

Deepdene Care Limited

# Woodtown House

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Woodtown House is a nursing home in one adapted building providing personal and nursing care to 14 people with mental health difficulties at the time of the inspection. The service can support up to 28 people.

### People's experience of using this service and what we found

The service now had a registered manager in post since October 2019. Until then, there had not been a registered manager since March 2016, with several managers coming and going. As a result, there had been a clear lack of leadership, oversight and scrutiny of the service.

Robust audits had now been implemented following guidance from the Quality Assurance Improvement Team (QAIT) of the local authority, which needed to be fully embedded in practice as the registered manager had only been in post for a short period of time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service provided safe care to people. People felt safe and supported by staff. Comments included: "I feel safe here." Comprehensive risk assessments were in place. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff treated people with dignity and respect when helping them with daily living tasks. The service ensured people led meaningful and fulfilled lives.

There were safe staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 11 June 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodtown House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Woodtown House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

Woodtown House is a 'care home' in one adapted building providing personal and nursing care to 14 people with mental health difficulties at the time of the inspection. The service can support up to 28 people. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection, we used the information the provider sent us in the Provider Information Return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people receiving a service and 12 members of staff. We spent time talking with people and observing the interactions between them and staff.

We reviewed two people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service.

#### After the inspection

After our visit we sought feedback from health and social care professionals and relatives to obtain their views of the service provided to people. We received feedback from three professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. This inspection found improvements had been made and this key question rating has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff confirmed people's needs were met promptly, and there were sufficient numbers of staff on duty. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both within the home and local community. The registered manager explained that during the daytime people received support from four members of staff, which included a registered nurse. The staff members were supported with an activities coordinator, additional daytime staff, a cook, cleaner, maintenance person, lead nurse, deputy and registered manager. At night there were three members of staff, which included a registered nurse. The registered manager told us how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that generally regular staff would fill in to cover the shortfall, so people's needs could be met by staff who knew them. On rare occasions, consistent agency staff would fill in. In addition, the service had management on-call arrangements for staff to contact if concerns were evident during their shift.

- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This helped ensure staff were safe to work with vulnerable people.

### Systems and processes to safeguard people from the risk of abuse

- The service provided safe care to people. Interactions between people and staff were relaxed and friendly and people were happy. One person commented: "I feel safe here." Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected.

- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow in the event of suspected abuse.

#### Assessing risk, safety monitoring and management

- People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe. For example, risk assessments for behaviour management, mental health and specific medical conditions. Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible.

#### Using medicines safely

- People received their medicines in a safe way.
- Appropriate arrangements were in place for obtaining medicines. The home received them from a local pharmacy each month. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
- Medicines were kept safely in a locked medicine room. The room was kept in an orderly way to reduce the possibility of mistakes happening.
- Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.
- Staff received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The registered manager checked medicine practice whilst working with alongside staff and via records. This was to ensure staff were administering medicines correctly.

#### Preventing and controlling infection

- All areas of the home were clean, fresh and free of malodours.
- Staff ensured infection control procedures were in place.
- Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

#### Learning lessons when things go wrong

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments had been updated when a person's needs changed. Where incidents had taken place, involvement of other health and social care professionals was requested where needed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. This inspection found improvements had been made and this key question rating has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we recommended a comprehensive training programme was implemented to ensure staff had access to current best practice. The provider had made improvements.

- People felt staff were well trained. One person commented: "The staff are very good."
- Staff completed an induction and probationary period when they started work at the service. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone.
- Staff received comprehensive training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Staff recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on a range of subjects including, safeguarding vulnerable adults, the Mental Capacity Act 2005 and equality and diversity. In addition, staff received training in topics specific to people's individual needs. For example, mental health awareness. Staff had also completed nationally recognised qualifications in health and social care, including the Care Certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. A staff member commented: "The training and support is very good."
- Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager. A staff member commented: "Brilliant support. Loads of training." This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew how to respond to specific health and social care needs. They spoke confidently about the care they delivered and understood how this contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff said people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. For example, when recognising changes in a person's physical or mental health.
- People were supported to see appropriate health and social care professionals, when they needed, to meet their healthcare needs. For example, GP and mental health practitioners. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved

to encourage health promotion.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. People's individual wishes were acted upon, such as how they wanted to spend their time.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the MCA. People's capacity to consent had been assessed and best interests' discussions and meetings had taken place. For example, the need for a person to be in a care setting. This demonstrated that staff worked in accordance with the MCA.
- DoLS applications had been made to the relevant local authority where it had been identified that people were being deprived of their liberty. The registered manager was aware that authorisations required regular review.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. One person commented: "The food is very good." People had their preferred meals documented, which also helped inform the menu. A staff member commented: "We know people's likes and dislikes. There are always alternatives."
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a regular basis. Where a person's ability to eat or drink changed, staff consulted with health professionals.

Adapting service, design, decoration to meet people's needs

- Woodtown House is set over two floors. People's individual needs were met by the adaptation, design and decoration of the premises. People had a variety of spaces in which they could spend their time and their bedrooms were personalised. Reasonable adjustments had been made to enable people to move around as independently as possible, such as grab rails and ramps. A maintenance and refurbishment plan was in place to improve the environment. The kitchen had already been improved, flooring changed, and areas of the home decorated.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff were skilled in giving people reassurance and comfort. People responded to gentle humour and banter. Their reactions showed they were at ease with their place in the home's community and with the staff supporting them.
- Staff interactions were good humoured and caring. People commented: "The staff are kind and patient": "This is home" and "I am happy here. (Staff member) is my keyworker."
- Staff treated people with dignity and respect when helping them with daily living tasks.
- People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example, by knocking on bedroom doors before entering and being discreet, closing the curtains and gaining consent before providing care. People confirmed their privacy and dignity were respected.
- Staff communicated with people in a respectful way. Staff spoke confidently about people's specific needs and how they liked to be supported. Staff demonstrated how they were observant to people's changing moods and responded appropriately, which showed how well they knew people. For example, if a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy.
- Staff promoted people's equality, diversity and ensured their human rights were upheld. For example, staff recognised how choice was important to people to ensure their individuality.
- Staff adopted a positive approach in the way they involved people and respected their independence. We observed how staff involved people in their care and supported them to make decisions. They did this skilfully through the use of people's preferred communication methods. People were completing a variety of activities and accessing the local community during our inspection. Staff spoke fondly about people and were keen to ensure people had a good quality and meaningful life by thinking about other activities they could explore for people.
- Staff supported people in an empathic way. This was demonstrated in their conversations with people they cared for and in their discussions with us about people.
- Staff showed an understanding of the need to encourage people to be involved in their care. For example, one person enjoyed staff talking to them about things of interest to them; this provided them with reassurance.
- Staff showed a commitment to working in partnership with people. Staff spoke about the importance of

involving people in their care to ensure they felt consulted, empowered, listened to and valued. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything. One person commented: "I am involved in my care and support needs."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. This inspection found improvements had been made and this key question rating has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- A comprehensive activity programme had been implemented. People were now engaged in a variety of activities of their choosing and spent time in the local community. For example, arts and crafts, music therapy, snooker and visiting places of interest, such as the beach. People were encouraged to maintain relationships with their friends and family. As a result of more activities on offer, people appeared relaxed as they were engaging in things to aid their physical and mental health well-being.
- Daily notes now contained much more detail about people's mental health well-being.
- People received personalised care and support specific to their needs and preferences. There was an understanding of seeing each person as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. All staff took pride in their work and our conversations with them showed they worked as a team to create a better quality of life for people. A professional commented: "(Registered manager) as well as the staff have really worked in a person-centred way with (person) and have had a good open communication with all the professionals working with (person)."
- Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences.
- Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

- Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care and behaviour management. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences.
- Care records contained clear communication plans explaining how people communicated and information about key words and objects of reference they used to express themselves.

#### Improving care quality in response to complaints or concerns

- There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through discussions with them by staff on a regular basis and people having access to complaint forms. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.
- A system was in place to record complaints. The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

#### End of life care and support

- People's end of life preferences and choices were explored where appropriate. These included their cultural and spiritual needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. This inspection found improvements had been made and this key question rating has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service now had a registered manager in post since October 2019. Until then, there had not been a registered manager since March 2016, with several managers coming and going. As a result, there had been a clear lack of leadership, oversight and scrutiny of the service.
- Robust audits had now been implemented following guidance from the Quality Assurance Improvement Team (QAiT) of the local authority, which needed to be fully embedded in practice as the registered manager had only been in post for a short period of time. The QAiT team offers advice and support to providers to meet the quality standards and requirements of regulators and local authority. Audits reviewed people's care plans and risk assessments, incidents and accidents, staffing needs, infection control and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans had been updated, recruitment of staff and maintenance jobs completed. Professionals commented: "I am impressed with the new manager, who is starting to make changes/improvements" and "I agree that the home has had a tough time in the past, however since the new manager arrived, the staff and residents are more settled. The home does an amazing job and I have no issues regarding the care that the residents there receive."
- The service had notified the Care Quality Commission (CQC) in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal

responsibility to be open and honest with people when something goes wrong

- Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open person-centred culture. Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change. Staff commented: "The place is so different now. The (registered manager) has been amazing. People are motivated now. We are definitely heading in the right direction" and "Things have definitely improved now we have a solid manager. We have our full complement of nurses now."
- The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers need to be open, honest and transparent with people if something goes wrong. The management team recognised the importance of this policy to ensure a service people could be confident in.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views and suggestions were sought to improve the quality and safety of the service and the care being provided. Resident meetings took place which took into account people's views. People were due to complete quality assurance surveys in January 2020. The survey would ask specific questions about the standard of the service and the support it gave people. The management team recognised the importance of continually improving the service to ensure it met people's individual needs.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence, recovery and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Woodtown House. For example, people were constantly encouraged to lead rich and meaningful lives and plan for the future.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and mental health practitioners. Regular reviews took place to ensure people's current and changing needs were being met. "I have only had contact with Woodtown House since (Registered manager) has been in post but can honestly say that I would highly recommend this residential placement."