

Select Health Care Limited

Woodcote Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 26 November 2018 and was unannounced.

Woodcote Hall is registered to provide accommodation with personal care for up to a maximum of 56 people. There were 51 people living at the home at the time of our inspection, some of whom were living with dementia. There was a registered manager in post who was present during the inspection. 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 our last inspection we found that improvements were required. At this inspection we have found that the provider has made considerable progress but that there were still areas they needed to address in order to be rated as good overall. Following this inspection, the home continues to be rated as requires improvement.

People were supported to make decisions for themselves and where necessary best interest meetings were held however the staff were not able to locate all associated paperwork in a timely manner.

People were supported to have their personal care needs met however they did not always receive sufficient stimulation throughout the day.

People received sufficient food and drink however the meal time experience could be improved to ensure people were always given choice.

The environment had been improved and refurbishment was taking place however there was still an unpleasant odour that fluctuated during the day.

People's received their medicine from staff who had been assessed as competent to manage medicines safely.

The provider had systems in place to monitor the quality and safety of the services and was working through actions identified from the previous inspection and other audits completed in the home.

People were protected from harm or abuse by staff who knew how to recognise and report concerns. Staff were aware of the risks associated with people's needs and how to minimise these risks.

The management analysed the information to identify any trends and action required to prevent reoccurrence. The provider had safe recruitment procedures in which ensured that prospective new staff were suitable to work with people living at the home.

People were supported by sufficient numbers of staff who had the skills and knowledge to meet their individual needs. Staff received training relevant to their roles and felt supported by the registered manager.

People were supported by staff who were caring and kind. People were supported by staff who knew them well and who had access to up to date information about their needs.

People and their families were encouraged to give feedback on the quality of the service and to make suggestions for improvement. The provider had a clear complaints process and addressed concerns in a timely manner, sharing information with the local authority as necessary.

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 ●

People continued to be safe.

People were safeguarded from abuse and harm.

Any risks to people were assessed and documented.

There were sufficient staff who were recruited following safe recruitment procedures.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Decisions made on people's behalf were in their best interest however not all the relevant information was stored in an accessible place.

People's received adequate food and drink however the meal time experience received mixed reviews.

People were supported by staff that had received relevant training.

Is the service caring?

Good ●

The service continued to be caring.

People were treated with kindness and respect.

People were supported with transitions in and out of the service.

People had increased access to accessible information.

Is the service responsive?

Requires Improvement ●

The home is not always responsive.

People did not always receive personalised care and adequate stimulation throughout the day.

Any complaints were dealt with in a timely manner.

People are supported by Woodcote Hall through end of life.

Is the service well-led?

The home is not consistently well led.

Improvements required in the home have not been fully addressed

Staff share a clear vision for the home.

Staff feel supported by the management team.

Requires Improvement 

Woodcote Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 26 November 2018 and was unannounced

Our inspection was comprehensive and was carried out by two inspectors, a specialist advisor with a background in nursing 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, in this instance their experience was residential care services.

Prior to the inspection we reviewed all the information we held on the service including the previous Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR along with other information we held, including statutory notifications which the provider had submitted. Statutory notifications are pieces of information about important events which took place at the service, for example, safeguarding incidents, which the provider is required to send to us by law. We looked at the notifications we had received and reviewed all the intelligence CQC held to help us make a judgement about this service.

We spoke with seven people who live at Woodcote Hall and four visiting family members. Some people living at the service were living with dementia and could not tell us about their experiences. We used the Short Observational Framework for Inspection (SOFI). This is a way of observing care which, helps us understand the experiences of people who could not talk with us.

We also spoke to a GP, a district nurse and 10 staff members including care assistants, senior care, activities co-ordinators, housekeeping, estates management as well as deputy managers and the registered manager for the service. We looked at various records held by the service including four care files, two staff files, staff training matrix, completed audits, health and safety records and the complaints file.

Following the inspection, we also spoke with the local authority.

Is the service safe?

Our findings

At our last inspection we rated the safety of the service as good. At this inspection we found the safety of the service was still good.

The safeguarding of people was discussed within Woodcote Hall and the service had systems in place to protect people from abuse and harm. Staff understood safeguarding procedures and told us they felt confident to report any concerns. Since the last inspection Woodcote Hall has reported a range of incidents to the local authority including altercations that occurred between residents and when things have gone wrong. A recent issue involving the lift shaft being exposed was reported and we saw that measures had been put in place to prevent any reoccurrence.

People's care plans contained risk assessments that were reviewed monthly. Staff considered risks to people's health and wellbeing and the home had further risk assessments in place that covered areas such as fire safety, and other risks related to health and safety. We were made aware that the service supported many people with advanced dementia and took many emergency admissions on behalf of the local authority. We saw that there were risk assessment's in place in response to occasions when people's own behaviour put them in a vulnerable position. People told us they felt safe at Woodcote Hall and one relative told us that their relative, "was much safer here than at home."

People were supported by sufficient staff to have their care needs met. A high proportion of the staff have worked at the home for over two years and one staff member told us, "Staffing is only an issue if there is staff sickness." We received mixed comments from people about the staffing levels so we reviewed the rota at Woodcote Hall. Over an 11-month period we saw that on each shift there was a consistent allocation of staff. The deputy manager told us there were some staff that lived on site who could come in and support if necessary so they did have strategies in place to cover any shortfalls. Staff were recruited following the relevant checks being completed. The provider followed up on references and criminal record checks were completed.

People received their medicine by staff who have been deemed competent to administer it. The service followed the system provided by the pharmacist and people had their medicine as required. We saw that a recent medicine audit has suggested the re-introduction of weekly audits and this has commenced. We spoke with a GP who advised that the home was proactive in trying various avenues to support people before requesting additional medicine for people with disturbed behaviour and in some instances, they had helped people to reduce medicine already prescribed.

People were supported by staff who understood infection control and the manager completed monthly audits to monitor the standards within the home. We found that there was a unpleasant odour in various parts of the home that came and went throughout the day. We observed that there was domestic staff working to manage the situation and we were advised that the provider had recently increased the domestic staff hours due to concerns that had been raised about the environment. Earlier in the year the home had an outbreak of Norovirus and we saw that the home had contacted NHS England and maintained records of

who had been affected. We saw that there was hand sanitizer across the home and adequate protective clothing. We were told that sometimes there was not a supply of paper towels in the treatment room however we did see that there were paper towels in all the bathrooms.

The Registered Manager told us that they were in the process of replacing flooring throughout various parts of the building and we saw confirmation that the flooring in the downstairs toilet and bathroom was scheduled for attention.

Accidents and incidents reports were of a general nature and we saw evidence that the manager reviews and analyses them at the end of the month. Following the recent issue with the lift system we saw that the registered manager had advised others in the organisation of what had happened to ensure that the lessons learnt were shared.

Is the service effective?

Our findings

At the previous inspection we rated the effectiveness of this service as requires improvement. At this inspection the rating has remained the same.

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our previous inspection we found the provider to be in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). At this inspection 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 had the appropriate legal authority and were being met. We found that there had been improvements and that relatives without legal authority were no longer signing capacity assessments on people's behalf and that DoLS applications were being made in a timely manner. We no longer consider the service to be in breach of regulation. We reviewed the process for people receiving the flu jab and found that people's capacity had been assessed and where appropriate best interest's decisions made.

However, we did struggle to follow the audit trail for some of the more long standing decisions that had been assessed and were now being reviewed on an annual basis. Staff advised us that they archive information however as this information related to people being denied their liberty it was felt this should be easily accessible. We reviewed the Do Not Attempt Resuscitate paperwork for three people and could see the dates of when MCA assessments and best interest decisions had been made however we could only find the associated MCA paperwork in two of the care files. The management team advised us that they would visit the archives and ensure that the assessments and authorisations for any current decisions were placed back in an accessible place. We spoke with the staff team who demonstrated an understanding of the need to assess people's capacity and they all confirmed that they had received training in MCA and DoLS.

People's needs were assessed and care plans were created and updated on a regular basis by the team. We discussed with the provider the volume of care plans in place and how often they were being reviewed. For example, we saw a care plan for a person who chain smoked was being reviewed and it was only when we got to the end of the document did we learn that the person had since given up smoking and therefore the information could have been transferred to the persons history. The deputy managers advised that they were in the process of streamlining the information. We saw that people accessed various health care services as part of their current care plan and that they were referred to the appropriate health service when they became ill or their needs changed.

People were supported to have access to food and drinks throughout the day. Peoples meals were served hot and main meals were followed by dessert. We received mixed feedback about the food and our observations were that the meal time experience for people could be made better. We saw that people were not always reminded what food they had requested when it was placed in front of them. One person told us, "I have my meals in my room, the food is nice and once or twice a week they give food choices for the following day but they don't ask every day." Another person told us, "The lunch today was not good." We saw one person who didn't want to have a dessert have one placed in front of them. They told us that they had not wanted it however we did observe them eating it after a few moments.

Staff received training that supported them in their role. Some of the training was online and other courses were face to face. Staff told us, "The training is good and we get courses specific to peoples' need such as understanding Parkinson's disease." We observed staff putting their knowledge in to practice. We saw a moving and handling course taking place and observed staff experience what it was like to be hoisted. We later saw different staff hoisting a person and they explained to the person what was happening and offered continuous reassurance.

Staff told us they work well together and have handover sessions every day where important information is shared. We viewed allocation sheets that were in place which contained the most up-to-date information about people's care needs. We also saw that the provider had recently purchased radios to enable the staff to communicate with one another when working across the building.

Woodcote hall is adapted to meet the needs of the people living there. All doors to the building were security coded to ensure staff knew who had come in and who had left the building. People did not have the codes to get out themselves however we were reassured people would be supported if they wished to exit. We saw that the home had solid stair gates around the house that were also coded to ensure people were not able to wander on the stairs which could result in falls. We found that there was adapted bathrooms and that some of the bathrooms had undergone refurbishment with others planned for the coming months. We observed that several pieces of furniture had been replaced since the last inspection.

Is the service caring?

Our findings

At our last inspection we rated the caring of the service as good. At this inspection the rating has remained the same.

We observed interactions between people and the staff to be kind and people were spoken to at a level and pace they could understand. One person told us, "The carers are fun, they talk to me and take care of me." Another person told us, "The staff are nice, they are helpful and do their best."

We spoke with visiting health professionals who told us that staff at Woodcote Hall know people well and would ask for support with any identified need or want. We were told how the home had helped improve people's health conditions due to close monitoring of a person's physical presentation. We were told of an occasion where the staff team had wanted to help a person with diabetes to be able to enjoy cake on their birthday and they had sought advice to ensure this could happen.

We saw that the staff facilitated meetings that enabled people to transition between home, the hospital and other care providers. We spoke with the local authority after our inspection as we were aware that the home supported many emergency admissions. The local authority told us, "The home is supportive of need in the local community and is responsive to our requests for help for people during difficult times." Analysis of all the information received throughout the inspection process suggested longer term residents were more settled than people on short term admissions who in many instances had not necessarily chosen the placement. One relative we spoke with told us, "We are looking forward to our relative moving to alternative accommodation more suited to their needs."

The provider sourced feedback from people and their families although in the evidence seen only a few people had responded. We reviewed the outcomes of care questionnaires completed in April 2018 and the scores received were overall positive.

We saw that people's privacy was respected and people were supported in a dignified manner. All persons seen were well presented and we did not see people having to wait to have their care needs met. Although we received one negative comment from a person regarding having to wait for a call bell to be answered, most of the comments received were positive. One person told us, "My buzzer is answered fairly quickly." We saw staff adjust people's clothing to maintain their dignity when supporting people to mobilise with the use of a hoist.

Is the service responsive?

Our findings

At the last inspection we rated the responsiveness of the home as requires improvement. At this inspection the rating has remained the same.

People were not always in receipt of personalised care. We found that staff were knowledgeable about people's interests and personalities but that the care plans did not always reflect that knowledge. We saw that several staff had inputted in to the care plans but that the completion of documentation about people's history was inconsistent. This meant that new staff were at risk of not having all the current information to be able to meet people's individual needs. We reviewed the activities people could engage in and found that activities did happen but that they were still not at a level that gave people adequate stimulation. Care plans did not contain individualised activity plans and what we observed was on offer did not match what was currently being advertised on the providers own website.

One person told us, "I don't think I could find anywhere better than here, I'm not very active and stay in my room reading. However, my faith is very important to me and I wish there was some more church services." In the morning we observed light music playing in the dining area while the television was on and one person told us, "From where I'm sitting I can't even see the television." Another person told us "I get a bit lonely in my room and I've gone off the television, I do very little all day." In the afternoon we observed activities being offered to people in the communal area. We saw that sensory boards had been developed but on the day of inspection they were not in use.

The registered manager informed us that they are reviewing shift patterns to see if they could increase staff hours at specific times to enable them to have more time with people.

The provider had a care farm which enabled people to see and interact with various animals. One person told us, "It is a lovely place to stay and I love the Geese." Staff told us, "When people spend time with the animals they often light up and are more engaged." Unfortunately, not all the footpaths around the farm area are accessible for anyone who is unsteady on their feet or in a wheel chair. Progress has been made to improve some areas however staff told us, "Further work will be required to ensure people can spend time on the farm as opposed to when the animals are brought to them."

People's access to accessible information had increased and the home was working on ensuring further information was available. We saw that signage in the home had improved since our last inspection. We saw one member of staff use pictures to assist in communication with one person and a pen and paper offered to assist communication with another, who is currently waiting a for a white board to be delivered that can be used on a consistent basis. When walking past a bedroom we saw a card detailing a forthcoming activity that was left ready for when the person returned.

Complaints received by people and their relatives were logged and responded to in a timely manner. We reviewed six complaints received in the past ten months and saw that where appropriate the concerns had been shared with the local authority and action taken. Most of the complaints received centred around

cleanliness of the home and the care of laundry

At the time of inspection there was no one in receipt of end of life care. We spoke with the local GP who advised the home were very supportive of people reaching and requiring end of life care and that the home manages this stage in people's lives well.

Is the service well-led?

Our findings

At the last inspection we rated the well led section of the report as requires improvement. At this inspection we found that there had been considerable improvements across the home but that there were still area's requiring further attention. We have therefore continued with the rating of requires improvement.

We found that people had care plans in place that were reviewed by the team and people were having decisions made that were deemed to be in their best interests, using the principals of the MCA. However, within the care files it was difficult to navigate to ensure all the key information could be found in a timely manner. Furthermore, the care files did not contain consistent personalised information. We were advised by the deputy managers in the home that this was something that they were actively working on.

We found that activities were happening but that there still needed to be increased stimulation for people across the day. Also, that the meal time experience could be improved for people, as previously highlighted by an external auditor who the provider had asked to review the home. The registered manager told us that there were trying to increase staffing levels over the meals time period however they had not been successful in finding the right person(s).

We found that the home had recruited additional domestic staff and replaced several chairs and sections of flooring in the home. This has had a positive impact on the environment however there were still times when an unpleasant odour in the home could be found. On the day of inspection, we were reassured to see that the provider was continuing to replace areas of flooring and that the bathroom spaces were on a schedule of refurbishment.

Staff spoken to appeared to have a clear understanding of the homes' vision and felt supported by the registered manager. One staff member told us, "The manager knows their stuff and we can go to them with anything" Another staff member told us, "We are like a family here and work well together."

Visiting professionals acknowledged the staff team in the home worked well together and were consistent in how they reported information and requested additional input for people. We were advised that the home is actively engaged with the local authority and we saw that any concerns were shared as appropriate. The provider demonstrated that they could learn from mistakes made and share information with wider colleagues.

We saw that the provider had several audits in place in the home and that these were overseen by the area manager on monthly basis. We also saw that the home had invited in external auditors who identified similar actions to ourselves which the provider is in the process of addressing.

We saw that the provider had sent out feedback surveys and analysed the responses received. The feedback was mainly provided by family members and was positive.

The provider had displayed the previous inspection rating in the home and submitted notifications to CQC

as per requirements.