

Kodali Enterprise Limited

# Woodside Care Home

## Inspection report

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Date of inspection visit: 17 November 2015

Date of publication: 17/02/2016

### Ratings

#### Overall rating for this service

Requires improvement 

Is the service effective?

Requires improvement 

Is the service well-led?

Requires improvement 

### Overall summary

We carried out an unannounced comprehensive inspection on 15 and 18 May 2015. Two breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches.

At the last inspection on 15 and 18 May 2015 we found that the provider was not meeting the standards of care we expect. This was in relation to ensuring people were involved in the planning of their care. Also that those without capacity were not assessed to ensure the requirements of the Mental Capacity Act 2005 were being fulfilled. There were also no systems in place to test the quality of the services being used and whether staff were working safely.

We undertook this focused inspection on 17 November 2015 to check that they had followed their plan and to

confirm they now met the legal requirements. During this inspection on the 17 November 2015 we found the provider had made improvements in the areas we had identified.

This report only covers our findings in relations to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Woodside Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Woodside Care Home provides care for older people who require personal care. It provides accommodation for up to 42 people. At the time of the inspection there were 32 people living at the home.

At the time of the inspection there was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of our inspection we found staff interacted well with people and people were cared for safely. People told us their needs were being met and they were involved in the planning of their care and treatment.

Where people did not have capacity to make decisions for themselves staff had implemented the Mental Capacity Act 2005 guidelines and recorded their decision making processes. There was sufficient evidence to show the provider was testing the quality of the services being provided and they were checking staff were working safely.

# 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 effective?**

We found that action had been taken to improve the safety of the service.

This meant that the provider was now meeting legal requirements.

People were included in the planning process of their care and treatment.

Where people did not have capacity to make decisions for themselves staff had recorded how their abilities and their capacity had been assessed. Staff had recorded outcomes for people and ensured the requirements of the Mental Capacity Act 2005 had been fulfilled.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

**Requires improvement**



### **Is the service well-led?**

We found that action had been taken to improve the safety of the service.

This meant that the provider was now meeting legal requirements.

Systems were in place to test the quality of the services being used and whether staff were working safely.

Further improvement was required in respect of supervision of staff processes and monitoring the administration of medicines.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

**Requires improvement**



# Woodside Care Home

## Detailed findings

### Background to this inspection

We carried out an unannounced focused inspection on 17 November 2015. This inspection was completed to check that improvements to meet legal requirements with regard to ensuring people were involved in the planning of their care and treatment. Also those people without capacity were assessed to ensure the requirements of the Mental Capacity Act 2005 were being fulfilled. There were systems in place to test the quality of the service and ensure staff were working safely within it.

This was explained by the provider to CQC after our comprehensive inspection on 15 and 18 May 2015, had

been made. We inspected the service against two of the five key questions we ask about services; is the service effective and is the service well-led. This is because the service was not meeting legal requirements in relation to those sections.

The inspection was conducted by one inspector.

During our inspection we observed care. We spoke with eight people who use the service, the registered person, the manager, five care workers and a cook. We looked at 10 care plans, staff personal and training records, quality assurance audit records and minutes of meetings.

# Is the service effective?

## Our findings

At our previous inspection on 15 and 18 May 2015 we identified that people were not involved in the planning of their care. We also found that where people did not have capacity to make decisions for themselves they were not assessed to ensure the requirements of the Mental Capacity Act 2005 were being fulfilled. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. At our focused inspection on 17 November 2015 we found that the provider had followed the action plan they had written to meet the shortfalls in relation to Regulation 11 described above.

People told us they were involved in the planning of their care and treatments. They said staff spoke with them and asked them if they would like support and help with their needs. One person said, "Staff come straight away if you ask them and they are polite." Another person said, "I don't have to wait, unless there is an emergency. Staff are very good to me." Another person said, "I do what I want to do, what I want is here."

People told us that they and other health care professionals were involved in the delivery of their treatment. One person told us how they had been in discussions with their community nurse, which staff at the home had facilitated.

People told us they had been involved in what they described as "ward rounds". These had commenced since our last inspection and involved health care professionals from the community visiting the home on a weekly basis. Staff told us and we saw they recorded the visits in people's notes to show what questions had been asked and if treatment was required to be reviewed.

We looked at 10 care plans. Each one had details of how people had been involved in discussions about their care and how staff had facilitated the services of other health care professionals. These involved health care professionals in management of falls, mobility and incontinence problems and prescribing of medicines. This ensured people were receiving treatment and medicines specifically for their own needs.

At the beginning of each care plan was each person's consent to care and treatment. Only one had not been signed either by the person themselves or their family member. We brought this care plan to the provider's notice and they told us they would ensure the form was completed.

Where a person did not have capacity to make decisions for themselves staff had documented who was acting on their behalf. In the five care plans we looked at specifically on this topic this was family members. Staff were aware who was acting on each person's behalf so information could be passed on quickly.

Specific assessments had been completed on each person's mental capacity and how best to communicate with each person. In one case this was by the use of pictures and another by allowing them to speak slowly and waiting for an answer. Best interest meetings had been held to ensure everyone involved in the person's care was aware of what care and support the person required. Assessments had been completed to test the person's mental capacity. This ensured precautions could be taken to ensure people were safe and not deprived of their liberty.

Where people had no inhibitions about their behaviour and surroundings because of a lack of capacity to know what they were doing; this was detailed in the care plans. For example when people attempted to take off their clothes in a communal area. Instructions were in the care plans on how to ensure each person was suitably dressed when mixing with others.

Staff told us they had received training in the Mental Capacity Act 2005 and how they would document any concerns. They told us they had found the training, especially from a local college, very useful. The training records showed people had received the training they had spoken about and more training on the same topic was being looked into by the provider. This will ensure staff are kept up to date with the latest legislation.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

# Is the service well-led?

## Our findings

At our previous inspection on 15 and 18 May 2015 we identified that systems were not in place to test the quality of the services being used and whether staff were working safely. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. At our focused inspection on 17 November 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to Regulation 17 described above.

The provider told us of all the audits they were undertaking to test the quality of the services being provided. These included care plans, accidents and maintenance. We found the provider had made some improvement in completing those audits and ensuring messages were passed on to staff if action needed to be taken. When some actions had taken place staff had dated the completion, such as when maintenance work had been finished. This ensured the provider was keeping up to date with how the services were being run and what needed to be completed.

To ensure the premises were being kept safe the provider had commenced daily cleaning schedules for staff to complete. Staff told us and we saw on the records these had been mainly kept up to date with only a couple of days without a signature. Staff told us they were now getting used to completing them and ensuring thorough cleaning took place. This ensured the provider could check work was completed. A link staff member had been appointed to attend infection control meetings and keep staff up to date with latest practices and legislation. A full infection control audit by staff had yet to be completed but the last one completed by local authority staff had been in conjunction with the link staff member. The practitioner told us they had found this useful. This will ensure the home is clean and precautions taken where there is a risk of infection. A fire risk assessment had been completed in August 2015 and actions required for some more fire door protection had commenced. We saw some fire doors were still required to be adjusted and we passed this information to the provider. The personal emergency evacuation plans for people had not been commenced, but the provider ensured us this would be completed immediately.

A training planner had been commenced with details of which courses staff had commenced and completed. Staff confirmed the sessions described. They said training sessions had been useful in letting them know how to safely look after people. The supervision of staff had commenced, but due to some staff changes this had temporarily come to a halt. The provider assured us this would recommence very soon. The policy for supervision was currently being revised as it had not been updated since April 2014.

To ensure people could be moved safely if their mobility was impaired, the provider had purchased some new moving and handling equipment. We saw some of this in use. Staff told us this had helped them move people safely when required. They told us they had received instruction on how to use the new equipment.

Two medicines audits had been completed since our last inspection, in July 2015 and October 2015. Both had identified actions that needed to be taken, but there was no evidence to show that this had been done. Therefore, the provider had no way of knowing if staff were aware of what to do. Senior staff were aware some more supervision of staff was required to ensure they maintained accurate records, such as photographs on medicine administration record sheets to identify people requiring medicines. The provider was taking advice about renewing the medicines policy as this had not been updated since December 2014. This will ensure staff are following latest legislation. We could see that the medicines storage area had improved since our last visit and was tidier and staff aware of where items were kept and why.

There had been no formal complaints since our last inspection. A new policy was in place which was on display. People told us they would have confidence in senior staff and the provider in handling any concerns. Staff told us they would pass concerns on to the provider and senior staff.

Since our last inspection the manager and provider were ensuring they were kept up to date by staff about people's needs, which were recorded in the care plans. They ensured that staff calculations were monitored to ensure sufficient staff were on duty at all times to meet people's needs. Staff told us that staffing levels were adequate to

## Is the service well-led?

meet people's needs. People told us their needs were being met. The provider was now asking for regular feedback from the manager about staffing levels. This will ensure sufficient staff are deployed to meet people's needs.

People using the service and staff told us they could attend meetings to voice their opinions about the running of the home. They told us they felt their opinions were valued. One person said, "I can't think of anything they aren't doing." Another person said, "I enjoy being here. Its' better than staying at home and I voice my opinions." Staff told us

they could voice an opinion and would attend staff meetings. We saw minutes of meetings for people who lived at the home for November 2015 and staff for the same month. A variety of topics were discussed and the minutes recorded people's views.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.