

City of Bradford Metropolitan District Council







Woodward Court

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	

Overall summary

We inspected Woodward Court on 6 and 9 February 2015 and the visit was unannounced.

Woodward Court provides accommodation and personal care for a maximum of 28 older people in single rooms. Accommodation is provided on two floors in four separate units and provides a combination of respite (short term) and long term care. The home also operates a day centre. The home is situated in Allerton, a residential area of Bradford.

There was a registered manager in place. 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.

We found before anyone is admitted to the service an assessment of their needs was completed. This made sure the service could meet their needs and the information was used to identify any potential risks and to formulate a care plan. People's care records and risk

Summary of findings

assessments were kept up to date and reflected people's current needs. The records showed where individual risks had been identified action had been taken to reduce or remove them.

Staff told us about safeguarding procedures and were able to tell us warning signs they looked out for and about the different types of abuse. Information about safeguarding and who to contact was available and accessible to staff. The rotas showed us sufficient numbers of suitably trained staff were deployed to meet people's needs and safeguard them from risks.

People's medicines were not always administered in a safe way. A nominated person supported people one at a time with their medicines. People received their medicines in line with their prescription. We saw people were asked if they wanted pain relief medicine when they showed signs of being in pain. When people received a medicine that was to be administered as and when required, the reason for administration was not recorded.

We saw staff followed people's care records. People told us they were involved and supported with their care records and staff had a good knowledge about them. Care records were person centred and reviewed on a regular basis or when someone's needs had changed. Care plans included direction from health professionals when required. We saw people were supported to work with health professionals to receive on-going health care support. Care plans included people's personal preferences, likes and dislikes. People and their families had signed to say they supported the care records.

People told us the food was good and we saw plenty of drinks on offer. People who required a specific diet due to

their culture, preference or ability received such a diet. Food looked plentiful and hot from a balanced menu. People could have an alternative meal if they did not like the food on the menu.

We spent time observing care and support being given. Staff were respectful and were aware of people's dignity. Staff had developed relationships with people so they appeared relaxed and shared jokes together. Staff would tell people what they were doing before they did it. If people refused they were sometimes prompted again and then their decision was respected.

The service had a complaints procedure in place. Complaints were recorded, analysed, responded to and learnt from. Complaints and accident and incidents were monitored to look for any trends. The service sent out an annual questionnaire to people and their relatives. Responses were looked at to see what improvements could be made to the service and quality of care.

Staff told us they felt supported by the management and they had confidence if they mentioned a concern to the registered manager, it would be taken seriously and action would follow. People and their relatives told us they liked the registered manager and felt issues would be looked into. The registered manager ensured a robust programme of quality assurance was in place. We saw regular quality audits fed information into an action plan. The action plan was followed through to make changes.

The Care Quality Commission (CQC) monitors the operation of the DoLS (Deprivation of Liberty Safeguards) which applies to care homes. We saw authorisation referrals had been made for people that had been deprived of their liberty.

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 safe.

Staff knew what safeguarding was, the warning signs of abuse and what action they would need to take if they suspected abuse.

People received medicines according to their prescriptions. Staff administered medicines for one person at a time and explained what they did.

The provider had safe recruitment procedures in place. We saw staff had required back ground checks to keep people safe.

Good



Is the service effective?

The service was effective.

Staff received mandatory and specialist training on a regular basis.

Staff told us they were supported by the management team. We saw people had regular supervisions and team meetings.

We observed people were asked for their consent before staff provided any support to them.

Good



Is the service caring?

The service was caring.

We observed staff were supporting people in line with their care records. People told us staff knew them and respected their privacy and dignity.

People were involved in the planning of their care. Records were signed by people and their families to show their involvement.

Family members told us there was no restrictions on visiting the service.

Good



Is the service responsive?

The service was responsive.

We looked at people's care plans. Care plans were created from an assessment of needs completed before they came to the service.

Care records included people's personal preferences and their likes and dislikes.

The service was responsive to complaints. Complaints had been investigated and acted on in a way that proved an understanding of the complaints policy.

Good



Is the service well-led?

The service was well-led.

The home had a registered manager in place.

Good



Summary of findings

The provider sent out questionnaires to people to ask for their views on the service. These views understood and changes made to improve high quality care.

We observed the registered manager had a presence in the home and had a good understanding of what happened and what people's roles were.

Woodward Court

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.

The inspection took place on 6 February 2015 and 9 February 2015 and was unannounced.

The inspection team consisted of one inspector and one legal representative. The legal representative attended to gain experience of inspection.

We looked at five people's care records. We spoke with five people that used the service. We spent time observing care and speaking with the assistant manager, registered manager and staff. We spoke with two visiting professionals and prior to the inspection we asked for feedback from the City of Bradford Adult Protection Unit.

Before our inspections we usually ask the provider to complete 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. On this occasion we did not ask the provider to complete a PIR. However, before the inspection, we reviewed all the information held about the provider.

Is the service safe?

Our findings

People who used the service told us that they felt safe. Their comments included, “I feel safe” and, “it’s safe here.” A relative told us, “I’m happy knowing they’re safe here.” We observed people’s demeanour and actions. People had smiles on their faces; they looked relaxed and comfortable.

Risks to people who used the service were appropriately assessed and planned for. For example, prior to a person moving, a staff member completed a summary of the person’s needs and identified any specific risks. Care planning documents demonstrated that once a person was admitted to the home a risk assessment was completed. This document gave staff the opportunity to identify and minimise risk to people in relation to moving and handling, skin integrity and mental health. In addition, we saw additional risk assessments had been completed when a specific risk to a person had been identified. For example, people’s care planning documentation demonstrated that risk assessments had been completed in relation to diet and fluid intake, falls and medication. This meant people were protected from potential harm through risks being assessed.

We spoke with the assistant manager about how they decided on the number of staff that needed to be on duty to support people. The assistant manager demonstrated a clear approach to the number of staff on duty within the home. Staffing levels were based on the needs of the people being supported and therefore there was flexibility in relation to what area of the service they worked in. All of the people who used or had used the service that we spoke with told us that there were always sufficient staff on duty to meet their needs. People told us that they never had to wait very long for staff to respond to their requests. We looked at the rota and walked around the home. We saw five care workers, one senior care worker, three domestic staff, two managers, one administrator and one cook working on the first day of inspection.

The provider, City of Bradford Metropolitan District Council, had a clear policy and procedure in relation to safeguarding vulnerable people. We saw a copy of this procedure was available within the home. We spoke with three members of staff, the assistant manager and the manager of the service. Staff supporting people with their personal care needs demonstrated a good awareness of

what actions and practices would constitute abuse and what they would do if they felt that a person was at risk from harm. This meant staff understood how to keep people safe.

Staff told us that they were confident that the manager of the service would listen to any concerns they may have and appropriate action would be taken to protect people from harm. Staff told us they had received safeguarding training. The assistant manager told us that they were in the process of arranging further updated safeguarding training for the staff.

When recruitment took place a clear procedure was available to ensure that staff were recruited safely. For example, all potential staff were required to have completed an application form, attend a formal interview, two references checked and a Disclosure and Barring Service DBS check would be undertaken to confirm the applicant was suitable to work with vulnerable people. Staff we spoke with confirmed that checks on their fitness for their role had been carried out prior to their employment. We looked at three staff files and found evidence the staff member had been recruited in line with the provider’s policy.

The accommodation was arranged over two floors and was divided into four separate units. Equipment was available to support people’s mobility. For example, hoists were situated around the service so they were close to people’s bedrooms and bathrooms. We observed the equipment being used was clean and that regular servicing of the equipment took place. Staff told us that visual checks are completed prior to any use. A designated maintenance person was available to assess and carry out any repairs required around the building.

People’s medicines were stored in a locked medication cabinet with the keys held by senior staff. We saw senior staff followed ‘good practice guidance’ when medicines were administered. For example, we witnessed staff take one person their medication with a glass of juice, they explained what they were doing and waited patiently until the person had taken their medicine. Staff then signed the medication administration record to confirm medicines had been administered. We saw one person had been prescribed a mild pain killer to be taken as and when required. We witnessed staff ask this person if they would like any pain relief, this was then administered to the person. However, the reason why this pain relief was being

Is the service safe?

given was not being recorded. Another person refused their inhaler on one occasion with no reason recorded.

Medicines that could be administered as and when required did have a protocol sheet in place with guidance for staff to follow. We found one person's medicines had the foil cover broken for two tablets so the tablets could have reacted with the air and may not have been effective.

The home had stores of controlled drugs (CD's). These are drugs listed under the Misuse of Drugs Act 1971. These drugs required strict guidelines on storage and

administration to be followed. We found the CD's were stored in a suitable CD cabinet behind two locked doors. When CD's were being administered there were two staff signatures with a date, time and quantity check.

We spot checked five people's medicines to see if it had been administered in line with pharmacy and doctors guidance. We found all medicines were in date and had been signed for appropriately. Medication that was not in a blister pack was labelled appropriately. Medicines to be stored in a fridge was done so with daily temperature checks recorded.

Is the service effective?

Our findings

The service was effective in how it met people's dietary needs and wishes. Assessments and arrangements were in place in the event of a person requiring specific help with their dietary needs. For example, we saw one person required soft food to meet their nutritional needs and another person received sugar level controlled meals as they were a diabetic. People's weights were monitored on a monthly basis to ensure that any changes could be made to their dietary intake and medical assistance sought if required. In the event of a person requiring a dietary assessment or advice, the home referred the person to the relevant health professionals. For example, we saw a Speech And Language Therapist (SALT) had been involved in care planning for one person. This meant people received on-going healthcare support following referrals from staff.

We saw staff sitting with people enabling and offering encouragement for them to eat their meal. The number of staff available to support people meant that people were not rushed during their meal. Staff were aware of people and their needs during the lunch time. For example, we saw one staff member move a person closer to the table to make it easier for them to eat. They said, "Can I push you a little closer to the table so it's easier for you." This meant people were given appropriate support with their meals and were not rushed.

We observed people receiving different meals of their choice. We saw that one person had halal food bought in to meet their cultural needs and another person had Caribbean food at their request. We observed the cook on duty who demonstrated a good awareness of the needs of the people they were cooking for. Staff told us alternative food is available if they didn't like the food presented to them. People told us they enjoyed their food and there was a good selection. One person said, "Food is really lovely" and another person said, "It's lovely is this (spoken while eating)."

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. At the time of this inspection three DoLS authorisation referrals had been made. We also saw three expired DoLS authorisations for people who had since left

the service. This showed us the service was aware how to make a referral when necessary. The registered manager demonstrated a good awareness of the Mental Capacity Act and staff were aware of working in people's best interest. The registered manager told us they attended DoLS training in October 2014, received the DoLS briefing from the Care Quality Commission (CQC) in April 2014 and had received advice from the DoLS team.

People were supported to access occupational therapists, chiropodist, district nurses and GP's. We saw people's care planning documentation detailed what support the person required following any assessment by healthcare professionals. We saw multi-agency meetings took place to review the care and support people required. These meetings enabled staff from the service, social workers, GP's and other healthcare professionals to share their knowledge and plan people's care and treatment. One healthcare professional told us communication was very good and staff were aware of people's needs and appeared, "On the ball." They also told us there was a consistency of care and competence.

We looked at training for 2014/2015. This showed the training that was to be carried out yearly. This included safeguarding, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), nutrition, infection control and first aid. We selected ten staff members training files and found all mandatory training had been completed. Further person specific training had also been attended by staff. Additional courses included dementia care, palliative care and pressure sores. Staff told us training was good and is regularly reviewed. Staff said they felt they had sufficient training to complete their roles effectively.

Staff support was regular for staff members and the registered manager told us they had an, "Open door policy." We looked at staff supervision records and found staff had a minimum of seven supervision meetings a year. This was reserved time for staff to identify and receive support for concerns and development. Staff told us they felt supported by the management team. Team meetings were held monthly with a set agenda. Team meetings discussed any changes that happened in the service, safeguarding and any further announcements that staff should be aware of.

Is the service caring?

Our findings

People who used the service told us that they were happy with the care they had received. People's comments included, "Staff are absolutely wonderful;" "Staff are fantastic;" and, "I can't speak highly enough of the staff." A relative of a person who used the service told us, "Woodward Court is the most fabulous place [person's name] was stimulated here."

Staff supported the people who used the service in a caring manner. For example, we observed people being supported to mobilise around the building in an unrushed manner with staff giving reassurance when people needed it. We saw staff crouched down to speak with people and talked in a discreet tone when asking about personal care. Staff knocked on people's doors before entering and spoke to people while respecting their privacy and dignity. Staff were able to tell us about how they cared for people and demonstrated a good awareness of people's likes and dislikes. It was evident from conversations heard and observations that positive relationships had been formed between people who used the service and the staff team. Care records included people's life histories that promoted positive relationships with staff and the people that used the service.

Staff told us they supported people in a caring and respectful way, maintaining their dignity. They gave us examples of the support they had offered to the people they cared for. We observed that most of the time staff were engaged with supporting and conversing with people who used the service. Staff were seen to be busy with large amounts of time spent filling out paperwork but willingly went to help and reassure people when required.

We saw some people's bedrooms had clocks on the walls that indicated the wrong time. Some people that used these rooms were living with dementia and required consistencies and regular reminding of the time. This was raised to the registered manager during our visit who said they would have all clocks checked and corrected.

Visitors told us that they were able to visit throughout the day. They said there was no restrictions on when they visited their family members. Relatives were made to feel welcome, and offered drinks. One relative told us they were greeted by friendly staff.

We observed staff asking people questions and offering options for people to choose from. For example, we saw one staff member asked a person where they would like to sit after lunch. The service had an activity coordinator that encouraged people to join in but respected their decision if they declined. This showed us people's independence was respected through choice and their decisions made. People told us they felt listened to and no one forced decisions on them. We spoke with family members that told us they were involved in the planning of care and treatment for their relative. One relative said, "Staff regularly communicate with us and keep us informed." We saw one staff member referred to one person by their surname as this is what they preferred. They also spoke clearly into this person's ear because they were hard of hearing. When people arrive at the service they were supported to decorate their rooms to their own taste. We were invited to view people's rooms and saw they had been personalised with pictures/ ornaments, and furniture. This showed us people were involved in decision making and were encouraged to express their views.

Is the service responsive?

Our findings

People's care and support needs were reviewed as and when people's needs changed to ensure that people's needs and wishes were planned for during their time at the service. The service ensured that people's needs and wishes were sought when they were admitted which helped ensure people received the support they required during their stay. For example, people's life choices in relation to their first language, preferred name, ethnicity, religion and culture were sought to ensure that people's chosen lifestyle was supported by the staff team. People had their needs regularly checked and assessed in different ways. For example, we saw record sheets that included bladder charts, daily occurrence sheets, body maps and bath and bowel charts. This showed us people had aspects of their care recorded to make sure their health could be monitored in an effective way. People were supported to communicate in their preferred method. For example, one staff member was observed communicating with a person in their primary choice of language.

Information was readily available about the services provided by Woodward Court. The statement of purpose gave people clear information about the services on offer. Effective systems were in place to ensure that people's admittance into the service was swift and timely to ensure that their plan of care started as soon as possible. This meant effective care started as soon as possible. One person told us, "Staff know what they're doing." They told us that they had good care and cannot fault them.

The home had a clear process for responding to referrals from hospitals and community services regarding people who required short term care and support. We observed staff arranging for people to be admitted to the service. Staff explained that when a referral was received they looked at the person's assessed needs and a decision was made as to whether the service would be able to meet those needs. The needs assessment informed people's care records and risk assessments. Care records contained up to date care plans which were personal to each individual. The plans contained information in relation to people's likes and dislikes. People who used the service told us that the service met their needs. Their comments included, "I have everything I need;" and, "I don't need any other help."

The activities coordinator planned activities programme but this was changed depending on what people said they wanted to do. Staff understood the importance of involving people in appropriate activities to help people to feel involved, valued and stimulated. People were encouraged by staff to participate in activities within the service to promote their physical and mental health. Staff told us activities were based on people's preferences.

A complaints procedure was displayed on the wall in the entrance. We saw that the registered manager dealt with one complaint in April 2014, and that this was done in line with Bradford City Metropolitan Council's complaints procedure. We saw an initial acknowledgement to the complainant followed by two meetings. The records showed the complainant was happy with the outcome. People told us that if they needed to make a complaint they would approach any member of staff and they felt they would be listened to. Relatives of people that used the service told us they would speak with the registered manager and were confident their concerns would be listened to and acted upon.

We looked at five people's care records in detail. At the beginning of the inspection we asked the assistant manager what they were good at. They told us care records were detailed and person centred. The care records we viewed had all been reviewed in the previous six months. Care records were written in a person centred way that listed people's personal preferences. For example, people's care records identified people's preferred name and their religious and cultural requirements. Relatives told us that their family members received care in a responsive way that they liked. One person's care records identified they had back pain and were to be asked if they wanted pain medicines twice a day. We observed staff asking if this person required any pain relief. Another person's care record indicated they were to have checks during the night every two hours. We saw this person had a check sheet for night staff that had been completed every two hours. This showed us staff had an understanding and knowledge of people's care needs and responded accordingly. This showed us people received personalised care that was responsive to their needs.

Is the service well-led?

Our findings

There was a registered manager in post. There was a clear management structure at the service which involved the registered manager, assistant manager and senior staff. At all times throughout the day and night senior staff were on duty and a member of the senior management

team was 'on-call' if staff needed guidance or support. Staff we spoke with were fully aware of their role and the purpose of the services delivered at Woodward Court. The service's Statement of Purpose described the purpose of the service and what facilities people who used the service should expect to be provided. Our observations of how the registered manager of the home interacted with people who used the service, their relatives and healthcare professionals showed us that leadership within the home was good. One healthcare professional said, "The home has positive management." Another health professional told us, "It's well managed." This demonstrated to us that the service had good leadership and management.

On our first day of inspection on 6 February 2015 we identified shortfalls in the service and spoke with the assistant manager and registered manager about these. Such shortfalls included clocks that showed the wrong times, posters in people's bedrooms depicting health and safety advice and information for people that visited the service and not all risk assessments had been read and signed by all staff. When we inspected on our second day on 9 February 2015 we found all concerns had been addressed. This showed us the service acknowledge issues and learnt from mistakes.

We saw that systems were in place to monitor and maintain equipment and the environment. For example, records demonstrated that regular checks and maintenance of the building, equipment in use and the fire detection system took place. When people identified a problem or issue with the service, the service took steps to resolve the issue. We looked at five hoists that were in use and saw all had been serviced recently. Portable Appliance Testing (PAT) had recently taken place and there were service stickers on the items tested. Accidents and incidents were recorded and any identified risks to people who used the service were discussed during reviews. This showed us the provider had systems in place to maintain high quality care.

People were asked to complete a questionnaire annually to give their opinions on the service they had received. These questionnaires were audited by the registered manager of the service and when necessary acted upon. We looked at the last questionnaire that was sent out in April 2014 which listed positive comments. At the time of our visit the registered manager had dealt with a complaint. The actions taken demonstrated that comments received from people who use the service and their relatives were listened to and acted upon.

Staff told us, and we saw evidence, there was good communication between all staff within the home. Staff informed us they received regular handovers between shift changes. Staff said handovers gave them current information to continue to meet people's needs. For example, we witnessed one handover discussion taking place about one person's changed needs and a GP had been contacted to attend the service. Staff discussed this and identified the need to record this information. Staff said they were encouraged to voice their views during handover and throughout the shift so issues could be identified and dealt with immediately.

The registered manager completed audits in the home. They showed us the monthly checks they completed. These included checks of fire systems, water temperature checking, training, supervisions, accident reports and maintenance checks. Staff used a daily checks sheet to make sure all daily tasks had been completed. We viewed the checks sheet for the past seven days. All forms were filled in, signed and dated. The service had a quality visitor report completed by someone from outside the service. We looked at the reports from October 2014 and November 2014. Issues raised in the quality report were fed back in team meetings to staff.

The registered manager sent through notifications to the CQC. Prior to the inspection we saw the notifications had been sent. Accidents and incidents and complaints were analysed and lessons learnt was identified. This showed us the service was open and transparent and the provider had a robust audit system in place that identified areas of improvement and encouraged sharing concerns between other staff, people and their families and services to drive up quality.