Care Quality Commission

Deepdene Care

Woodtown House

Inspection Report

Alverdiscott Road
East-the-Water
Bideford
Devon
EX39 4PP
Tel: 01237 470889
Website: www.deepdenecare.org

Date of inspection visit: 23/04/2014
Date of publication: 16/07/2014

Contents

Summary of this inspection	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	6
Detailed findings from this inspection	
Background to this inspection	7
Findings by main service	8

Summary of findings

Overall summary

Woodtown House is a care home registered to provide nursing care to 28 people with mental health needs. At the time of our visit there were 20 people living at the home.

The home has a manager registered with the Care Quality Commission.

People we spoke with confirmed that they felt safe and supported by staff. They had no concerns about the ability of staff to respond to safeguarding concerns. Comments included: “Staff are very good” and “They take account of my views and are okay”.

Staffing was maintained at safe levels and were reviewed on an on-going basis in line with the monitoring of risk, such as a person’s current mental state.

Staff completed inductions and training when starting work at the home. 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. Staff continued to receive training throughout their employment, which enabled them to feel confident in meeting people’s needs and flagging up any concerns/ changes in health.

Care plans were up-to-date, were written with clear instructions and demonstrated the involvement of other health and social care professionals. Alongside care plans we found information was available for staff to refer to and understand how particular conditions affected people.

Risk management considered the whole person and showed that measures to manage risk were as least restrictive as possible, such as the use of distraction techniques when a person was becoming distressed.

Staff showed commitment to working in partnership with people. For example, one to one sessions took place with people to look at future care and support needs.

Staff understood the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and how they applied to their practice. We found the service to be meeting the requirements of the Mental Capacity Act (2005). People’s human rights were recognised, respected and promoted.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People we spoke with confirmed that they felt safe and supported by staff and had no concerns about the ability of staff to respond to concerns.

Care files demonstrated that they had been reviewed on a monthly basis by people's named workers. These reviews included making sure that care plans and risk assessments remained accurate, up to date and fit for purpose.

Staffing was maintained at safe levels. We asked the registered manager about the home's staffing levels. They explained that in the mornings there were four members of staff on duty, four in the afternoon and at night there were three waking night staff on duty. Each shift included a registered nurse. Staffing levels were reviewed on an on-going basis in line with people's needs.

There were effective and safe recruitment and selection processes in place, which made sure staff were safe to work with vulnerable people.

Staff had completed inductions as part of starting work at the home, which included training. 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.

Staff understood the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and how they applied to their practice.

We found the service to be meeting the requirements of the Mental Capacity Act (2005). People's human rights were recognised, respected and promoted.

Are services effective?

Care plans were up-to-date and were written with clear instructions. They were broken down into separate sections, making it easier to find relevant information. Alongside care plans we found information was available for staff to refer to and understand how particular conditions affected people.

Risk management considered the whole person and showed that measures to manage risk were as least restrictive as possible, such as the use of distraction techniques when a person was becoming distressed.

Before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes.

Summary of findings

Other health and social care professionals had been involved in people's care to encourage health promotion and ensure the timely follow up of care and treatment needs.

Staff informed us that they received a range of training, which enabled them to feel confident in meeting people's needs and flagging up any concerns/changes in health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date.

Are services caring?

People commented that they were fully involved and supported to make decisions about their care. For example, plans of care were reviewed with people living at Woodtown House involved and their needs and wishes were taken into account.

Staff showed commitment to working in partnership with people. For example, one to one sessions took place with people to look at future care and support needs.

Staff relationships with people were strong, caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate. We observed staff communicate with people in a respectful way. We saw staff spending time with people talking about a range of subjects of interest. Good relationships between staff and people were clearly evident and the best interests of individuals were seen as a priority.

Are services responsive to people's needs?

Care plans included considerations of the Mental Capacity Act (2005) and alerted staff to consider a person's mental capacity. We saw that where a person lacked capacity, best interest discussions were held with people who knew and understood the person using the service

We saw information displayed in the dining room about advocacy services which people living at the home could refer to if needed. People living at Woodtown House also had fortnightly resident meetings and as part of these advocacy was a regular prompt to ensure that people were aware of the services on offer to them from external agencies.

People were supported to undertake activities. People engaged in trips in the local community, games within the home and drama provided by an outside company.

Summary of findings

People were made aware of the complaints system. We saw a copy of the complaints procedure, which was also displayed in the dining room for people to refer to. It set out the procedure which would be followed by the provider and included contact details of the provider and us.

Are services well-led?

Staff spoke positively about communication at Woodtown House and how the registered manager worked well with them, encouraged team working and an open environment. Staff confirmed that they had attended staff meetings and felt that their views were taken into account.

We saw that a range of audits were carried out. These were conducted on an on-going basis to monitor the quality and safety of the service provided. Areas covered included the overall environment, safety considerations and medicines management.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, we saw involvement of the local authority safeguarding team and where necessary the involvement of health and social care professionals to review people's care and treatment plans.

We saw that the premises were adequately maintained. We saw that health and safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the organisation and external contractors.

The registered manager was open and approachable, which demonstrated that they believed in the importance of creating an open environment to enable the quality and safe delivery of care and support.

Summary of findings

What people who use the service and those that matter to them say

People we spoke with felt safe and well supported by staff. Comments included: "Staff are very good" and "They take account of my views and are okay". During our visit we observed a number of occasions where staff were very supportive, particularly of those people who needed additional help with daily living.

A number of people were aware of their care plans, helped in writing them and knew that they were kept in the office. Comments included: "My social worker helped me draw up my care plan" and another commented "I've got a care plan but I don't like having one." We saw evidence of care plans being shared with people and signing to say they wanted a copy or not.

Two people we spoke with attended the Link centre in Bideford run by social services, which they enjoyed. One had been encouraged to take National Vocational Qualifications in food hygiene and enjoyed cooking. They told us how this had given them considerable confidence. They also felt well supported by the staff.

Both from observation and speaking with people and staff it was clear that positive relationships had been developed. One person who arrived late back from town was asked if they needed lunch and this was arranged for them. It was apparent that staff knew people well and those relationships were appropriate and caring.

People told us that the activity programme had improved since our last inspection. Comments included: "There are lots of activities and we had a very good Christmas." During the afternoon of our visit we observed a drama activity taking place that involved four people with an activity organiser and it was apparent that this was a particularly well run activity and engaged all the people involved. Staff also arranged activities and one person was particularly proud of their paintings and enjoyed flower arranging. People also spent time watching television either in their own bedroom or in the two lounges provided.

Most people said they did know how to complain but appeared unsure of a formal policy. Two people told us they would "speak to the manager."

Many of the people living at Woodtown House had difficult and complex mental health needs and in some cases physical health needs. Staff showed both respect and dignity in the way they supported people to ensure they were treated equally. For example, we saw staff working with people in an individualised way to ensure they were supported according to their needs.

Care Quality Commission

Woodtown House

Detailed findings

Background to this inspection

We visited the home on 23 April 2014. We looked at records, which included people's care records, and records relating to the management of the home. At the time of our visit there were 20 people living at the home. We spoke to eight people living at Woodtown House and four members of care staff, the registered manager and one of the organisation's senior managers. We reviewed four people's care files, four staff files, a selection of the home's policies and procedures and quality assurance systems and staff training records.

The inspection team consisted of a Lead Inspector and an Expert by Experience who had experience of mental health care services.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. Wave 1 is the first testing phase of the new inspection process that we are introducing for adult social care services.

Before our inspection we reviewed all the information we held about the home. We asked the provider to complete an information return and we used this to help us decide what areas to focus on during our inspection. We examined previous inspection reports and notifications received by the Care Quality Commission. Following our visit we spoke with a social care professional to obtain their views of the service provided to people at Woodtown House.

Are services safe?

Our findings

People we spoke with confirmed that they felt safe and supported by staff. They were confident about the ability of staff to respond to any concerns. They felt that their human rights were upheld and respected by staff. One comment included: "I am happy here and feel safe."

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. We looked at the incident records and we saw that actions had been taken in line with the organisation's policies and procedures. Where incidents had taken place we saw involvement of other health and social care professionals to review people's plans of care and treatment.

People were protected from harm. We spoke with staff about their understanding of what constituted abuse and how to raise concerns. They demonstrated a good understanding of what might constitute abuse and knew where they should go to report any concerns they may have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to us. A social care professional we spoke with commented: "They (the staff) do not hesitate to contact the local authority safeguarding team to ensure people's safety." This demonstrated that people were protected and if abuse was suspected, staff would know how to respond appropriately.

Staff told us that they had received formal safeguarding training. Staff records demonstrated that staff had received safeguarding training and this was refreshed on a regular basis. This showed that the organisation recognised the importance of staff being up to date with current safeguarding practices to protect people in their care.

The provider responded appropriately to any allegation of abuse. For example, contact with the local authority safeguarding team. We saw a copy of the organisation's policy and procedure for safeguarding adults. It set out the measures which should be in place to safeguard vulnerable adults, such as working in partnership with the local authority. The policy included a 'safeguarding adults' flowchart, which broke down the actions to be taken if an alleged safeguarding concern, had been identified. Staff told us it was easy to follow which enabled them to be clear about their responsibilities, such as informing a senior member of staff, the home's management team, liaising with the local authority and the completion of an incident form. Staff confirmed that they knew about the safeguarding adults' flow chart and where to locate it if needed.

Staff understood the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and how they applied to their practice. This showed that staff were mindful of the principles of the Mental Capacity Act (2005) and ensured that people were assessed appropriately and safeguarded from their liberties being deprived unlawfully.

Information in care files demonstrated they had been reviewed on a monthly basis by people's named workers. These reviews included making sure that care plans and risk assessments remained accurate, up to date and fit for purpose.

Staffing was maintained at safe levels. We asked the registered manager about the home's staffing levels. They explained that in the mornings there were four members of staff on duty, four in the afternoon and at night there were three waking night staff on duty. Each shift included a registered nurse. Staffing levels were reviewed on an on-going basis in line with people's needs.

We saw the rotas which demonstrated these staffing levels were adhered to. We asked the registered manager how they managed unforeseen shortfalls in staffing levels due to sickness. They explained that regular staff would fill in or bank staff would cover the shortfall.

Staff confirmed that people's needs were met in a timely manner and felt that there were sufficient staffing numbers. However, staff felt that if staffing numbers were increased, this would allow for more one to one time with people. We spoke with the registered manager and one of the organisation's senior managers, who agreed to look at creative ways to increase one to one time. This was to be raised with the organisation's management team.

There were effective recruitment and selection processes in place. We looked at four staff files and saw that completed application forms and interviews had been undertaken. These were in line with the roles and responsibilities outlined in the organisation's recruitment policy and procedure. In addition, pre-employment checks were done, which included references from previous employers, health screening and Criminal Record Bureau (CRB) checks completed. CRB has now been replaced by 'Disclosure and

Are services safe?

Barring' checks which apply the same principles. This demonstrated that appropriate checks were undertaken before staff began work to ensure they were suitable to carry out their roles.

Staff had completed an induction as part of starting work at the home, which included training. 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. The induction formed part of a three to six month probationary period, so that the registered manager could assess staff competency and suitability to work at the home.

We saw the procedure in the event of a fire, which clearly outlined staff responsibilities for the evacuation of the premises and how people living within the home should be supported to maintain their safety. This demonstrated that the organisation took fire safety seriously in order to protect the people in their care.

Are services effective?

(for example, treatment is effective)

Our findings

One of the ways the service was effective was because people received care and support specific to their needs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

We looked at four people's care files, which gave detailed information about their health and social care needs. Care files were personalised and reflected Woodtown House's ethos that people living at the home should be at the heart of planning their care and support needs.

Files included personal information and identified the relevant people involved in people's care, such as care manager and consultant psychiatrist. 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. We saw that care files included information about people's history, which provided a timeline of significant events which had impacted on them at these times and how they impacted on them now. We saw evidence of people's likes and dislikes being taken into account in care plans. This demonstrated that when staff were assisting people they would be able to take into account their preferences in order to provide appropriate care and support.

Care plans were up-to-date and were written clearly. They were broken down into separate sections, making it easy to find relevant information. Alongside care plans we found information was available for staff to refer to and understand how particular conditions affected people. For example, we saw information on Huntington's disease, schizophrenia and particular physical health conditions. Staff told us that they found the additional information helpful and enabled them to refer to it at times when they recognised changes in a person's physical or mental health.

Where specific risks had been identified for people, risk assessments were conducted. For example, we saw risk assessments for managing anxiety, physical health and accessing the local community. We saw that risk management considered the whole person and showed that measures to manage risk were balanced with people's rights to choice and freedom. For example, the use of distraction techniques when a person was becoming distressed to support them and reduce the risks of their distress increasing. This demonstrated that staff had information about a person's needs through their risk assessments to determine how best to support them in a safe and therapeutic way.

We saw that daily notes reflected that care was given in line with people's care plans and risk assessments. This enabled a clear audit trail to be achieved and helped named workers to review care files. This ensured changes in people's physical and mental health were picked up and acted upon promptly.

People had access to appropriate health and social care professionals to meet their needs and ensure they received effective treatment. We saw evidence of health and social care professional involvement in people's care on an on-going and timely basis. For example, regular medicine reviews with a consultant psychiatrist to ensure treatment remained appropriate to people's needs. These records demonstrated how other health and social care professionals had been involved in people's care to encourage health promotion and ensure the timely follow up of care and treatment needs.

Before people received any care or 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 consent to care through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. Staff were seen to give information to people, such as what time trips out were due to take place. People's individual wishes were acted upon, such as how they wanted to spend their time. For example, going out in the local community or spending time relaxing in the garden or their bedroom.

We saw evidence of family and professionals' involvement to ensure that consent was sought by people who had sufficient knowledge about people and the care, treatment and support options they were considering so that people using the service could make an informed decision.

People said that staff were supportive and helpful. Staff knew how to respond to specific health and social care needs and were observed to be competent. For example, staff were able to speak confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. Both from observation and speaking with people and staff it was clear

that positive relationships had been developed. For example, staff were observed talking with people about subjects which interested them, such as art and activities were being planned specific to people's needs. Another person who arrived late back from town was asked if they needed lunch and this was arranged for them. It was apparent that staff knew people well and those relationships were appropriate and caring.

Staff had the skills and support to meet people's needs. Staff informed us that they received a range of training, which enabled them to feel confident in meeting people's needs and identifying any changes in health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date in line with mental health best practice. For example, guidance from mental health charities and the National Institute for Health and Care Excellence (NICE). We saw that staff received training on a variety of subjects, including mental health awareness, drug and alcohol misuse and care planning and risk assessment. This showed that care was taken to ensure that staff were trained to meet people's current and changing needs.

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 manager and the wider team. Staff files and staff we spoke with confirmed that supervision sessions and appraisals took place on a regular basis. End of year appraisals were scheduled to take place over the next couple of weeks. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Are services caring?

Our findings

People told us that they were fully involved and supported to make decisions about their care. For example, plans of care were reviewed with people and ensured that their needs and wishes were taken into account. People said that they were encouraged to maintain their independence and felt fully involved in their care. Comments included: “Staff are very good” and “They take account of my views and are okay”. Following our visit we spoke with a social care professional and asked them their views of the service provided to people at Woodtown House. They commented: “They (the staff) really do care about people and implement agreed care plans. I have a good working relationship with the staff at Woodtown House and they always feedback any concerns. When I visit, staff are always doing things and working with people in a positive way.”

People we spoke with said that staff treated them with dignity and respect. We observed this during our visit when staff were assisting people with personal care. 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 gaining consent before providing care. We were told by people that staff adopted a positive approach in the way they involved them and respected their independence. We heard and saw staff working with people and they demonstrated empathy through their actions, in their conversations with people they cared for and in their discussions with us. For example, we observed a number of occasions where staff were very supportive, particularly of those people who needed additional help with daily living.

Staff had knowledge of privacy, dignity and independence. For example, how to maintain privacy and dignity when assisting with personal care and respecting a person’s right to privacy. They showed an understanding of the need to encourage people to be involved in their care. For example, staff recognised the need to promote positive experiences for people to aid their wellbeing. This was through offering a range of activities or spending one-to-one time chatting about a range of subjects appropriate for that person.

Staff showed commitment to working in partnership with people. For example, one to one sessions took place with people to look at future care and support needs. We saw that discussions had taken place to discuss a person’s physical health and their wish to not have any more investigations. These wishes had then been communicated appropriately to the relevant professionals involved in their care.

Staff spoke of the importance of empowering people to be involved in their day to day lives. For example, supporting and encouraging people to recognise personal goals, such as a particular educational course. They explained that it was important that people were at the heart of planning their care and support needs. For example, planning for the future in line with the principles of recovery. The principles of recovery encourage people to think about their strengths and abilities and the changes they can make in their lives to take control, reach their goals and achieve improved mental wellbeing.

Staff relationships with people were strong, caring and supportive. For example, staff spoke confidently about people’s specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, staff spoke about how working as a team motivated them and how they gained inspiration from each other. We saw staff spending time with people talking about a range of subjects of interest. This demonstrated that staff recognised effective communication to be an important way of supporting people, to aid their mental health recovery.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

One of the ways this service was responsive was because care plans included considerations of the Mental Capacity Act (2005) and alerted staff to consider a person's mental capacity if their needs changed. We saw that where a person lacked capacity, best interest discussions were held with people who knew and understood the person using the service. For example best interest discussions had been held to discuss a person's financial affairs. These discussions included the person's family, members of their care team and members of staff working at Woodtown House.

People had the information they needed to enable them to contact independent advocates. We saw information displayed in the dining room about advocacy services which people living at the home could refer to if needed. Staff spent time with people on a one to one basis to ensure they were aware of the services available to them if needed. People also had fortnightly resident meetings, where advocacy was a regular topic to ensure that people were aware of the services on offer to them. At the time of our visit, no one was in current contact with an advocate. However, people had used advocacy services in the past.

Care files showed evidence of multi-professional visits and appointments. These records demonstrated how other health and social care professionals had been involved in people's care to encourage health promotion and ensure the timely follow up of care and treatment needs. For example, a person had recently seen a smoking cessation nurse to discuss cutting down or stopping smoking. Another example was how people had regular reviews with their care team to ensure their care and treatment needs were being met. The care team consisted of health and social care professionals and staff working at Woodtown House.

People were supported to undertake activities. People engaged in trips in the local community, games within the home and drama provided by an outside company. People commented that they enjoyed going shopping at least weekly in the local area. On the day of our visit we saw that staff were preparing to take people shopping in the afternoon.

Two people we spoke with attended the Link centre in Bideford run by social services, which they told us they enjoyed. One person had been supported to take National Vocational Qualifications in food hygiene and enjoyed cooking. They told us how this had given them considerable confidence. They also felt well supported by the staff at Woodtown House.

It was clear that the activity programme had been improved since our last inspection. At the time of our last inspection, activity options were more limited, with fewer activities on offer to people. Comments included: "There are lots of activities and we had a very good Christmas." During the afternoon of our visit we observed a drama activity taking place that involved four people with an activity organiser and it was apparent that this was a particularly well run activity and engaged all the people involved. People commented how they liked the drama and how it enabled them to express their feelings and emotions. Staff also arranged activities and one person was particularly proud of their paintings and enjoyed flower arranging. We saw some of the person's art work displayed in the home.

People were made aware of the complaints system. We saw a copy of the complaints procedure, which was also displayed in the dining room for people to refer to. It set out the procedure which would be followed if a complaint was made.

Are services well-led?

Our findings

The service was well-led because staff spoke positively about communication at Woodtown House and how the registered manager worked well with them, encouraged team working and an open environment. Staff confirmed that they had attended staff meetings and felt that their views were taken into account. We saw minutes which showed that these meetings took place on a regular basis.

Care files showed that people were involved in making decisions about their care and treatment through discussions with staff and through their attendance at resident meetings. We observed staff spending time with people, supporting them to make decisions about their future care and treatment.

We saw that health and social care professionals worked together in line with people's specific needs. We saw that the home notified the local authority and Care Quality Commission of various events. 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, the GP and consultant psychiatrist.

People's views and suggestions were taken into account to improve the service. The registered manager informed us that food questionnaires had recently been sent to people living at Woodtown House and they were awaiting their return. We also saw the 'service user satisfaction action plan' and improvement plan dated 4 December 2013, which was in response to questionnaires completed by people living at the home. This showed that where issues were raised by people, they had been followed up by the registered manager and organisation. For example, building maintenance. This demonstrated that the organisation recognised the importance of people's comments to improve the quality and safety of Woodtown House and the care being provided.

The provider took account of complaints and comments to improve the service. We saw the complaints log. There was evidence that issues had been appropriately followed up by the management team, such as, learning outcomes being implemented and the involvement of other health and social care professionals.

We saw that a range of audits were carried out. These were conducted on an on-going basis to monitor the quality and safety of the service provided. Areas covered included the overall environment, safety considerations and medicines management. Where changes were needed these were followed up by the registered manager. For example, additional supervision for staff to improve practice.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, we saw involvement of the local authority safeguarding team and where necessary the involvement of health and social care professionals to review people's care and treatment plans. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected both people living at the home and staff.

We saw that the premises were adequately maintained. We saw that health and safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the organisation and external contractors. For example, fire alarm checks and fire extinguishers. We saw that staff had received health and safety and fire safety training at varying times to ensure they knew their roles and responsibilities when protecting people in their care.

People were protected because the organisation took safety seriously and had appropriate procedures in place. We saw the fire log book and systems records. These showed that fire safety tests were completed on an on-going basis.

The registered manager was open and approachable. For example, they were well thought of by staff and people as an effective leader and how they always made themselves available when needed.