Coverage Care Services Limited

Woodcroft

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

The inspection took place on 7 September 2016 and was unannounced.

Woodcroft is a care home for 50 older people some of who are living with dementia. There were 46 people living at the home at the time of this inspection.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
The registered manager was not present at this inspection and the acting manager was the person in charge.

Some people who lived at Woodcroft were not able to share their views with us. However, we spoke with relatives involved with people's care and support who gave us positive and complimentary feedback about the service. They had no concerns about the care and support that people received.

People's relatives and professionals involved with their care and support considered that they were safe at Woodcroft. People had health, care and support plans in place to assist staff to understand how people liked their needs to be met. Risks to people's safety and welfare had been identified, recorded and support had been planned to enable people to live as safely as possible. People enjoyed a wide range of opportunities for engagement and stimulation.

There were sufficient numbers of staff available to meet people's care and support needs. Staff members understood their roles and responsibilities and were supported by the senior management to maintain and develop their skills and knowledge.

People enjoyed a varied, healthy diet. Their physical and mental health needs were well catered for. The atmosphere in the home was friendly and welcoming and there was a warm interaction between the staff and people who used the service. People were actively supported to maintain family relationships.

People were supported by their relatives but also had access to external advocacy services when needed to help them make decisions about matters in their daily lives. People's relatives were encouraged to be involved in developing their support plans and to visit at any time.

Staff promoted people's dignity and treated them with respect. The provider had arrangements to support people and their families to raise concerns. Unit meetings were held for people to discuss all aspects of the care and support provided at the home. The provider had systems to continuously check the quality of the service provided and strive for improvement. Staff were encouraged to develop their skills and knowledge and felt valued.

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.

Staff understood how to recognise abusive practice and could explain the action they would take to report it.

There were sufficient staff numbers and skill mix to meet people's needs safely.

People were supported by a staff team who had been safely recruited.

People's medicines were safely managed.

Is the service effective?

Good

The service was effective.

People received support from a staff team who were trained and supported to perform their duties.

Staff sought people's consent before providing care and support.

People were supported to enjoy a healthy diet. Individual dietary requirements were provided for.

People were supported by a range of health care professionals to help ensure that their physical and mental well-being was maintained.

Is the service caring?

Good

The service was caring.

People were treated as individuals with dignity, kindness and respect.

Staff and management had a good understanding of people's needs and wishes and responded accordingly.

People's privacy was respected.

Is the service responsive?

Good

The service was responsive.

People were supported and encouraged to engage in a range of activities within the home and in the wider community.

People were supported to be involved in decisions about their care as much as they were able.

People and their relatives were confident that any concerns raised would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

People and their relatives had confidence in the provider, staff and the management team.

The provider had clear arrangements in place to monitor, manage and improve the quality of the service.

Woodcroft

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 met 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 under the Care Act 2014.

This inspection took place on 7 September 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, the provider completed 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 requested feedback from professionals involved with the service and from Healthwatch.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with the acting manager, the operations manager, the assistant manager, eight care staff and three visitors.

We reviewed care records relating to three people who used the service. We looked at management records and quality audits.

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.

Good

Is the service safe?

Our findings

People we spoke with were satisfied that they were safe living at Woodcroft. They told us this was mainly down to consistent levels of staffing who had come to know them well. Relatives told us that the staff team was consistent and had support from experienced senior staff.

There were policies and procedures for staff to refer to on how to keep people safe from abuse. The staff and acting manager demonstrated a clear knowledge of what actions to take in the event of any safeguarding concerns. Staff confirmed that they had received training to give them the necessary skills and knowledge to recognise abusive practice and were clear that any suspicions of abuse should be reported immediately. They said they had completed training to support people who displayed behaviour that could be perceived as challenging to others. This helped to keep people safe.

People considered their environment was safe. A person told us, "I have my room set out as I like it so I can walk around safely without falling." Risks were identified and individual written plans were in place to guide staff to help keep people safe while maintaining their independence. We saw people being assisted to move around the home with their walking aids. Care workers spoke reassuringly and kindly to people as they discreetly ensured they were safe. We were shown care records that detailed how staff assessed situations, monitored people and considered options of managing the situation. Staff also consulted professionals for their advice, for example, the dietician and falls prevention service.

People told us that staff were always busy but that they received the care they needed. One person told us, "I always see staff about the home and I don't feel I am left alone for very long". Staff told us there were sufficient numbers of staff on duty to keep people safe. There were sufficient staff on duty during the day and night to support the needs of the people who used the service. Staff were visible throughout our inspection and we noted that they had time to sit and support people, as well as engage people in activities with the co-ordinator. The acting manager detailed the safe staffing levels required for the needs of people on each unit. We saw this was in place. The acting manager told us that if extra staff were needed to keep people safe or to undertake activities outside the home they provided this.

The provider operated robust recruitment practices and records showed required checks had been undertaken before staff began to work at the home. This helped the provider to make safer recruitment decisions. For example, disclosure and barring service checks [DBS] had been obtained and references to help ensure staff were safe to work with older people.

We completed a SOFI on the dementia care units. We saw that throughout the day care staff sat and engaged with people to chat and help them. These were warm friendly chats with recognition by people who would smile and respond. There was lots of positive engagement and where people became anxious we saw that staff responded in an appropriate manner and defused the situation. A member of staff was always in the communal area of the unit.

People were satisfied with the way the service managed their medicines. People were protected by a safe

system for the storage, administration and recording of medicines. Medicines were securely kept and at the right temperatures so that they did not spoil. We saw that staff checked each person's medicines with their individual records before administering them so as to make sure people got the right medicines. We observed one staff member supporting a person with their medication. We saw that the care staff locked the medicines trolley when they went to support someone to take their tablets. Staff gave a clear account of when people would be likely to need 'as required' medicines. Information about this was available in the medicine record.

Good

Is the service effective?

Our findings

People who used the service told us they were very satisfied with the support they received. One person said, "I think it's a good home, it's always clean, the quality of the food is nice and I receive very good care here." A relative told us, "Mum is very content here, we came and looked around and staff helped us with our questions."

Another person explained that, "The district nurse comes to dress my leg and staff here keep an eye on it in case it needs to be redone." People had access to local healthcare services and specialists. When staff became aware that people were feeling unwell, discussions were had with a local GP or relevant professional. Records showed that the staff team worked closely with various health professionals including community mental health teams.

People were supported by staff who stated they had received training and guidance for their role. One staff member said, "I have had dementia care training. I found that helped me to know what approach to take when people are agitated and distressed and how to speak people." We were informed through the PIR that new staff members were required to complete an induction programme. We saw that staff were not permitted to work alone until they had completed some shadowing of other staff on shift. We saw that a senior member of staff was working with two new care staff. They completed the induction checklist after talking to the staff to ensure they had understood the information.

Staff told us that they received annual appraisals and had regular support with a line manager. Team meetings were held to enable the staff team to highlight areas where support was needed and encourage ideas on how the service could improve. Staff members confirmed they had opportunities to discuss any issues and said that the acting manager was always available for advice and support.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We read that people were supported to make decisions about their daily life. These decisions included Do Not Attempt Resuscitation (DNAR) and records showed that relevant people, such as relatives, legal representative and other professionals, had been involved. Staff had attended training on the MCA and DoLS. They spoke to us very clearly about their understanding of the legislation and guidance. Individual mental capacity assessments had been completed and any restrictions in place for people were followed and reviews occurred on time. This ensured that people's rights were protected.

People were supported to enjoy a healthy and nutritious diet. We observed that people were offered choice of when and where they ate their meals. Where required people were given assistance by staff. This was done in a discreet and patient way. We saw people were supported to have sufficient to eat and drink. People's health or lifestyle dietary requirements were known to staff so that people received the food they needed and preferred. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals made to the GP and dietician as needed. The mealtime was unrushed and people were given plenty of time to enjoy their food. The menus had been developed knowing people's preferences and dislikes over time and produced in a pictorial format.

Good

Is the service caring?

Our findings

People told us they were supported and cared for by kind and caring staff. People's relatives told us they thought staff were caring and gentle. One relative said, "They are so kind and caring, this comes from the top down, I can't fault them one little bit."

The atmosphere in the home was friendly and welcoming. The communal areas were used by people during the day and with their permission we looked at some bedrooms. We saw that they were personalised to their taste and comfortable. We observed positive interactions between people and the staff that supported them. People responded well and were engaged and smiling. We saw that staff listened to people's views on what they wanted to do. For example, to sit and watch TV, join in the activity or whether to stay in their room.

People received support from a staff team that clearly understood their individual needs. People were supported to express their views and to be as actively involved as possible in making decisions about their care and support. Some people's relatives supported them with making these decisions and advocacy services were sourced where people needed additional support. Relatives had been invited to unit meetings and to individual reviews of care.

Relatives and friends of people who used the service were encouraged to visit at any time and on any day. People sometimes went home with their families to enjoy a day out or a meal together in the community. We saw care and ancillary staff greeted people in a way that showed they knew them well and had developed positive relationships. There were different communal areas within the home where people could entertain visitors privately as well as in their own bedrooms.

We saw that people's privacy and dignity was respected. Staff understood what privacy and dignity meant in relation to supporting people. For example, we saw staff and management respecting people's privacy by knocking on entry doors to people's private space and the lounges. We saw door cards that staff used which said, 'Do not disturb or please collect my tray'. Staff showed concern for people's wellbeing and responded quickly to people's needs, for example when people started to become anxious they received prompt support from staff.

People's private and confidential records were stored securely in a lockable cupboard in an office. Certain staff had keys in order to be able to access the records at any time they needed to refer to them.

Good

Is the service responsive?

Our findings

People told us that the staff and management team discussed their care and health needs on a regular basis with them. One relative told us, "I am contacted when my relative's condition changes so I'm always kept up to date."

We read that people's individual needs were assessed prior to their admission to the home and a more in-depth care plan was developed as they settled in. Relatives told us that they had been involved in this process to ensure that the service could respond to people's needs. We saw that staff took time to get to know people so they knew how they preferred to be supported.

Care plans were personalised to the individual and provided clear guidance for staff to follow. Staff described how they would care for someone who demonstrated behaviours which could challenge other people. We were told about different methods that staff used to positively manage such behaviours. One example was providing gentle assurance and de-escalation techniques.

We saw that people were encouraged to make choices about many areas of their lives as much as they were able. This included such areas as the activities they wanted to take part in and the food they wanted to eat. Some people were offered choice through the use of photographs, for example the daily menu, and where this was not possible best interest decisions were made on people's behalf. We saw that a few people had remained in bed for the morning as it had been their wish to do so. Staff looked in on them frequently to check they were alright.

People told us that they enjoyed a programme of activities that were suitable to their various needs. The range was clearly displayed on a notice board together with the monthly newsletter. One person said, "You can do as you please with your day. We do have arranged activities from entertainers but there is a lot arranged by the staff." Many enjoyed a singing session in the main lounge area during the morning. Others sat reading or watching TV and listening to the radio. We saw staff chatting to people about a programme on the TV which also displayed subtitles for those who had a hearing impairment. People were encouraged and supported to develop their social skills to help ensure they were not socially isolated or restricted due to their individual needs

The provider had a policy and procedure available to support people to raise any concerns. The acting manager was able to clearly describe the actions they would take to investigate any concerns raised with them. Staff spoke of how they engaged with people daily and encouraged them to be open about their feelings. However, no one we spoke to told us that they had any concerns or complaints about the care and support provided at the home. One person said, "I am more than confident that the acting manager would take any concerns seriously and manage them well. They are very 'hands on' which keeps everything ticking along nicely."

Good

Is the service well-led?

Our findings

People considered the service was well run. People commented that the management were willing to listen and were open about the way the service was run. A person said, "They always give us information about what's happening. The meetings are very good." Another person said, "I have recently written on a survey form about the quality of the service." They said they had been told the registered manager was off work and what arrangements were in place in the interim period. A notice had been displayed in the hallway informing visitors of this situation. The provider had been open in informing people of the management arrangements for the home.

All the staff we spoke with showed they had clear values including offering choice, independence and respect. This helped to provide a service that ensured the needs and values of people were respected.

The acting manager had an active role within the home and demonstrated a good knowledge of the people and the staff team. There were clear lines of responsibility and accountability within the management structure. For example, the home had an assistant manager to provide support to staff on a day to day basis. Staff spoke highly of the support they received from the management team. Another said, "We work together as a team to benefit the people who live here." Another staff member told us that they found the management to be, "Really approachable and supportive."

Regular staff meetings were held to provide the staff with a forum to comment on how the service was run. Daily shift handovers in the morning, the afternoon and evening helped to ensure that all staff had up-to-date information they needed to support people safely. Staff said they were aware of the whistleblowing policy in order to address poor practice. They confirmed they would not hesitate to use it.

The operations manager told us of plans for development and improvement within the home. Rooms were scheduled for upgrade and implementing an electronic medication system to improve safety and accountability of staff for errors. Staffing had been increased as a result of listening to people and staff. The provider's statement of values had been revised and was about to be rolled out through all the locations. There was a continuous cycle of review and improvement.

Staff members were allocated lead roles in such areas as dignity champion, health and safety, medication and infection control. This meant that individuals had the responsibility for monitoring these areas and escalating any issues to the acting manager.

The operations manager said spot checks used to be conducted routinely by the registered manager at night and weekends but that this had not occurred for some time due to their absence. We were assured that people received a quality service at night and weekends as senior staff would carry out such visits if any specific issues were raised by people who used the service, staff and relatives. The operations manager had carried out a routine visit while the night shift was on duty on the day of inspection.

The provider had a range of systems in place to assess the quality of the service provided in the home. There

was a clear audit system which meant the provider had an overview of all aspects of the service delivery. This enabled them to make improvements to the service. For example, a health and safety meeting took place quarterly at head office with the operational management group. A report was produced detailing outcomes for areas such as incidents and falls. An electronic system had been implemented for accident reporting that staff said gave a more in- depth analysis of data so they could 'home in' on any specific issues and take action. For example, staff monitored a person having regular falls which led to a review by the GP and a change to medication. This had a positive outcome for the individual as the number of falls reduced which improved their wellbeing. The provider's quality monitoring systems were effective in identifying areas that required improvement.

Providers are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The acting manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.