced to complete the inspection on 20 January 2016.

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. Our expert by experience had expertise in understanding services for people with dementia.

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 people using the service at the time of our inspection, three relatives and one friend of a person who used the service. We looked at four people's care plans and associated records and 10 people's medication records. We spoke with the provider, the registered manager, a senior care worker, four care workers and a member of the catering staff.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not people were comfortable with the support they were provided with. We also 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.

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.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. A person told us, "It's safe here, day and night". Another person said, "I feel safe, I like it here there is always someone around". A visitor told us, "My [person using the service] is safe, the staff are very good."

All the staff we spoke with were aware of their responsibilities in keeping people safe from avoidable harm. They were aware of the different types of abuse and knew they had a duty to report any concerns they may have either to the manager or to the local authority.

The risks associated with people's care were reviewed monthly and where people's needs had changed these were updated. These included where people may be at risk of falls or not having their nutrition and hydration needs met. The records associated with risk in people's care plans reflected their changing needs and staff we spoke with confirmed they knew and understood where people may be at risk and what they needed to do to minimise the risk. For example, we were told that where people were at risk of choking appropriate soft diets were available and time was given to the person to enjoy their meal at their pace so they did not rush and risk choking. We saw staff assisting a person at lunch following the guidelines in the person's care plan.

We saw that the provider had systems in place to investigate accidents and incidents, taking the necessary action to minimise future risk. For example where a person had been identified as having a number of falls in a month the care plan was amended and a referral to the falls clinic was made. This meant action was taken to keep people safe.

Throughout the day we saw that where staff assisted people with their mobility, they did so safely and at the person's pace. They explained what they were doing and ensured the person was safe at all times.

The provider had commenced a programme of refurbishment at Woodway House. This included fitting radiator covers to reduce the risk of people being scalded. This was in line with Health and Safety Executive guidance about safety in care homes. Permanent radiator covers were due to be fitted by the end of February 2016. In the meantime radiators had temporary covers. We were able to speak with the contractor who was going to fit the radiator covers. They confirmed what the registered manager had told us.

We did notice that in some of the corridors the carpet had started to come away from the wall and could pose a trip hazard. The registered manager confirmed following the inspection that lose carpets would be replaced once other decorating work was completed but in the interim a daily safety check would be made to ensure the carpets were not a risk to people.

Following a recent health and safety check of the service it had been identified that the stairs were a potential hazard. As a result an access pad had been fitted to minimise the risk of people using the stairs unaided. People still had access to the lift if they wished to move between floors. Other safety checks carried out included the water system to ensure they were free from the Legionella bacteria.

The registered manager ensured that regular safety checks of equipment was carried out to ensure they were safe and fit for purpose. We did note that two of the toilet seat raisers were corroded. This meant it would be difficult to keep them clean. The registered manager told us that one had been identified as needing replacing but not the other one. The registered manager made arrangements for two toilet raisers to be purchased during the inspection and following the inspection confirmed they had arrived.

The provider had recently created a new laundry area. Prior to this the laundry was in the cellar and had been identified as a risk when staff had left the door open. The laundry was now light and airy with suitable equipment and easily cleaned services ensuring that there was no risk of cross infection.

Checks on the emergency lighting and the fire detection system were carried out. A visit by the fire service had found the provider to be compliant. Fire evacuation training had been provided to the staff team and regular practices were carried out. We saw that each person had an emergency evacuation plan and these were stored securely in an accessible place in the event of an emergency.

During the day we noticed that the service was untidy and items such as hand sanitizer and aerosol sprays as well as people's clothes were left on top of tables. We also noted that used bars of soap were in communal bathrooms, these may pose a risk of cross infection. We brought this to the registered manager's attention who said they would ensure that staff tidied the service up.

The provider did not have a maintenance record in place. We were told that the registered manager told the provider when things needed to be repaired and eventually they would be done. This meant there was no formal record of what needed doing and when it was repaired. Following the inspection the registered manager confirmed that a maintenance record had been created to record this information.

People told us they felt there were enough staff on duty. One person told us, "There is enough staff and they know how to look after me". The registered manager told us that staffing levels were determined by people's needs. They told us that because staff were flexible and would do extra shifts or stay longer they did not use agency staff. During the day we saw staff available to assist people when they asked for help. However we did note that when the activities person was in the lounge or dining room there appeared to be less staff available. This meant that the activities person had the responsibility of supporting most of the people in that area. We mentioned this to the registered manager who said they would look at staff deployment.

Records showed that no one worked at the service without the required background checks being carried out to ensure they were safe to work with the people who used the service. Staff recruitment files that we looked at had the required documentation in place.

We looked at how people received their medicines to see if they received them as prescribed. A person using the service told us, "I have medicines four times a day. The staff tell me what the medicines are for." We saw a senior care worker support that person with their medicines. The care worker explained what the medicines were for and they supported the person in line with what it said in the person's care plan. They made a record on a medicines administration record (MARS) that they had given the medicine only after they were sure the person had taken the medicine. The senior care worker was knowledgeable about people's medicines.

Only staff who had successfully completed training in medicines management and whose competence to support people with medicines was assessed annually.

When we looked at medicine administration record (MAR) records for December 2015 and January 2016 we

found 10 instances where the person administering medicines had not made a record they had done so. All of these instances occurred at night and between 23 and 27 December 2015. It looked from MAR records that nine people had not received their evening medicines. After we spoke about this with the registered manager they carried out checks of the stocks of medicines held and they were confident that people had their medicines but that no record was made. The registered manger identified which staff had not completed the MAR.
Apart from those 10 omissions, records showed that people received their medicines at the right times. Following the inspection the registered manager confirmed that they had spoken with the staff involved and would be discussing the issue in their supervision.

Four people required medicines (called PRNs) only when they required pain relief. We looked at care plans of two of those people and saw they had PRN protocols in place which meant that staff knew when and how to support people with PRNs. The service had effective arrangements for ensuring that enough medicines were available.Arrangements for storage of medicines and disposal of medicines no longer required were safe.

In September 2015 the pharmacy supplying medicines to Woodway House carried out an audit. Out of a maximum score of 78, the service scored 74. The pharmacist made some recommendations which were in the course of being implemented. The provider's medicines management policy required amendments to bring in in line with the National Institute for Health and Care Excellence guidelines (March 2015) for medicines management in care homes. We brought this to the registered manager's attention who said they would make arrangements for this to be amended.

Good

Is the service effective?

Our findings

People using the service told us that most of the staff knew what they were doing. One person told us, "They know how to look after me." Another person told us, "I think that some of the staff know what they are doing but some are not trained properly." Visitors told us they thought staff had the necessary skills to care for their relatives. One visitor told us, "I have seen residents display challenging behaviour and the staff speak and work with them so well."

We attended the staff handover on the first day of our inspection. This provided staff with detailed information of the needs of each person ensuring that the staff coming on duty knew how to support people in the most appropriate way. When we saw staff support people they showed they understood the person's needs. For example one person became distressed during handover and the senior carer directed a member of staff to support the person and asked them if they wanted to go to their bedroom. This was done quietly and did not draw attention to the person.

All the staff we spoke with told us that they found the registered manager supportive. One member of staff told us, "We receive regular supervision with [the registered manager]. We can go to her any time with any worries." Another staff member said, "We discuss any training we need, the manager watches us if we give medicine out to make sure we are doing it right."

We looked at the training records for staff for the past 12 months. We saw that staff were provided with a range of training to support them in their role as care staff. This included safeguarding, moving and handling training as well as dementia awareness training. Staff were able to give examples of how they used their training to improve their practice in the service. One member of staff told us, "When residents get UTIs (urinary tract infections) I never thought how much it affected their wellbeing, I realise now."

Staff members had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and those we spoke with during our visit understood the principles of the MCA and DoLS. One staff member told us, "When [person using the service] wants to leave, they wouldn't be safe and it is in their best interest not go out on their own." We looked at this person's care plan and saw that the appropriate DoLS application had been made.

The 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 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 DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. We saw that the registered manager had made appropriate applications and had systems in place to keep applications up to date when they needed to be reapplied for.

Relatives we spoke with were aware of arrangements in place where people did not have capacity to make certain decisions. One relative told us, "I was a part of the care plan as my [person using the service] has no capacity, everything was open, frank and honest, and there were no hidden agendas." Suitable arrangements were in place to assess people's mental capacity where people may not be able to make decisions about their care and treatment. We saw staff throughout the day asking people about their care. A staff member gave us an example of how they obtained consent. "I would ask the person if they wanted to get up, if they don't I would go back later."

We asked people what they thought of the meals at the service. One person told us, "The food is excellent, I am a vegetarian and they ask me what I want, to a point." Another person said, "I notified the staff of my soft diet which I requested no onions, spices etc. the chef comes to see me in the morning and ask what I want to eat and the food is very nice." A relative also spoke positively about the food. "The food is excellent, I make the decisions for my [person using the service] as I am always here." Care plans also confirmed that people were referred to speech and language therapists where swallowing difficulties were highlighted. This meant that staff had the information they needed to ensure people received the appropriate nutrition.

We saw the kitchen staff go to each person in the morning to ask them what they would like to eat. If the person changed their mind the kitchen staff were able to offer alternatives. Kitchen staff spoke with people using the service during lunch and showed they understood people's dietary preferences. We did note that the menu was not displayed and that visual aids such as photographs of the meal were not used to assist people who may struggle to make choices. We also saw that opportunities to promote people's choice were not given such as offering people gravy once they had their meal. All meals were plated up from the Bain Marie that was brought into the dining area.

Staff understood the importance of ensuring people had sufficient to eat and drink. We did note that where staff recorded what people had drunk they did so in cups rather than millilitres. This meant it was not always easy to identify how much fluid a person had drunk. We discussed this with the registered manager. Following the inspection they confirmed they had started to record in millilitres to show exactly what a person, identified at risk, was consuming to improve their monitoring.

We were told that they were in the process of training a new person to take over as cook. We spoke with this person and they already had a good understanding of people's special dietary needs including who was on a soft diet and how to enrich food where someone was identified as at risk of losing weight. This meant that people would receive the nutrition they needed to remain healthy.

People using the service told us they had access to healthcare professionals when they needed to. One person told us, "The chiropodist and optician come out to us." A visitor told us, "My friend had a chest infection and straight away the doctor was called and gave antibiotics, they are getting much better now."

We saw from care plans we looked at that staff monitored people's health and supported people to access health services. In one person's care plan we saw a particularly good example of how the registered manager coordinated a multi-disciplinary approach to a person's healthcare.

Staff understood the needs of people with dementia, but we saw minor lapses of attention to detail. For example, we saw three clocks that were showing the wrong time. Those clocks were in small communal rooms. Displaying the wrong times could disorientate people about things such as meal times or when their favourite television of radio programmes were broadcast. We brought it to the registered manager's attention and following the inspection they confirmed that all three clocks had either been replaced or new batteries fitted.

Good

Is the service caring?

Our findings

People we spoke with were happy with the care they received. We were told that staff members were kind and helpful. One person told us, "The staff treat me with respect, when administering care they close the curtains and the door is closed. Once I asked why close the curtains when we are upstairs, I was told that this is how we are trained and someone could be looking from outside and report it and we would get in trouble". Another person said, "The staff always speak to me when administering care and they are most respectful." However one person raised a concern about how a staff member had spoken to them. We raised the concern with the manager who investigated it straight away. The sent us their findings following the inspection and how they would proceed to ensure the person received their care in the most dignified and caring way.

We observed staff members throughout the day and saw that they spoke with people in a respectful way. They also showed they knew people very well by how they asked questions and shared information. One example we saw was a person was sharing with a staff member about a potential operation and the staff member showed concern for the person's wellbeing.

We saw staff supporting people with dignity and respect. When people were supported with personal care in their rooms, staff placed `do not disturb' signs on doors and drew curtains over windows that faced out to areas, for example the homes car park, from which people could see into Woodway House.

We saw that people were provided support discreetly and were given time to eat their meal at their own pace. Where people needed aids or adaptations such as plate guards these were used. This helped promote people's independence and dignity. People were offered aprons to protect their clothing and staff we spoke with said they would ensure that people's clothes were clean following the meal, offering to change them if they inadvertently dropped something on them. We were told they did this to promote people's dignity.

People told us they felt involved in the day to day routine of the service. One person told us, "I can get up when I want and go to bed when I want. The staff always ask me." Another person said, "The staff assist me in choosing what to wear." A relative told us, "We can visit at any time, there is no restriction." Another visitor said, "I was told, it's her home why would there be any restrictions? You can visit at any time you are welcome and not an interruption."

The registered manager told us that although there is no one at the service who is currently using an advocate they do have information about how to access advocates as well as befriending services. They also have a visiting person's personal representative. This is a legal representative of a person who is no longer able to manage their affairs. This meant that the service ensured people have access to a wide source of independent representation.

Good

Is the service responsive?

Our findings

People told us that before they came to the service the registered manager had spoken with them about what help they might need when they came. Relatives also told us that the manager had involved them in the person's assessment and ongoing care planning. One relative told us, "My [person using the service] care is reviewed often and the staff make sure that the family is involved."

One person told us, I used to do lots of knitting and crocheting, I brought some in with me. Staff encourage me sometimes to bring it down." Another person said, "I used to do lots of painting before I came here, there are lots displayed around the home, I still do some although I now have failing eyesight." Care plans showed that personal information was obtained prior to a person moving to the home and this information was used to help staff provide personalised care and support. We saw good examples where the care we observed staff members carrying out was what was written in the care plan. We also saw that some people chose to stay in their rooms and this was respected by staff.

People told us that important dates for them such as birthdays were celebrated. One person said, "When it is someone's birthday they make a fuss of them and the cook bakes a nice cake." The care plans we looked at did not identify any specific cultural needs and people we spoke with did not say they had any unmet cultural needs. We asked staff if people who used the service had any identified cultural needs. Staff told us that although at the moment there were no people with particular cultural needs they were aware of the importance of meeting specific cultural needs. People were offered the opportunity to attend religious services of their choice and specific dietary needs could be catered for.

The provider had a system in place to encourage people give their views of the service. The provider had recently introduced a new quality assurance questionnaire for people who used the service. The questions were focussed on whether people received care that was personalised to their needs. The registered manager was beginning to collate responses they had received and develop an action plan for the service.

The service had an activities organiser, whom we observed carry out a variety of different activities throughout the day. We saw them engage both with groups of people as well as individuals in activities such as craft and memory games. There were photographs round the service of different activities people had been involved with during the last 12 months. We also saw pictures that people had painted pinned on the wall. These pictures were not framed and were in danger of becoming damaged as a result. In discussion with the registered manager they agreed to frame these pictures to show how important they were to both enhancing the environment of the service and the people that had completed them.

People we spoke with told us they knew how to complain if they needed to. One person said, "If I had any concerns I would speak to my relatives." Another person told us, "I would speak to any of the staff if I had any concerns" A relative told us, "If I had a concern I would bring it to [the registered manager] attention, but I have never had to complain." We noted that although the complaints procedure was displayed it contained out of date information. Following the inspection the registered manager confirmed that this had been updated.

The service had systems in place to support people if they moved between services such as being admitted to hospital. Each person had a 'grab sheet' at the front of their care plan. This sheet contained important basic information that would be needed to give to a paramedic if a person were to be taken into hospital.

Good

Is the service well-led?

Our findings

People did tell us there were no resident or relative meetings. We discussed this with the registered manager who told us they had tried in the past but people had not taken part. They agreed to investigate ways of ensuring people were given opportunities to explore their views about the service.

Staff told us they felt supported by the registered manager. One staff member told us, "Many of us have been here a long time we know the residents really well; we work well as a team. [The registered manager] is supportive but we know if we do wrong we will be told." Another staff member said, "[The registered manager] makes sure we know what standards are expected, she talks to us in supervision about them."

People we spoke with and their relatives and visitors told us that the registered manager and the provider were approachable. The registered manager told us that she is in the service most days and will talk to people who use the service to find out how they are.

The registered manager was aware of their responsibilities to ensure that they inform us of events at the service such as unexpected deaths, serious injuries and allegations of abuse. This was important because it meant we were kept informed about events at the service and we could check whether appropriate action was taken in response to events.

Staff told us that although they receive supervision there are no team meetings. We discussed this with the manager who told us that in the past staff have not turned up for meetings. They hold senior meetings and staff are given the opportunity to read the minutes of these. There was no method of checking that all staff had read these so the registered manager could not be sure that all staff had the same information. Following the inspection the registered manager confirmed they had started monthly team meetings.

We looked at the systems that the provider had in place to monitor the quality and safety of the service. We saw that a number of audits had taken place. The registered manager carried out audits on falls each month to look for trends and make appropriate referrals if required. Audits of medicines took place to ensure that people were receiving their medicines as prescribed. We did note that the last audit had not highlighted the omissions we found during our review of records. We also found that the registered manager's audits had not identified that incontinence pads were being left in communal bathrooms and that the service was generally untidy. We discussed this with the provider and the registered manager. Following the inspection the registered manager confirmed that they and the provider would walk round the service each month to monitor the environment and develop and action plan from that activity. We were told the first planned walk round was 29 January 2016.

The service was awarded the silver quality award from the local authority. This meant that they had attained a standard set by the local authority when providing care to people.