Woodstock Care Home Limited

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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 took place on 5 and 6 September 2018. The first day was unannounced.

Woodstock Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Woodstock Care Home accommodates up to 28 people. Care is provided over one floor. There are communal areas that people can reside in along with space for dining. There is a pleasant garden area that people can access. At the time of our inspection visit, 26 people were living in the home most of whom were living with dementia.

A registered manager worked in the home. 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.

At the last inspection of Woodstock Care Home in January 2016, we rated the quality of care as Good. At this inspection we have continued to rate the home overall as Good.

Why the service is rated Good:

People were supported and cared for by staff who were very kind and compassionate and who knew people very well. People were treated as individuals and with dignity and respect. They had choice and control over their care.

There were enough staff to meet people's needs and to spend time with them to provide them with stimulation. A variety of activities were provided to enhance people's wellbeing.

People received their medicines when they needed them and the home and equipment that people used was clean. Systems were in place to protect people from the risk of abuse and the staff were in the main, well trained and knowledgeable.

People's consent had been sought in line with the relevant legislation and they were supported with kindness and compassion at the end of their lives. People received enough food and drink to meet their needs and had access to the relevant healthcare professionals when required.

Good leadership was in place. People, relatives and staff felt valued and there was an open culture where concerns could be raised without fear. These were listened to and dealt with in a timely manner.

Systems were in place to monitor the quality of care provided to people. The provider and registered manager strived to continuously improve the quality of care through several methods including the use of regular audits, the introduction of technology and the sharing of lessons learnt as a result of incidents, accidents or complaints.

Excellent links with the community had been formed for the benefit of people living in the home and plans were in place to develop these further.

However, during the inspection visit we did find that some areas required improvement within the key question of Is the service safe? This was because a risk to people's safety in relation to the storage of toiletries and prescribed creams had not been adequately assessed and therefore managed appropriately and some staff used poor practice when supporting people to move. The registered manager agreed to act to reduce any immediate risks to people's safety in relation to these areas.

We have made one recommendation which is for the registered manager and provider to become familiar with the Accessible Information Standard. This is a standard that is in place to improve how care services provide people with information where they require support with their communication needs.

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.

Not all risks to people's safety had been adequately assessed. Also, some staff used unsafe techniques when they supported people to move. The registered manager agreed to address these areas immediately.

There were enough staff to meet people's needs and people received their medicines when they needed them.

Incidents and accidents that occurred were recorded and investigated and actions take to reduce the risk of their re-occurrence.

People were protected from the risk of abuse.

Systems were in place to reduce the risk of the spread of infection.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Woodstock Care Home Limited

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 5 and 6 September 2018. The first day was unannounced.

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.

Prior to this inspection we reviewed the information we held about the service. This included important events the service has to tell us about by law, previous inspection reports, any information we received from the general public about the service and the provider's Provider Information Return (PIR). The PIR is a document completed by the provider that tells us what they feel they do well and what improvements they plan to make to the service.

During this inspection, we spoke with three people who lived in Woodstock Care Home and four visiting friends or relatives to gain their feedback about the quality of care provided. Six staff who worked in the home were also spoken with which included care, maintenance, activities and kitchen staff as well as the deputy and registered manager. On 6 September 2018, we had conversations with the Health and Safety and Quality and Compliance managers who both represented the provider. We also conducted observations during the inspection visit to see how staff provided people with care and interacted with them.

The records we viewed included four people's care records, three staff training and recruitment records and other information in relation to how the provider and registered manager monitor the quality of care people received.

Requires Improvement

Is the service safe?

Our findings

Following our inspection of this service in January 2016, we rated the key question of safe as good. At this inspection we have rated safe as requires improvement.

During our walk around the home we found some toiletries and prescribed creams in the en-suite cabinets within people's rooms. The registered manager told us there were some people living in the home who could access these items and may not understand what they were. We were therefore concerned that there was a risk that some people could ingest these items as they were accessible to them. Prescribed creams should also be kept secure in line with best practice to prevent misuse and tampering.

On 6 September 2018 the registered manager told us that at our request, they had completed a risk assessment in relation to this finding and confirmed that items that had been deemed a risk had been locked away. The registered manager told us they would arrange for lockable cabinets to be put in people's rooms to store such items in the future for people's safety.

Following the inspection visit, the registered manager sent us a copy of a risk assessment they had previously conducted in October 2017 regarding the storage of toiletries within the home. However, this had only recorded the risks of storing toiletries within an individual person's room. It did not address the storage of prescribed creams in people's rooms or how people who lacked capacity to understand what these items were would be protected from accessing them.

During our observations, staff used mixed practice regarding supporting people to move safely. Some staff used safe practice. However, two staff did not when they supported one person to move from their wheelchair into a chair. During this transfer we saw one side of the wheelchair move. We checked the wheelchair and found that the brake on the left side was faulty. This had not been checked by the staff before they commenced the transfer which was potentially unsafe. The two staff also encouraged the person to hold onto their frame when supporting them to stand which again, is unsafe as the frame could easily move forward during this movement. We brought these two matters to the registered manager's attention. They immediately took the wheelchair out of service and said they would review the staff member's moving and handling practice.

Most of the required recruitment checks were in place prior to staff working in the home. This included verification of the staff member's identification and references from previous employers. However, two of the three staff files we checked did not contain a full employment history. When we spoke with the registered manager about this, they could tell us this history but this information should be recorded within staff records. Two staff started working at the service before the provider's required number of references had been received in relation to the staff member's character. However, a risk assessment had been put in place regarding this and the registered manager assured us that these staff did not work unsupervised until all the required recruitment checks had been made.

Two people's bedroom doors would not shut properly when released from an opening position. These

doors were fire doors and meant that people may not have been fully protected from a fire. This had not been reported to the registered manager or the maintenance person as a concern at the time of the inspection. However, the registered manager told us that staff often reported these issues when found and we saw evidence of this and the registered manager took immediate action to have the doors we identified as being faulty repaired for people's safety.

Other risks regarding the premises had been managed well. This included but was not limited to, risks in relation to Legionella and burns from hot surfaces. Risk assessments were in place in respect of these areas and actions had been taken where needed, such as covering hot water pipes and regular testing of the water system to reduce these risks. Records confirmed that lifting equipment, gas and electrical appliances and water safety had all been tested in line with relevant legislation and were safe during our inspection visit.

Risks in relation to people developing a pressure sore, not eating or drinking enough or choking were managed well. These risks had been assessed and there was clear information documented within people's care records to guide staff on what they needed to do to mitigate these risks as much as practicable. Conversations with staff demonstrated they understood the actions they needed to take to reduce these risks and we saw this in practice. For example, the staff ensured that people who were at risk of developing a pressure sore had the appropriate equipment in place and that they were re-positioned regularly to reduce this risk. In respect of not drinking enough, staff monitored what people drank and increased how often they assisted or prompted people if they were concerned about this.

All the people we spoke with told us they felt safe living in Woodstock Care Home. One person told us "Yes, I feel safe here. If I need help I only have to press this button." Another person said, "Yes, I feel safe because there's always a member of staff around and I can walk around the home safely because there are handrails everywhere." All the relatives and friends we spoke with agreed that they felt their family member/friend were safe living in the home.

The staff demonstrated they understood what abuse was and how to report concerns if they were worried. This included reporting to the appropriate authorities outside of the provider should they need to do this. The registered manager had investigated any incidents of alleged abuse and taken appropriate action such as reporting it to the local authority safeguarding team.

People told us there were enough staff available within the home to meet their needs. One person told us, "There are enough staff for my needs. I've never been short of help." A relative told us, "Yes, there are always staff around and they respond quickly."

All the staff we spoke with said they felt there were sufficient numbers of staff to ensure people received the care and support they required. Our observations confirmed this. We saw staff respond to people's request for assistance in a timely way and that they had time to spend talking and interacting with people during the inspection.

Medicines for oral use were kept securely for the benefit of the people living in the home. People told us they received their medicines when they needed them. One person said, "The carers give me my medication and make sure I take it." Another person told us, "I have a lot of medication and it's usually on time." The records we viewed confirmed this.

A new electronic system had been introduced to help staff track that people had received their medicines as prescribed. Where people required to have their medicines covertly (hidden in food or drink), the appropriate guidance had been sought from health professionals to ensure this was completed safely.

People and relatives told us they felt the home was clean. One relative told us, "I am impressed with the standard of cleanliness." One person said, "Cleanliness is very good. They hoover in here every day and the shower rooms and toilets are always clean." This was also our observation during the inspection visit. Staff had a good awareness of how to reduce the risk of the spread of infection and we saw staff putting this into practice. For example, staff wore protective aprons and gloves when going to assist a person with personal care and washed their hands.

Staff told us they completed incident and accident forms which were passed to the registered manager for investigation. The registered manager analysed this information and re-assessed any risks to people's safety to reduce the risk of the incident or accident from re-occurring. The registered manager and senior staff discussed any incidents that had occurred such as falls or safeguarding concerns so they could learn from them.

Good

Is the service effective?

Our findings

Following our inspection of this service in January 2016, we rated the key question of effective as good. At this inspection we have continued to rate effective as good.

People's individual care needs and choices had been holistically assessed including their physical, mental and social needs. The use of technology was apparent in some areas to improve the quality of care people received. For example, the introduction of a new electronic system to monitor that people had received their medicines correctly and that staff training was up to date.

People told us they felt the staff were well trained. One person told us "The carers are very, very good, very helpful. They get me up in the morning, wash me and dress me." Another person said, "All the staff are good."

Staff told us they felt they had received enough training to provide people with effective care. The registered manager checked staff knowledge after their training by asking them to complete 'knowledge sheets'. This helped the registered manager support staff if they required more training.

The registered manager told us that no formal assessments of staff competency took place such as for personal care or moving and handling. They told us they would put these in place following our feedback regarding the need for improvement in some staff member's moving and handling practice.

New staff received a thorough induction which included shadowing more experienced staff. If they were new to care, they completed the Care Certificate which is a recognised qualification in Health and Social Care. Staff told us the registered manager was very supportive of them and encouraged them to complete formal qualifications in this area to further their knowledge and potentially, their career.

People told us they liked the food and that they received enough food and drink to meet their needs. One person told us, "The food is excellent and there's plenty of it. I don't have anything to leave on my plate." Another person said, "You get a good breakfast which is cooked, cereals and there's a choice of main course for lunch." A relative told us, "There is lots of choice."

We observed the lunchtime meal. People were offered a choice of drink and received a freshly cooked hot meal that looked appetising and which most were seen to enjoy. People who required assistance and encouragement with their meals and drinks received this and regular snacks were made available to people throughout the day including fresh fruit. Catering staff explained how staff shared information about people's dietary needs. This included whether people needed their food prepared in a particular way to aid their swallowing.

The staff told us they worked well as a team and had a good awareness of various healthcare professionals that could be involved in people's care. All staff said they felt the support received from healthcare professionals was good so that people could receive good healthcare.

A visiting relative told us that they were very satisfied with the support staff offered their family member with their health. They said that staff always kept them informed about the person's health and wellbeing and sought advice from the doctor or emergency services appropriately.

Staff spoken with confirmed that district nurses visited the service to support people with their health, including administering insulin where people needed it. A staff member told us that staff did check people's blood sugar levels so that they would have the information district nursing staff needed and confirmed they had been trained to do this competently.

The communal areas of the service had a pleasant welcoming and homely feel to them and were easily accessible to people. There was clear signage to enable people to find their way around the home and hand rails in place for their safety. Memory boxes were in place to aid people to find their way back to their room.

Some communal corridors within the home had painted murals on them as a point of interest however, in other areas the corridors and doors required redecoration and were of the same colour which could be confusing for people living with dementia. These could be improved with the use of colour. The registered manager told us that some refurbishment of the home was about to commence and that plans were in place to improve these areas in line with best practice guidance.

There were two pleasant outside garden areas that people could use. These had been created into sensory gardens with various coloured objects, raised garden beds and other sensory items for people to see and touch. One of these gardens was accessible by a ramp but the other was only accessed by a step. The registered manager told us that a ramp would be installed within this garden area as part of the refurbishment plan. This would enable people to independently access this garden safely.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The staff we spoke with understood the principles of the MCA and we saw these in practice during the inspection. Staff always asked for people's consent before completing a task, offered people choice and supported them to make a choice when needed. Records showed that people's ability to consent to their care had been considered and there was clear information in people's care records to guide staff on how to support people in line with the MCA if required.

The registered manager had considered when people may have been being deprived of their liberty and had made the required applications to the local authority. Where these had been granted, any conditions that were in place had been followed.

Good

Is the service caring?

Our findings

Following our inspection of this service in January 2016, we rated the key question of caring as good. At this inspection we have continued to rate caring as good.

All of the people we spoke with told us the staff were caring and very friendly. They also said they were treated with dignity and respect. One person said, "The staff, male and female, are kind, considerate and approachable. Very much they treat me with respect." Another told us, "The staff are very friendly and helpful. They always treat me with respect and never embarrass me." A relative said, "[Family member] does love a cuddle. They do that and hold her hand." They described this as being comforting for the person. They told us that staff were very caring and said, "Staff are amazing."

People also told us that staff listened to them and that they felt comfortable talking to them. One person said, "Yes, I could talk in confidence to any of the staff." Another person told us, "The staff are easy to talk to and one is particularly helpful." The relatives and friends we spoke with agreed with this. They told us the staff were always approachable and made them feel very welcome when they visited their family member/friends.

From our conversations with staff, it was evident they knew people exceptionally well and valued their relationships with them. Staff spoke about the people they supported in warm and affectionate tones. One staff member told us how they regularly bought a person magazines in relation to an area of interest they had as this would make the person's 'face light up'. Staff were seen to interact with people in a respectful and kind way and people were comfortable in staff presence, enjoying their company and chatting in a relaxed manner.

People's rooms were decorated to their own taste and they were surrounded by familiar items that gave them comfort or supported them to reminisce if they wished to. One relative told us how the maintenance person had arranged their family member's room so that they could have some of their own furniture and belongings around them. They felt this encouraged the person to feel more settled in the home as well as making their room more homely.

Relatives told us that they and their family member were involved in making decisions about their/their family member's care. One relative told us, "Yes, they involve [family member] and me." Another relative said, "They always keep us and [family member] informed so we can make choices." We observed staff during the inspection supporting people to express their views and actively involving them in making decisions.

People were treated with dignity and respect and their independence was encouraged. All of the staff were polite and respectful to people. Doors were closed when people received assistance with personal care and staff ensured that people's clothing was correctly in place whilst hoisting them to protect their dignity.

One relative told us how their family member had become more independent since living at Woodstock

Care Home. They said their family member had found it difficult to walk far but with the help of the staff, this had improved. Staff also told us how they encouraged independence. For one person, they had noticed that they were able to apply their own prescribed creams and so encouraged them to do this. Another person was supported to make their own bed and clean their room. Some people regularly accompanied the maintenance person in completing jobs around the home to reflect their previous occupations and another would help with planting various plants in the garden and be taken outside to participate in a past hobby.

The registered manager told us they had introduced a mobile 'tuck shop' where people could purchase toiletries or other items to aid their independence. One person described this as, "amazing".

Good

Is the service responsive?

Our findings

Following our inspection of this service in January 2016, we rated the key question of responsive as good. At this inspection we have continued to rate responsive as good.

All of the people we spoke with told us the staff were responsive to their needs and preferences. They told us how they could get up or go to bed when they wished, were able to have regular baths and showers and could choose where and how they wanted to spend their day. One person said, "They get me ready for bed early. I can then get into bed on my own when I'm ready which suits me fine." A relative said, "[Family member] gets at least two showers a week which they enjoy."

Prior to people moving into Woodstock Care Home, the registered manager had conducted a full assessment of their needs and preferences with them and their relatives if required. This included a preference in relation to whether the person wanted a male or female carer to support them. There was very thorough and clear information in people's care records to guide staff on how people wanted to be individually supported. This was regularly reviewed and reflected people's current needs and preferences.

People told us the range of activities was good and enhanced their quality of life. The relatives and friends we spoke with agreed with this. One person told us, "I join in everything that's going on and the mobile shop is wonderful." Another person said, "I join in the lounge activities, watch TV in the lounge or read. I've recently started doing jigsaws." One relative said, "[Family member] loves activity, especially the quiz. They are amazing. Every day [family member] has something." Another relative told us that the activities available had recently improved and that their family member received a good level of simulation. They went on to describe a recent 'beach day' where people had been involved in a 'virtual trip to the beach'. They said staff had brought in sand, fish and chips and ice creams so people could reminisce about trips they took as children. The relative said the staff always made these occasions special.

We spoke with the activities co-ordinator who had been in this role for six months. They told us they were able to complete activities each day and spend time with people who remained in bed or who chose to stay in their rooms. Various activities were in place such as reminiscence, quizzes and crafts. A 'Knit and Knatter' group had recently been set up with a local group who visited the home to knit and chat with the people living in the home. Outside entertainers visited regularly and included various animals which people said they enjoyed. Local school children also spent time with the people living in the home. People with religious preferences regularly had visits from members of different faiths, although one person said they would like this to occur more frequently. We spoke with the activities co-ordinator about this and they told us they had plans to expand this area.

There were chickens in the garden and people helped to collect the eggs. There were various items around the home that people could pick up and manipulate to give them stimulation and comfort. On the first day of the inspection, staff were observed supporting and encouraging people to sing which has been proven effective at enhancing people's wellbeing where they are living with dementia.

People's communication needs had been thoroughly assessed and staff were able to tell us how they communicated with people who had reduced verbal communication, for example through body language. We observed staff using various techniques to communicate with people and technology such as hearing loops were available for people who had hearing loss. However, the registered manager was not familiar with the Accessible Information Standard. This is a standard that requires providers of health and social care to assess people's communication needs and provide them with support where they have a sensory need. Although we did not see any concerns within this area, we recommend the registered manager and provider familiarise themselves with this standard to ensure they are meeting its requirements for all of the people living in the home.

People and relatives told us they did not have any complaints but felt confident to raise concerns if they needed to. One person told us, "If something really did upset me I'd say something immediately. If I had a formal complaint I would go straight to the manager." Another person said, "If I had a problem I would talk to my carer but so far I've had no complaints."

The registered manager encouraged people and relatives to raise any concerns they had with them so they could be discussed and rectified. Records showed that any concerns had been thoroughly investigated and discussed with the person who had raised them.

People's preferences and choices had been sought and respected in relation to their end of their life wishes. One relative told us the staff had been 'faultless' when their family member had recently died. They added the staff had been extremely attentive and had provided their family member and them with comfort at this difficult time.

The home had recently retained their accreditation in the 'Six Steps to Success End of Life Care Programme for Care Homes' which is a nationally recognised programme delivered by the NHS to help care homes improve the quality of care provided to people at the end of their life.

Records showed the registered manager ensured that relevant healthcare professionals had been involved to ensure that people were well-cared for and comfortable at the end of their lives. We saw that the staff had received many compliment's and cards from relatives whose family member had died, thanking them for their kindness and compassion. Comments such as, "Cannot find the right words to thank you for the loving care." and "Greatest comfort to family that [family member] was truly with friends in last days. Wonderful to know she was safe and cared for by kind and loving staff."

Good

Is the service well-led?

Our findings

Following our inspection of this service in January 2016, we rated the key question of well led as good. At this inspection we have continued to rate well led as good.

All of the people we spoke with told us they were happy living in Woodstock Care Home and would recommend it as a place to live. One person told us, "Yes, I'm happy here and I have already recommended it to others." The relatives and friends we spoke with agreed with this describing the home as, "Wonderful, lovely, and homely."

People, relatives, visiting friends and the staff told us the registered manager had an open door policy. They all said they felt able to approach them if needed and were confident that any concerns or matters raised with them would be dealt with immediately.

Good leadership was in place. We found the registered manager to be open and welcoming of any suggestions we had for improvement. Where we had concerns, these were either acted upon immediately or plans were put in place to rectify the issues for the benefit of the people living in the home.

All of the staff we spoke with were very happy working within the home. They told us their morale was high, that they felt very valued, that communication was good and they were supported. Some staff described other staff and the people living in the home as 'family' which demonstrated a caring culture.

The registered manager had instilled a positive culture of compassion and of treating people and staff with respect and as individuals. Staff understood their individual responsibilities and were inspired to take on more responsibility if they wished to do this. This included some staff becoming 'champions' in various areas. This meant that they attended extra training and gained further knowledge in certain subjects that they then passed on to other staff. Some staff had received internal promotions and all were supported to do qualifications within health and social care to expand their knowledge.

The registered manager involved staff in the running of the home and also the people living there. This included some people attending staff interviews so they could contribute and give their opinion on whether they thought the prospective staff member would fit in well within their home. A recent survey had been completed by people living in the home, relatives and visiting healthcare professionals. The majority of their comments were positive and the registered manager was currently analysing the information so they could make any necessary improvements based on this feedback.

Clear governance processes were in place in several areas to monitor the quality of care people received. This included regular audits in relation to medicines management, cleanliness of the service, people's care records and people's nutrition and hydration needs. The completion of staff training was closely monitored and the registered manager could pull off reports from the new electronic training system to interrogate the data as and when required. The provider also regularly visited the home to monitor the quality of care provided to people and the registered manager sent them a report each month to help them with this

monitoring.

The registered manager had systems in place to ensure that any serious incidents were reported to the relevant authorities for investigation. Any lessons that needed to be learnt from these incidents were shared with the staff working in the home.

The provider produced a monthly report called 'Quality Matters' which detailed learning from other incidents that had occurred in their other homes or from findings from CQC inspections. Some use of technology had been introduced into the home such as the electronic medicine and training systems and plans were in place for a new electronic care plan system to be introduced in the near future. The registered manager actively sought training from various sources including local healthcare professionals to enhance staff knowledge. These all demonstrated an appetite for learning and continuous quality improvement.

Very good relationships had been developed with the local community and plans were in place to continue to develop these. This included making links with local groups who visited the home to interact with the people living there such as local schools and community groups. One such group, the Prince's Trust had been involved in the development of the new sensory garden within the home. Local shops were visited and leaflets left about activities that the community could join in with.

Regular fund raising events were held in the home such as a jumble sale or fete which demonstrated the registered manager's passion to involve the local community with the home. Newsletters were produced by the home that were delivered to properties in the local area to promote these and the home. The activities co-ordinator was also involved in setting up a peer group with other activities co-ordinators within the local area so they could share best practice and improve people's access to activities.