Mr & Mrs M Ellis

Woodthorpe View Care Home

Inspection report

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Date of inspection visit: 23 June 2015
Date of publication: 28/08/2015

Ratings

Overall rating for this service	**Requires Improvement**
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?	**Requires Improvement**

Overall summary

This inspection took place on 23 June 2015 and was unannounced.

Accommodation for up to 28 people is provided in the home over two floors. The service is designed to meet the needs of older people and 25 people were living in the home at the time of our inspection.

At the previous inspection on 17 July 2014, we asked the provider to take action to make improvements to the area of assessing and monitoring the quality of service provision. We received an action plan in which the provider told us the actions they had taken to meet the relevant legal requirement. At this inspection we found that some improvements had been made but further action was required.

There is a registered manager and she was available 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

Summary of findings

'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 premises were not always managed to keep people safe. People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People's feedback was mixed in relation to the quality of meals, however, they received sufficient to eat and drink and external professionals were involved in people's care as appropriate.

Staff were caring and treated people with dignity and respect. There was some evidence of involvement of people in the development or review of their care plans.

People's needs were promptly responded to. Social activities were available in the home though limited documentation was in place to show that people were supported to follow their own interests or hobbies. A complaints process was in place and staff knew how to respond to complaints.

There were systems in place to monitor and improve the quality of the service provided; however, these were not fully effective. The provider had not identified the concerns that we found during this inspection. People and their relatives were involved or had opportunity to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that management would take action.

We found a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to the safety of the premises. You can see what action we told the provider to take at the back of the full version of this report.

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?
The service was not consistently safe.

The premises were not always managed to keep people safe.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Requires Improvement

Is the service effective?
The service was effective.

Staff received appropriate induction, training, supervision and appraisal.

People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink and external professionals were involved in people's care as appropriate.

Good

Is the service caring?
The service was caring.

Staff were caring and treated people with dignity and respect. There was some evidence of involvement of people in the development or review of their care plans.

Good

Is the service responsive?
The service was responsive.

People's needs were promptly responded to. Social activities were available in the home though limited documentation was in place to show that people were supported to follow their own interests or hobbies.

A complaints process was in place and staff knew how to respond to complaints.

Good

Is the service well-led?
The service was not consistently well-led.

There were systems in place to monitor and improve the quality of the service provided; however, these were not fully effective. The provider had not identified the concerns that we found during this inspection.

People and their relatives were involved or had opportunity to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that management would take action.

Requires Improvement

Woodthorpe View Care 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 23 June 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection, we reviewed information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we spoke with five people who used the service, two visitors, the cook, two care staff, the duty manager and the registered manager. We looked at the relevant parts of the care records of five people, the recruitment records of three care staff and other records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

Appropriate checks of the equipment and premises were not always taking place and the premises were not always managed to keep people safe. Water temperature checks were not taking place regularly and the stair lift had not been serviced. The cleaner's trolley was left unattended with potentially harmful liquids stored on it. An empty first floor bedroom was being refurbished but had been left unattended and unlocked. The room contained potentially harmful materials like adhesive and paint and the window restrictors had been removed. This put people at risk of avoidable harm.

These were breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines Administration Records (MARs) had a photograph of the person to aid identification and allergies were identified. However, there were no protocols to provide information for staff about medicines which were to be administered on an as required basis, nor any special instructions in relation to these medicines. We found medicines which had been prescribed to be administered only when required for one person had been administered routinely, on a daily basis. There was no record of the reason for administering the medicines. When we discussed this with the manager they told us the person needed the medicine regularly, however, this had not been discussed with the person's GP and a request made to the GP to change the prescription to reflect this.

One person administered their own insulin; staff stored it for them and gave it to them to administer each day. They did not keep a record of administration, which would have been advisable as the medicine was within their control and they supervised the administration. When we discussed this with the manager they said they would start to record they had witnessed the administration.

Most creams were kept in the person's room and administered during personal care. This was documented in the daily record on occasions but not consistently, making it difficult to assess whether the cream had been applied in accordance with the prescription.

Medicines were safely managed. People told us they received their medicine regularly and staff ordered new medicines in good time so they did not run out. One person said, "The manager is here every day. She makes sure we have our tablets."

We observed the administration of some medicines at the lunchtime medicines round and saw the required checks were carried out to ensure the safe administration of medicines. Systems and processes were in place for the timely supply and ordering of repeat medicines. Medicines, including controlled drugs, were stored safely.

Most of the staff administering medicines had completed a recognised course in medicines administration within the previous year. Staff said they had had a competency assessment when they first came to the home but they had not been assessed on a regular basis since.

People we talked with said they felt the equipment and environment was well maintained and well looked after. Staff used moving and handling equipment where necessary and provided support and encouragement to people. We saw people being safely supported to move. Staff told us they had enough equipment.

Each of the people's care records that we looked at contained risk assessments for risks such as falls, nutrition, and pressure ulcers. However, these were subjective assessments and no tool had been used to guide decision making, therefore it was unclear as to how the risk had been calculated. Plans were in place to reduce the risk to people and keep them safe. A person at risk of falls had had a falls checklist completed to ensure the appropriate issues had been considered.

Incident and accident forms were completed and accidents and incidents were investigated appropriately. Body maps had been completed to identify the site of injuries when people had had an accident and this gave an indication of how the injury had occurred. A fire risk assessment and a business continuity plan were in place, however, people did not have individualised evacuation plans in place to provide guidance to support staff to evacuate people safely in the event of an emergency. This could increase the risk to people's safety if they needed to be evacuated quickly in an emergency.

People told us they felt safe at the home. One person said, "I feel very safe here. Everybody is very nice." They also said

Requires Improvement

Is the service safe?

that if they felt other people's safety was at risk, "I wouldn't be afraid to speak out." Another person said, "I feel safe here." A relative told us, "[My family member] has never had any problems here. They are very safe."

Staff were able to describe the signs of potential abuse and they said if they identified a cause for concern they would report it to the manager. They were confident it would be addressed but they would escalate their concerns to the provider if necessary. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was displayed on the main noticeboard of the home to give guidance to people and their relatives if they had concerns about their safety.

People we talked with said they felt there were generally enough staff on duty and staff responded to their requests for help or support promptly. One person said, "You ring the bell and staff are there." When asked whether there were enough staff on duty a relative said, "I think so. Yes. [People who use the service] don't have to wait."

We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff told us they felt they needed more staff to provide the level of care they would like and the registered manager told us that they were looking to increase staffing levels in the morning.

Safe recruitment and selection processes were followed. We looked at three recruitment files for staff recently employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work. Staff told us that recruitment processes were followed before they started work at the service.

Good

Is the service effective?

Our findings

A person we talked with said, "Staff know how to look after me and know what help I need." They went on to say staff checked on them regularly at night and they were reassured by this. People told us they felt staff had the knowledge and skills they needed to provide the care they needed. We observed that staff were confident and competently supported people.

Staff told us they had received a basic induction but said that supervision sessions were limited in content although they felt supported by the management. We saw completed supervision and appraisal documentation that contained appropriate detail. Training records showed that staff were up to date with training.

Staff told us they had received training in the use of the Mental Capacity Act (MCA) 2005. This is an Act introduced to protect people who lack capacity to make certain decisions. The duty manager told us that none of the people living in the home lacked capacity to make significant decisions and as a consequence no assessments of capacity or best interests' documentation were in place.

A relative and person who used the service told us they had had a discussion with the person's GP when a decision was made not to carry out resuscitation if required. They had been fully involved in the decision and the GP had ensured it was the person's wish which was being followed.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The duty manager told us there were no people with a DoLS in place. We did not see people being restricted during our inspection.

Guidance was in place for staff to support people whose behaviour may challenge others around them. Staff were able to explain how they used this guidance in practice.

People's views on the food provided were mixed. A person said, "The food I have is quite nice." Another person mentioned the cooked breakfast and said, "I am really spoilt." One person said, "The menus could be better. They are a bit boring. We have the same thing too often. If you look at a menu it will look ok but there is nothing exciting." They went on to say they would like more variety and foods such as a curry or Chinese food. However, they also said there was plenty of food and hot food was hot when it was served. A visitor told us their relative enjoyed the meals. They said, "[The person] has a cooked breakfast and they really enjoy that. They can have a cup of tea when they like."

People were provided with a choice of two main meals and they told us staff would always find them an alternative if they asked. They told us the cook knew their likes and dislikes. One person said, "The only minor grumble I have is that there are no facilities to make yourself a cup of tea." However they went on to say staff offered them a drink regularly.

We observed the lunchtime meal and saw tables were set with condiments, table mats and napkins. Meals were brought individually but all the people at one table were not served at the same time, making it less of a social occasion and some people were left at the table without food whilst other people were eating. People were able to eat independently and staff provided people with a choice of soft drinks, followed by their meal and collected their plates when they had finished, checking they had finished and asking if they had enjoyed the meal. They helped people away from the table when they had completed their meal.

We talked with the cook and we saw there was a four weekly menu rotation. They said they asked people what they would like to see on the menu and adapted the menu accordingly but they did not keep any record of this. They were knowledgeable about people's needs and preferences and were able to identify people who required special diets and their individual needs.

Two relatives we talked with said the staff would contact their family member's GP if they were unwell and said they always kept them informed when this happened. People and their relatives told us there was access to a chiropodist and hairdresser. A visiting professional told us that staff at the home worked really well with outside professionals.

Good

Is the service effective?

Each person's care record had documentation which clearly recorded the input of their GP, community nurse and other health professionals. There was evidence of involvement of a range of outside professionals in each person's care.

Good

Is the service caring?

Our findings

One person said, “The staff are very nice. You can’t grumble at all.” Another person said, “Staff are very good. They are all pleasant.” One person said, “Ooh yes, the staff are very good. We are on familiar terms as if we are a family. They are very, very, very good.” A relative said, “Everybody is lovely. [My family member] gets the best of care. We are really happy. It is just perfect.”

People clearly felt comfortable with staff and interacted with them in a relaxed manner. Staff greeted people when they walked into a room or passed them in the corridor. They checked they were alright and whether they needed anything. Staff were kind and caring. Staff knew people and their preferences well.

We received mixed feedback when people were asked whether they were involved in decisions about their care. One person said, “I can’t remember seeing a care plan or discussing my care.” However another person said, “They talk to you about your care plan.” A person’s close relative said they talked to the manager regularly and had seen the person’s care plan.

People’s care records contained a form to complete each time the care plan was reviewed with spaces for the signature of the member of staff and the person using the service. These had been signed by staff but not always by the person themselves. Some care records showed the involvement of people in care planning but others did not. Overall people had mixed experiences and their involvement in making decisions about their care. We saw that no advocacy information was available for people if they required support or advice from an independent person.

People told us staff respected their privacy and would always knock on their bedroom door before entering. We saw staff knocking on people’s doors before entering rooms and taking steps to preserve people’s dignity and privacy when providing care. We observed that information contained in care records was treated confidentially by staff.

Staff were able to explain how they maintained people’s privacy and dignity at all times and took particular care when providing personal care. The home had a number of lounges and rooms where people could have privacy if they wanted it. Staff members had been identified as dignity champions. A dignity champion is a person who promotes the importance of people being treated with dignity at all times.

Care records contained a document which provided instructions to staff on the action needed to maintain the person’s dignity, provide choice and promote individuality and independence.

We observed that there were visitors in the home throughout our inspection. Staff told us that people could visit at any time. People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. One person said, "I can please myself. I am the last one to go to bed." Another person said, "Everything you ask for they try and get." A relative said, "[My family member] is able to do what they want to do. They like to go to bed in the afternoon and they can." A visiting professional told us that staff provided personalised care for people. We observed staff responded quickly to people's needs during our inspection.

We saw people reading newspapers, watching television and listening to music in the morning. We saw people playing dominoes in the afternoon. The registered manager told us that different people attended the home regularly to provide motivational exercises and singing.

People and their relatives said there were some activities but these did not happen every day. They said they had a person who provided motivational exercises once a month and there was a sing-a-long from time to time. One person said, "You are more or less left to your own devices. The hairdresser comes once a week." Another person said, "They could do things such as bingo etc." Another person said, "There is occasional entertainment."

One person said staff knew they liked to make model aeroplanes and had bought them a kit recently. They said there were sometimes book sales at the home. People told us they would like to be able to go out occasionally to the local shops. They said, "If we could get a group together we could go to the local shops. They could walk us across." They said, "If we could go out sometimes in summer, it would make a break." They said they had suggested if they had access to a minibus they could go out on trips. They told us the manager had said they would look into it but they did not know if it was being taken forward. Staff told us that they would like more outside trips.

We saw an activities timetable was displayed in the home. However, there was very little information in the care records about the activities people enjoyed or evidence of participation in activities. There was limited information regarding the hobbies and interests that people liked to follow and whether they were supported to take part in them.

Care plans were usually in place for people. However, there was no care plan or guidance in place for staff when supporting a person who was receiving respite care in the home. However, the person was able to explain their needs to staff and as a result staff had a good understanding of the support that needed to be provided.

There were care plans in place for everyone else at the home and these reflected people's care and support needs. There was a 'master care plan' giving brief person centred information about the person's needs in relation to their care and support during the activities of daily living. There were also additional care plans in relation to specific identified risks such as pressure ulcers, catheter care, and self-administration of medicines. These had been reviewed monthly.

There were some inconsistencies and a lack of documentation related to some aspects of care. For example, a person's catheter care plan indicated the bag should be changed weekly but there was no evidence of this being carried out in the documentation. A person who had been assessed at risk of pressure ulcers had a pressure relieving cushion and mattress in place and this was documented in the master care plan but not in the more recent additional care plan, and it was therefore unclear from the record whether these were in use. This meant that there was a greater risk that staff did not have clear guidance to support them to providing care that met people's needs.

People understood how they could make a complaint. One person who had recently come to the home said, "I should go to the lady in charge if I was unhappy." They did not recall being provided with any information about how to make a complaint. Another person said, "The communication is excellent. Any problem and it is looked at and put right." A visitor said, "Staff listen to what you say." Another visitor said, "If I had a complaint I would go to the manager. I have never had the need to complain about anything. Little things are sorted when I mention them."

Staff said if a person or their relative raised a concern or a complaint, they would report it to the manager. Guidance on how to make a complaint was displayed around the home and was in the guide provided for people who used the service. There was a clear procedure for staff to follow should a concern be raised. No recent complaints had been received by the home.

Requires Improvement

Is the service well-led?

Our findings

When we inspected the home in July 2014 we found concerns in the area of assessing and monitoring the quality of service provision which was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we saw that improvements had been made but further action was still required.

We saw that a range of audits now took place monthly which included medication, care plans, infection control and health and safety. An external auditor also visited the home regularly and carried out audits. However, we saw that identified actions in relation to care plan audits in May 2015 had not been actioned at the time of our inspection. We also identified shortcomings in the area of the safety of the premises which had not been identified or addressed following audits carried out by the provider. This meant that the provider's quality monitoring systems were still not fully effective.

People told us they remembered being asked to complete a survey to give feedback on the service. A relative was not aware of any relatives meetings. We saw completed questionnaires from people who used the service, their families, professional visitors and staff. The questionnaires were positive about the quality of the service provided. We saw minutes of the last meeting for people who used the service and actions had been identified and implemented following the meeting.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues. The provider's philosophy of care was in the guide provided for people who used the service and staff could explain how they put the values into practice. The registered manager lived in a part of the care home and had daily contact with the duty manager and people who used the service. This meant that they had a good understanding of the day to day culture in the home.

A relative said if they had any concerns they would talk to the duty manager. They said, "She is always here and you can talk to her." Other people we talked with said they saw the duty manager all the time and would talk to her about any issues. They told us they only had to mention something and staff would try to sort it out for them. A visiting professional told us the duty manager was always approachable. Staff told us management were supportive.

A registered manager was in post and available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. The registered manager and the duty manager worked very closely together and were in the home every day of the week. We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate. We saw that a staff meeting had taken place in March 2015 and management had clearly set out their expectations of staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment All premises and equipment used by the service provider must be clean, secure and suitable for the purpose for which they are being used, properly used and properly maintained.