S C L Care Limited

Woodlands Gate Rest Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 27 March 2015 and was unannounced. Woodlands Gate Rest Home provides accommodation, for up to 20 older people, some of whom have a diagnosis of dementia. At the time of our inspection 16 people lived at the home.

At our last inspection in October 2013 we found that the provider had breached the Health and Social Care Act 2008 in relation to the care and welfare of people and staffing. Following that inspection the provider sent us an action plan informing us of the action they would take to make the required improvements. At this inspection we found that improvements had been made and that there were no breaches of those regulations. However some improvements were identified.

Since our last inspection the previous manager had retired and a new acting manager had been employed who told us they were in the process of applying to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 in the home. However, the provider had not involved other professionals where incidents of a potential safeguarding nature had taken place. The risks to people who required the use of bedrails had not been fully reviewed and updated.

The staffing numbers had increased in line with people's changing needs. People told us there were enough staff although the delegation of staff at mealtimes needed review.

People told us they had their medicines when they needed them. The arrangements in place for managing people's medicines needed further improvement. Staff had information about some risks to people's health and welfare but guidelines for the use of 'as required' medicines were needed.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, training on these had been provided. Appropriate applications had been made to the local authority where people's liberty was restricted for their safety. Some improvement was needed to ensure all staff understood the principles of seeking people's consent.

People were supported to have their routine health care needs met but staff had not always sought medical advice following accidents. People told us they enjoyed the meals but some people required more support from staff to eat sufficiently and protect their dignity.

We observed positive interaction between staff and people who lived at the home. Staff knew the people who lived there well and had learned their likes and dislikes. Staff told us they felt supported and received regular supervision. There were some gaps in the training that staff had received and we were informed that action was being taken to address this.

People who lived at the home, their relatives and staff were encouraged to share their opinions about the quality of the service. We saw that the provider had a system in place for dealing with people's concerns and complaints.

We found that whilst there were systems in place to monitor and improve the quality of the service provided, these were not always effective in ensuring the home was consistently well led. We found that some improvements were needed.

Summary of findings

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 safe.

The arrangements in place did not ensure that people would be protected from the risk of harm or abuse.

People had their medicines when they needed them but the management of medicines needed improvement.

Risks to people were identified but not always reviewed and updated.

Staffing levels were adequate but the delegation and availability of staff at peak times needed improvement.

Is the service effective?

Requires Improvement

The service was not effective.

People told us staff understood their needs. A training plan was in place to address gaps in staff skills or knowledge.

Staff understood the principles of gaining people's consent in line with Mental Capacity Act (2005) although this approach was not always consistent. The Deprivation of Liberty Safeguards were understood and followed.

People enjoyed their meals but the support they had needed to improve to ensure they ate enough.

Is the service caring?

Requires Improvement

The service was not caring.

People told us that staff were kind and caring and treated them respectfully. However at times there was a lack of consideration of people's needs.

People confirmed that they were involved in making decisions about their care on a daily basis.

Staff mostly protected people's dignity but further improvements were needed.

Is the service responsive?

Requires Improvement

The service was not responsive.

Staff were aware of people's needs people did not always get the care and support they needed.

Staff had not always ensured people were referred to health care professionals following accidents.

Summary of findings

Is the service well-led?

The service was not consistently well led.

There had been changes to the management of the service. Improvements to check and monitor aspects of the service provision needed to be strengthened.

People who used the service and their relatives told us they were happy with the quality of the care they received.

Requires Improvement

Woodlands Gate Rest Home

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 27 March 2015 by one inspector and was unannounced. We looked at the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with seven people who were receiving care at Woodlands Gate Rest Home. Some people's needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. We spoke with the acting manager, two senior care staff, two care staff, a domestic support worker and four people's relatives. We looked at the care records of four people to include how their medicines were managed. We looked at the records for staffing and four staff files for recruitment processes, training, and the systems in place for monitoring the quality of the service. We also looked at how the provider managed, reviewed and acted upon accidents, incidents and complaints.

Following our inspection we spoke with the relatives and social worker of one person who had used the services of Woodlands Gate Rest. We also received information we requested from the acting manager with regards to medicine management concerns identified at the inspection.

Requires Improvement

Is the service safe?

Our findings

We last inspected this service in October 2013. We found that the provider had breached the Health and Social Care Act 2008 in relation to staffing. The provider had not ensured there were sufficient numbers of staff on duty to meet people's needs. Following that inspection the provider sent us an action plan informing us of the action they would take to make the required improvements. At this inspection we found that improvements had been made.

People and relatives that we spoke with told us that there were enough staff to support people. The acting manager told us that staffing levels were determined by the care needs of people and that safe levels of staffing were in place both day and night. One person told us, "The staff are busy at times but generally I think there are enough". During the inspection we noted that one person required one to one staff support and the needs of another person had significantly increased. Staff told us that an increase to staffing levels had recently taken place due to the higher needs of some people. Observations at lunch time showed there were periods where staff availability was stretched. The acting manager told us they would keep staffing under review due to the increased needs of some people.

People who we spoke with told us that they felt safe in the home. One person told us, "Some people will shout and get a bit excited but I'm happy the staff would protect me". People's relatives told us they had no concerns about people's safety. One relative said, "I find it quite calm with staff around so I'm quite sure people are safe".

Staff we spoke with were aware of the signs of possible abuse and they knew what action to take if they suspected that someone was being abused. Staff told us that they had contact numbers for the local authority and were aware of the policies and procedures for protecting people. One member of staff told us, "I would report any concerns and I would be confident other staff would also". We found that whilst the acting manager and staff knew what to do they had not recognised two incidents as potential safeguarding concerns and these had not been reported to the local authority. From discussion with staff we found not everyone had up to date training in safeguarding. The acting manager showed us they had recognised this and planned training over the coming months so staff had the skills and knowledge to keep people safe.

We saw from records and discussion with the acting manager that these incidents had been dealt with by internal disciplinary procedures. Although the acting manager had undertaken an investigation they had not reported these incidents to the local authority in line with the homes safeguarding procedures. We saw no medical attention had been sought for a person following one of the incidents. Following our discussions with the acting manager a safeguarding referral was made. This incident is currently under investigation by the safeguarding team. We found that there was an inconsistent approach to following safeguarding procedures where people had suffered harm from accidents.

Care plans contained some guidelines and risk assessments to provide staff with information that would protect people from harm such as the risk of choking. We also saw as a result of a falls analysis people had been assessed for and provided with new footwear in order to reduce the numbers of falls occurring. However not all risks to people had been assessed. A previous incident regarding entrapment in a bedrail had resulted in a new bed being purchased. However the risk assessment had not been reviewed or updated to show that new equipment was in place.

We saw that the systems in place for the recruitment of staff had ensured that the required checks were carried out to ensure staff were safe and suitable to work with people. We saw checks on people's identity and character references were in place. Checks with the Disclosure and Barring Service (DBS) were evident. A DBS check identifies if a person has any criminal convictions or has been banned from working with people. We spoke with a newly recruited staff member who confirmed supervision arrangements were in place until their DBS check had been completed.

We spoke with some people about their medicines. One person told us, "I have my medicines every day, they are pretty good". Another person told us, "I don't take anything regular but when I've been ill the staff have given me my medicines until I finished the course". We saw staff who handled people's medicines had been trained to do so. We observed a medication round and saw the staff member followed the procedures for checking medicines and administering and recording them. The medicine records were not correctly maintained. Codes were not used correctly and where there was a change in people's medicines the review by the doctor could not be found. The

Requires Improvement

Is the service safe?

manager sent us information to advise they had conducted an audit of medication and were in the process of enrolling all staff onto a further medication course and training in record keeping. Whilst there was no evidence that people did not receive their medicines when they needed them, improvements were needed for where staff administered medicines described as 'as required'. This is needed to ensure that people's behaviour is not controlled by excessive or inappropriate use of medicines.

Requires Improvement

Is the service effective?

Our findings

People told us they felt confident that staff understood how to meet their needs. One person said, "I am very happy with my care they really look after me." A relative said, "Their first priority is the people, [name of person using the service] looks really well, much better than I expected". Another relative told us, "They have sorted out a lot of health care issues, I'm quite confident in the staff".

Staff spoken with told us they were supported to deliver effective care to people. We saw they had induction, training and supervision to support their development. One new staff member confirmed they had the opportunity to shadow more experienced staff as part of their induction when they first started work at the home. Their induction included initial training in key subjects specific to their care role. For example they had attended training in moving and handling and had practical support from other staff in how to use equipment such as hoists, safely. Staff told us they felt prepared when they first worked independently. A staff member said, "I was on shift with two other staff so had the chance to get to know people and how to deliver their care before I did it myself".

The acting manager showed us that since she had taken up the post she had reviewed and identified staff training needs. We saw training records that confirmed training was planned and that the acting manager was reviewing the training completed on a monthly basis so that she could ensure training targets were met. Staff told us they felt supported by the acting manager and that they had attended a range of training relevant to their roles. We also saw they had been supported to undertake national vocational training so that they had qualifications in care. Staff told us that senior staff carried out regular observations of their care practice which helped them to improve their work practices and provide effective care. One staff said, "We have regular supervisions and staff meetings as well as spot checks, so it all helps us to be a bit more consistent".

The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions to consent or refuse care. Staff spoken with told us they had undertaken training provided online about the principles of the (MCA). Most staff were able to describe how a lack of capacity may affect the way in which they supported people. One staff member told us, "We have to ask people's consent before we do anything". Staff could identify those people who lacked capacity and how to support them but this was not reflected in people's care plans.

People told us that care staff obtained their consent before they supported them. One person told us, "They do ask me before they want to do anything". A relative told us, "The staff will ask and then go back again and try another approach, I've not seen them force an issue". However we saw the approach to people by staff was not always consistent. Throughout the day most staff asked people for their consent before providing them with any care. We saw a couple of occasions where staff did not seek people's consent and at times dismissed their refusals. For example there were two incidents where a person was highly agitated and refused to allow staff to clear the table. The person was shouting, "You are not going to do that, don't take those out". The staff member [referring to the plate and serviettes] proceeded to remove the items telling the person, "I've got to wash them". We discussed this incident with the acting manager who assured us she would act on this.

Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authorisation to deprive someone of their liberty in order to keep them safe. The acting manager demonstrated she understood when applications for a DoLS should be made and we saw that some people were restricted to keep them safe. Staff spoken with had an understanding of the DoLS but information had not been integrated into those people's care plans to reflect how staff should support the people on a DoLS. For example we saw where people fully relied on staff to make all their daily decisions such as what they ate, wore, what medications they took and were subject to continuous supervision this information was not reflected in their care plan. Care plans did not provide guidance to staff on such issues as capacity, consent and DoLS so that staff had the information they needed to support people consistently. All the staff we spoke with confirmed they were undertaking distance learning on the MCA and DoLS. The acting manager was also booked on an external training course with the local authority so that everyone could develop their skills further.

People we spoke with confirmed they had a choice of meals and we saw that pictorial prompts were used to encourage some people to choose between the two meals

Requires Improvement

Is the service effective?

on offer. People's nutritional needs had been assessed and guidance sought from the dietician where people required specific support. Our observations showed however that people did not always get the support they needed during mealtimes and did not have the appropriate utensils to maintain their independence. We saw there were occasions where there were no staff in the dining room to support people; one person's food was in their lap because they were scooping it and it was falling off the plate. Staff confirmed they had not assessed the type of crockery the person needed. Another person waited twenty five minutes before staff noticed they had not touched their food. When the staff member cut their food up the person was able to eat it, albeit cold, as judged by feeling the plate. Several people did not engage with their meal until staff prompted them half an hour into the mealtime. We saw that although there were sufficient staff on duty the delegation of staff needed review because some people required one to one support away from the dining area. In addition the senior was administering medication, this effectively diluted staff availability at a peek time to one staff supporting 14 people in the dining room. One of the people told us, "It can be noisy and busy, but the staff do come when they can".

We heard and saw that when staff were in the dining room they were very encouraging; "Just have a little bit more", and "Well done, shall we try and have some more?" Staff we spoke with confirmed that several people needed consistent prompting to eat their meal and that their meals could be cold as confirmed by our earlier observation. Staff told us they only monitored people if they had lost weight which is not an effective way to manage risk particularly as staff had identified several people already in need of support.

Staff told us and records showed that people had access to routine health checks and the doctor when they needed this. However this was not consistent as staff had not sought medical attention for the person who had fallen. One person told us, "They call the doctor if I'm ill and I've seen the dentist and optician". A relative confirmed that staff had arranged for a person to see the dentist about their dentures and replace glasses with the optician. We saw that a referral had been made quickly when a person's needs had changed. The acting manager had ensured that a care plan was in place and that health professionals had been involved and anticipatory medications [prepared medicines for the onset of health deterioration] had been prescribed to support the persons' needs. This showed they were planning ahead to meet the person's needs effectively.

Requires Improvement

Is the service caring?

Our findings

People told us staff were kind and caring and that they had good relationships with staff. A relative told us, "I think they treat people very well, they're respectful and patient". Another relative told us, "You won't get a better staff team; they are wonderful and do so much for the people".

Our observations of the interactions between people and staff showed staff knew and understood people's needs and how to support them. We heard staff speak kindly and reassure a person who was becoming agitated and at times verbally aggressive to other people. The staff member listened to the person and tried to explain in a way they understood. This approach calmed the person and the staff member redirected them to sit and look through a book with them. A staff member explained, "The person becomes highly agitated but we know the signs and we know the person's character it helps us approach them in a way that will reassure them".

People told us that care staff were polite and respectful towards them. One person told us, "I never hear them shout or be impatient; they are always pleasant even when they are rushed".

Staff we spoke with were able to identify people who needed support to maintain positive relationships with other people or with staff. We saw that staff tried to ensure that people were supported by those staff members they responded to. This was an effective approach because we saw a person responded to one staff where they had not to others. This meant staff understood who was more likely to reassure people when they were confused or distressed.

We saw that people's privacy was respected by staff when carrying out personal care tasks. We saw a dignity tree was on display in the lounge which had comments from people stating how they wished to be treated. Some people had commented; "Be kind", and "Listen to me respect me". People told us they had enjoyed the dignity day and that the tree represented what they thought were important factors when staff supported them. We heard from relatives that they observed staff demonstrating these attributes. We saw the acting manager had further enhanced this learning for staff by carrying out observations on the way they championed dignity and respect in their work.

However there were some aspects of dignity that staff were not consistent with. These related to promoting people's dignity during mealtimes by protecting their clothes, preparing their food so that they could manage it independently, and providing the correct utensils. We also saw paper towels were used to clean people at the table which was not promoting people's dignity. A number of females using the service had bare legs. Staff told us people chose this but these preferences were not evident in people's care plans to show they had discussed choices or alternatives.

There were elements of the routines that did not always show a caring approach to people's needs. For example we observed that a person new to the service was very intimidated by another person during their meal. Our observations showed the person was timid and nervous and when we spoke with them they expressed concerns about the other person's attitude to them. We asked staff how they had considered the person's emotional needs, one staff told us, "I wouldn't personally have sat someone new with the other person because we know they can be very agitated and disruptive, it would be scary". Our observations showed that there was a task led approach to the mealtime because these factors had not been considered beforehand. We also saw that where people required protective clothing this was often done part way through the meal as was cutting up their food, indicating staff had not considered or had the time to prepare people firstly.

We saw that several people had visitors during our inspection and that staff made them welcome. We were told by people and their visitors that they could visit at any time. Staff recognised the importance of people's relationships with their family and friends.

We saw several examples of staff displaying a caring attitude to people; one staff was dancing with a person because they told us the person liked this and enjoyed it. Another person who was increasingly upset was reassured when a staff member brought down their books. We saw the staff sat and spent time with the person which had a calming effect on them.

People told us they felt involved in their own care. One person told us, "They [staff] talk with me about what I need help with". A relative said, "Yes they asked me questions so that they knew [name of person] and their routines". Staff told us and we saw that they gave people choices and

Requires Improvement

Is the service caring?

involved them in making decisions about their care. One staff member said, “I ask people what they want to, to eat, if they want to have a bath or go to bed, we try and encourage people to tell us how they want things done”.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with were complimentary about the care they received. One person told us, "I am very happy; the staff are always helpful and always come when I need them". Another person told us, "I only need a bit of help but I think the staff are marvellous with the people who need a lot of help". A relative said, "We have only been here a few days it's the first time we have used a home and the staff have been really supportive, explained things it's been really great".

During the inspection we saw staff responded to people's requests, and we saw they anticipated people's needs for example to use the toilet or to support them having a walk around the building. We also saw they engaged people in spontaneous activities as a means of calming their anxiety.

Relatives that we spoke with confirmed that they had been consulted about their family members care. Two families new to the service told us staff had asked them about the person's routines and preferences. One relative said "It was really thoughtful because they 'swill out' the undergarments because this is what [person's name] would do at home".

Most people confirmed they had been asked about their care and routines, likes and dislikes and were confident staff knew these well. The acting manager advised that care plans were being updated to reflect a more personalised approach to people's care needs. This should ensure clear guidance to staff in order to meet people's individual care needs.

Care staff showed they were knowledgeable about the needs of people they supported. However they were not always consistent in meeting those needs. We saw a person who required one to one supervision had been left unattended which could impact on their safety. We also saw in the accident records that another person had recently fallen from their bed because staff had not followed the required staffing when providing personal care. This puts people at risk of inappropriate care.

People told us they enjoyed different activities and we saw during our inspection that staff spent time with the people dancing, singing and doing arts and crafts. We saw a range of planned activity days had taken place, such as a 'Mother's Day' event in which refreshments, cakes and presents were prepared and presented. A relative told us, "It was a special day and its nice people have good staff to help them celebrate important things". We saw people had access to an audio newspaper and news, one person told us, "The staff put it on so those that can't see or read can hear it". We saw newspapers were also available and people told us either staff or their relatives supported them with small items of personal shopping. Planned entertainment and events were displayed in the hall for people and their relatives.

People told us that they could go to staff or the acting manager if they wanted to complain about anything. Relatives told us that they would approach staff as they were receptive. No one we spoke with had any complaints about the service and there were no complaints recorded in the complaints book. The acting manager showed us her system for reviewing information which included complaints so that she could review and respond to these accordingly.

Relatives confirmed that their views had been sought with regard to the service provided. There had been family meetings in which people could voice their opinions. We also saw families and people had been surveyed for feedback, for example on how well staff promoted people's dignity. Several relatives told us that they could meet with the acting manager to talk about their relatives care.

Requires Improvement

Is the service well-led?

Our findings

We received positive comments from people who used the service, staff and relatives about the acting manager. A relative told us, staffing had improved, and a staff member told us training and supervision was being addressed. People who used the service told us they had helped devise new menus, and these were displayed. We also reviewed positive comments from care professionals about the service provided.

There had been a recent management change because the previous manager had retired. The acting manager told us she had submitted her application for the registered manager's post. She had worked at the service since February 2015. In the weeks the manager had been in post we saw she had reviewed aspects of the service and identified where improvements were needed.

The acting manager had started to review people's care records so that staff had guidance to follow in order to effectively meet people's needs. Whilst the acting manager acknowledged care records needed improving so that they were personal to people, we identified at the time of this inspection that improvements were needed to ensure care records contained clear guidelines and risk assessments to meet people's current needs. For example information updates with regard to the use of bedrails.

We found there was a lack of effective systems in place to monitor the service performance. For example there was no system to monitor people's medicines. The acting manager acknowledged that immediate improvements were required and advised us post inspection that a full audit of the medicines had been undertaken and errors rectified.

The acting manager had introduced a monthly report of any accidents, incidents and events that affected people at the service. There was evidence that investigations had taken place and where appropriate disciplinary proceedings used to improve staff performance. However we found that with regard to some incidents of a potential safeguarding nature, the provider had not involved other professionals under safeguarding procedures which puts people at risk.

We saw people had been enabled to give feedback on the quality of the service they received. Meetings and surveys had captured positive feedback from people about their experiences. The acting manager told us an analysis of this would be made available to people so that they could see what improvements would take place as a result of their comments.

The acting manager had recently reviewed staff training opportunities and maintained regular staff meetings. She had utilised disciplinary proceedings where there were performance issues and was working to improve the service.

Staff confirmed that they had been provided with information regarding whistle blowing and understood their responsibilities to report concerns about the conduct of colleagues. Staff also confirmed that the acting manager had improved the staffing compliment so that there was an additional staff member to overlap shifts at peak times. This meant she was trying to make improvements to the way the service was run by listening to staff. One care staff member said, "I think it's always been a good home". The acting manager had only been in post for a few weeks and was trying to review where improvements were needed. Staff reported they were adjusting to the new management style.