North Yorkshire County Council

Woodfield 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

Woodfield House is a care home without nursing for up to 28 older people, some of whom may be living with dementia. The home is arranged over two floors which can be accessed via a lift. The home has a garden which people can access and it is close to local amenities. At the time of our inspection 13 people lived at the service.

At the last inspection in January 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

We discussed with the registered manager and registered provider some areas of improvement we identified in relation to medicines, training records and the quality assurance system. The registered provider was keen to make such improvements. We saw the registered provider had worked to develop a new care plan system which would improve the records relating to risk assessment and mental capacity assessment for people. People and their families were positive about the leadership of the service.

We saw staff recruitment was safe which ensured candidates were suitable to support vulnerable people. Staff told us they received appropriate support to enable them to perform their role. We saw records to confirm this.

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

People were happy with the choice of food they received and we observed a positive mealtime experience. People were supported to have access to healthcare support and their health needs were monitored well by staff.

People and their relatives told us they found staff to be caring, kind and friendly. We observed positive and warm interactions between staff and people who used the service. People were offered choices and were supported to maintain their independence.

People's preferences were recorded in their care plans and staff were aware of these when delivering support. People had access to a wide range of activities, which included their own personal hobbies.

People, their families and members of staff had opportunities to provide feedback on the service and their views were listened to and acted upon. This meant the service was run in the best interests of the people who lived there.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service Requires Improvement.	**Requires Improvement**

Woodfield House

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 checked 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.

We inspected the service on 1 March 2017. The inspection was unannounced and the team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about the service. This included information we received from statutory notifications since the last inspection. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services in England.

The registered provider completed a 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.

As part of the inspection we spoke with seven people and two of their relatives and/or friends. We spent time in the communal areas and observed how staff interacted with people and some people showed us their rooms. We did not use the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We found people were able to describe their experiences to us.

During the visit we spoke with the registered manager, two deputy managers, the area manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with five members of staff including care workers, senior care workers and the cook.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medication records. We looked at three staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Good

Is the service safe?

Our findings

People we spoke with and their relatives told us they felt the home was a very safe environment. One person told us, "It's nice here, I feel safe, we have no funny visitors knocking on our doors. I've no cause not to feel safe" and, "I feel quite safe here, absolutely perfect."

Members of staff and the registered manager understood their responsibilities around keeping people safe from avoidable harm. All members of staff we spoke with were able to describe each person's needs and any associated risks. Care plans contained risk assessments which highlighted where a person may need support to keep safe. We noted though that details of control measures were not always described. The registered provider had designed a new system of care planning and risk assessment which was due to be implemented. We saw the new system would ensure all control measures were identified and described for staff to follow.

Accidents and incidents were recorded and we could see appropriate medical support and/or advice from professionals was sought to prevent a reoccurrence. We saw health and safety was well managed in the home to keep people safe from avoidable harm. We saw records to confirm regular checks and servicing of equipment were completed. Fire evacuation processes were appropriate and regular fire practices took place to ensure staff were confident.

We saw a recent infection control audit had highlighted equipment which required replacement because it was old and therefore heightened the risk any potential infections spreading. This was because the surface was no longer impermeable. We discussed the refurbishment plans with the nominated individual who confirmed the service was due an upgrade in 2017.

All staff were able to describe what they would do if they suspected or witnessed concerns or abuse. We saw records to confirm the registered manager had reported concerns to the Care Quality Commission (CQC) and local authority as required by law.

We looked at the systems in place to manage people's medicines. People told us they were happy with the support they received with their medicines. One person said, "I'm diabetic. I think they (medicines) are given to me at the right times."

We saw the ordering, stock control and storage of medicines was completed efficiently. We looked at the medication administration records (MARs) and saw people received their medicines as prescribed. Any errors which had occurred had been recorded and medical advice sought to ensure the person was not harmed. We observed a medicine administration round which was completed safely.

People were prescribed 'as and when required' medicines such as pain relief for a head ache. Protocols were not in place for all 'as and when required' medicines which meant staff did not have the full details about how and when to administer the medicine. We discussed with the registered manager and person delegated to oversee medicines systems how they could develop the medicines process to include all good practice

advice such as 'as and when required' protocols. They told us they would work with the registered provider to revise their policy.

We looked at three staff files and saw the staff recruitment process was safe and effective. It included completion of an application form, receipt of a candidate's full work history, a formal interview, references and a Disclosure and Barring Service check (DBS) all of which were carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

We saw staffing levels were safe. People and their relatives told us they felt there were sufficient staff on duty. People confirmed staff were prompt to respond to their needs. One person told us, "We have a buzzer so we can ring if we need anything" and, "It is absolutely perfect here, you only have to ask and they help you."

The service was running at less than half its potential occupancy. The registered manager told us recruitment of new staff had been a challenge and they did not have enough staff in post to enable more people to move into the service. The registered manager explained they were aware of each person's needs and they used this information to determine if they had enough staff to allow for more people to move in. People lived on three of the four units across two floors and the care team ensured colleagues from the housekeeping and duty manager team knew when they were required to help observe people's safety if they (care workers) were needed to help in other parts of the building. This meant people were always supervised.

Good

Is the service effective?

Our findings

People and their relatives told us they felt confident in the abilities of the staff team because the team cared for them well. One person said, "Well I think they (care workers) are well trained because of how they speak to you and they know what they are doing" and, "You will find no horrors here, the staff are really good."

Staff were able to demonstrate their knowledge and we observed members of staff using their knowledge in practice very well. The registered manager explained they had suffered a loss of information about staff training due to an IT issue. They had started to re-gather training certificates from staff and use training registers to understand who attended training which was helping them start to develop a new matrix. We were able to see the records they had already gathered. The registered provider also had an online training system and we were able to see training was up to date in all the topics the registered provider deemed 'mandatory'. We were not able to fully determine all staff had received all training required because of this issue.

A member of staff told us, "Training is good; we have continuous learning and updates. It keeps it fresh in my mind. I have recently done positive behaviour support and I found this interesting. It has helped me support people who cannot speak or make their needs known."

Two members of staff had been supported to complete enhanced dementia training to become dementia champions. One of the staff told us, "It gives you an insight into how to deal with different situations. I advise the team on how to approach people."

We saw records to confirm staff were supported well by their line managers and the registered provider. Staff had regular supervision and annual appraisals which they told us gave them opportunity to discuss their role and progress. This meant the process was effective in ensuring staff received appropriate support to fulfil their role.

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 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.

We saw staff worked within the principles of the mental capacity act when they delivered support to people. They demonstrated this by offering choice and they ensured people consented before they acted. Staff respected when people refused their offer of support, which is the person's right to do so. One member of staff told us, "I always assume a person has capacity and I always promote their independence. If people refuse, I remain calm and I always respect their decision." This meant staff were working to provide care and support in people's best interests.

We saw that mental capacity assessments and best interest decisions were not always recorded in people's

care plans. The new care plan system which was due to be implemented included how to use the Mental Capacity Act Code of Practice to ensure people had appropriate records of consent or best interest decisions in place.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of our inspection two people were awaiting the outcome of applications the registered manager had made to authorise people to be deprived of their liberty.

People we spoke with were positive about the food provided and they felt there was ample choice and variety. People had commented in the 2017 survey they were not sure about availability of food and drinks at any time of day or night. We could not see any information which would help people remember they could ask at any time for a snack or drink. People confirmed that when they had asked drinks and food had been provided at any time of the day or night. One person told us they required a specific diet and that this had been catered for by the service.

Menus were displayed and people had opportunity to discuss them during the residents meetings every month. The cook had sent out a food survey and they told us they altered the menu following feedback received. One such change was adding cheese and biscuits to the menu. We spoke with the cook who was knowledgeable about people's needs and they worked well with the care team to understand the needs of those people who required specialist diets or had allergies. The cook did not hold formal records about people's preferences or dietary needs; this meant they were at risk of not knowing important information. The registered manager told us this was something they would implement immediately.

We saw the dining experience was positive, the dining area was light, airy and homely with people sitting together and chatting at the table. People who chose to eat in their own room were supported to do so and there was enough staff to cater for all people's needs during the meal service. Nobody was observed to be rushed and support was dignified and at people's own pace. Where people required adapted equipment this was catered for to ensure people maintained their independence.

People and their relatives confirmed that if they requested to see a GP or health professional this would be arranged by the staff. They told us this was arranged promptly and with their consent. One relative told us, "My family member said she was feeling poorly and asked for the doctor. They got one straight away, never a problem." We saw people's health was monitored in areas such as nutrition and pressure area care. We saw professionals were referred to whenever staff needed advice and support. The staff used a 'pink passport' whenever a person was taken to hospital so the health professionals received the correct information to enable them support the person. This meant people's healthcare needs were managed well.

Good

Is the service caring?

Our findings

People and their relatives all confirmed that the staff were kind and caring and went out of their way to be friendly. One person told us, "They are lovely here, they really look after you."

Staff were able to describe what they felt being caring meant to them. They told us it meant, "Being patient, and understanding, putting yourself in their position and treating people how you would like to be treated. That is with kindness and respect." We saw members of staff clearly understood each person's personality and adjusted their style of communication accordingly. Staff had positive, warm relationships with people. A relative told us, "The staff are respectful and it's nice and friendly. They (staff) can have a joke with people. I have seen them when I have been here, they don't change who they are, they are the same with everyone, and they care."

We saw staff ensured people maintained their independence and people were well cared for by the team. A relative said, "They (members of staff) know my family member and encourage her to stay independent, she likes to wander about and they support her to do that which is good. She is safe."

People confirmed they were encouraged to maintain their independence and manage as much for themselves as they were comfortable with. One person told us, "The girls (staff) are lovely. They always help me to choose my clothes and they know what I like to wear you see." One member of staff explained they sometimes supported people who stayed for a period of respite and that they ensured they knew people's skills and made sure people could maintain their level of independence for when they returned home.

People were treated with dignity and respect. For example, we saw staff knocking on people's doors before entering their room. One person told us, "They (staff) are lovely here, they really look after you. It's a very happy home. They are respectful and don't overstep the mark." We saw a person being supported to transfer to their chair using a hoist. Members of staff provided reassurance and explained what they were doing. The person was seen chatting and at ease throughout.

Staff were able to explain how they treated people as individuals and respected people's diverse needs. For example, one person spoke a foreign language with very little English. The staff team had worked with interpreters to gain insight into the person specific dialect. They had developed a specific communication tool so the person could communicate basic needs and interact with other people. Through this they had got to know the person's preferences and they understood what they liked.

On the day of our visit it was one person's birthday and they had been had been born on a leap year. Staff had supported them to decide which date they wanted to celebrate and a gift and card from the team was ready for the person. Staff made an effort to help the person celebrate their day, which included making sure their favourite meal 'egg and chips' was on the menu.

We saw the survey results for 2017 showed people and their families felt included in the care plan and review process. People were supported to maintain relationships with their families and friends. Even when the

family member lived in America in one instance. This demonstrated the staff's commitment to working with people and families in order to provide compassionate care.

Good

Is the service responsive?

Our findings

We saw the service was responsive to people's needs. People and their families told us they felt their needs were met very well and that they had opportunities to join in activities. One person said, "When the weather is better we can go outside. There was a singer here which was lovely, two weeks ago I think" and, "There are some activities, a general knowledge quiz, I am not interested because I like to knit. Sometimes the girls come and sit with me when I watch television and that's nice." A person who completed the 2017 survey commented 'I like the church services provided'.

Care workers supported the activities on offer and we saw they included jigsaws, bingo, visits to local coffee shops. Staff understood people's preferences and hobbies. One person had knitted a blanket which they gave to another person who staff said was 'Over the moon with it'. We heard during the morning handover staff were reminded one person's morning newspaper was in the office to be delivered and another person was celebrating their birthday.

We saw the afternoon bingo session and people were engaged in the activity they had chosen to join. People told us they enjoyed it. People were able to express their views on the activities available each month at the 'residents meeting'. We saw games, crosswords, jigsaws and magazines were available in small seating areas around the home. We saw people took the opportunity to sit and use them; this helped to ensure people were not socially isolated or bored. This also encouraged people to be more mobile.

Staff were able to tell us what people liked to do and they recorded what people had taken part in when they wrote their daily notes. When staff reviewed people's care each month it was difficult to make a judgement about whether they had received enough activity and social stimulation to ensure a feeling of wellbeing. The registered manager explained the new care plan system focused on outcomes for people to make it clearer whether people were socially isolated or not.

At the last inspection, in January 2015, we made a recommendation that the registered provider review their care plans to ensure people's life histories were captured. This was so that their care was not compromised because of lack of information. At this inspection we saw a new care plan system was due to be introduced which included a 'life history' document. The information the team had already gathered would be transferred into the new document.

We looked at three care plans and saw they contained person centred detail about how people liked their support to be delivered. People's preferences were included, such as a person liking the light left on during the night or liking cornflakes with semi-skimmed milk at breakfast. Where people were living with dementia their care plans contained details about how a person communicated their needs and also expressed pain. This helped to ensure people received responsive support.

Care plans were reviewed monthly. People and their relatives told us they were often asked to join in the reviews. We saw people's views were not recorded on the monthly review sheets. The registered manager told us this was an area which would change as the new care plan system was implemented.

We looked at the process for management of complaints and compliments. No complaints had been received in recent months. The registered manager was aware of the process to follow and on the day of inspection we saw them react appropriately when a person gave negative feedback about the service they had received.

People and their relatives agreed that their concerns were always listened to. All felt they would be able to take concerns and complaints to the managers and they would take appropriate action. One person told us, "I am perfectly happy here and if I have any problems I can speak my mind. I've got everything I need."

We saw a compliment had been received from a relative in the month prior to our inspection, where they had thanked staff for their kindness and care towards their family member.

Requires Improvement

Is the service well-led?

Our findings

We looked at how the registered manager and registered provider checked the service was safe and of good quality. We saw regular checks were completed by the registered manager, and deputy manager alongside the staff team. For example, checks on medicines, care plans and health and safety. We saw the checks had highlighted some areas which needed to change such as care plans and the development of the risk assessment process. We also saw peer audit, this is where a manager form another service checks quality.

We saw some issues we found had not been highlighted during checks; such as the need to ensure medicines policy incorporated all good practice guidance and the development of the mental capacity and best interest records.

The registered provider completed regular checks in relation to staffing, people and support. These checks were recorded in the registered manager's supervision record. These checks did not assess all areas of safety and quality to ensure the service was meeting regulations. For example, the absence of robust training data and compliance had not been highlighted.

We saw information which informed the registered provider and registered manager about people's well-being, such as accident and incidents, data about medicines errors and falls were not analysed to understand trends and patterns. The registered manager and registered provider did not use the data to assess whether they could see any root causes, which would identify changes which could be made to prevent reoccurrence.

We recommend that the registered provider review its policies to ensure robust systems are implemented by both the registered manager and registered provider to assess quality and safety robustly.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team was well thought of by all the people and relatives we spoke with. All people said they were happy at Woodfield House and that their needs were well met; therefore felt it must be well run. One person told us, "I think it is well organised" and, "It has a nice atmosphere, it's not plush but it is small and personal."

Staff told us the registered manager was approachable and listened to them. A member of staff told us, "[Name of registered manager] is effective. She is able to listen and she is approachable. She will always implement our suggestions" and, "[Name of registered manager] is friendly and approachable. She deals with issues straight away."

People and staff had opportunities to speak up and provide feedback regularly via staff meetings, residents

meetings, care plan reviews and staff supervisions. We saw the records reflected people and staff had discussed activities, the good laundry service, budgets and staffing. We saw the registered manager had thanked staff for all of their hard work, which staff told us made them feel appreciated. A member of staff told us the best thing about Woodfield House was, "We are a really good team and this benefits the people who live here because it is a nice and relaxed atmosphere." All of this showed us that the registered manager promoted a positive, open culture.

The registered manager was proactive in seeking the views of people and their relatives via annual surveys. A survey in 2016 had been completed and results had been communicated via a newsletter. The 2017 survey results were still to be all collected. Of those we saw, the feedback was positive. One relative had commented, "The staff and everyone at Woodfield House are more than helpful and supportive to my mother and family."