Care Quality Commission

Woodheath Care Limited

Woodheath Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

We undertook this comprehensive inspection on 16 June 2015. Woodheath Care Home is registered to provide accommodation and nursing or personal care for up to 61 people. This includes a purpose-built unit, known as Apple House, for 19 people who have dementia. At the time we visited there were 15 people living in Apple House, and 32 people living in Cherry House.

The service had a registered manager. 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.

Records showed that safeguarding adults concerns had been referred to the appropriate authorities and the home had investigated if requested to do so. Training records showed that staff had received training in safeguarding adults. The home had a whistle-blowing policy and staff had been provided with information on this via their staff handbook.

Summary of findings

There were enough qualified and experienced staff to meet people's needs and the manager advised us that if the number of people living at the home increased then staffing numbers would be increased.

Staff files for six people who had differing roles in the home showed that the required checks were carried out before new staff started working at the home to ensure that they were suitable to work with people who may be vulnerable.

We walked all around both of the buildings and found that in general the premises were clean and adequately maintained and improvements to the environment had continued. Maintenance certificates confirmed that services and equipment were tested and serviced as required. Disposable aprons and gloves were available for the staff and sluices and hand-washing facilities had been improved.

We found that people's medicines were stored appropriately and medication administration record sheets we looked at had been fully completed and had no missed signatures.

Staff told us that they had received the training they needed to carry out their role effectively. We looked at records of staff training which confirmed this. We saw that new care staff had all commenced working towards the nationally recognised care certificate.

The manager and relevant staff had undertaken training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We saw that applications for DoLS authorisations had been made to the local authority for some of the people living at the home, however we did not find records to show how people's capacity to make their own decisions had been assessed.

The care plans we looked at contained a series of assessments of the person's health and personal care needs. These included assessments of the person's risk of falls, risk of pressure sores and nutritional needs. We saw that these had been updated regularly. Where an assessment showed the person required support a care plan was in place providing details of how to provide this support.

Information about how to make a complaint was clearly displayed within the home for visitors and the people living there to access. The manager maintained records of any complaints that had been received and the action taken.

The Commission have identified a specific concern regarding the application of the Manager to become registered and, whilst this does not immediately impact on the service, the Commission are currently following enforcement processes in light of this concern.

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?

Good

The service was safe.

Staff had received training about safeguarding adults and issues raised had been dealt with appropriately.

There were enough qualified and experienced staff to meet people's needs and safe recruitment procedures were followed before new staff were appointed.

The premises were maintained in a safe condition and hygiene procedures and facilities had improved.

People's medicines were managed safely.

Is the service effective?

Requires improvement

The service was not fully effective.

Staff received a range of training relevant to their work and a system of staff supervision and appraisal was in place.

Relevant staff were aware of the Mental Capacity Act (2005) and procedures for making Deprivation of Liberty Safeguard applications as required for individuals. The Code of Conduct for the Mental Capacity Act had not always been followed.

People were happy with the meals they received.

People were supported by health professionals as and when needed to ensure their medical needs were met.

Is the service caring?

Good

The service was caring.

People described the staff as kind and caring.

People's privacy and dignity were maintained when personal care was given.

An information pack provided people with full details of the services offered.

Is the service responsive?

Good

The service was responsive.

People were able to exercise choices in daily living and a programme of social activities was provided.

People's care plans contained assessments of their needs and plans for how their needs should be met.

Summary of findings

The home's complaints procedure was displayed and complaints records were maintained.

Is the service well-led?

Requires improvement

The service was not always well led.

People who lived at the home, visitors and staff considered that the home was well run and that the manager was approachable and supportive.

The manager maintained an audit folder with evidence of the various checks and audits that were carried out regularly.

Meetings for residents and relatives meetings took place twice a year, and for staff six times a year.

There was not a system in place to check that people who had difficulty in making their own decisions were supported safely and in accordance with the law.

Woodheath Care Home

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.

The inspection took place on 16 June 2015 and was unannounced. The inspection was carried out by two Adult Social Care inspectors and two experts 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 looked at information CQC had received since our last visit. We noted that six complaints relating to this service had been received by CQC during 2015.

During our visit we spoke with 15 people who used the service, seven relatives, 13 members of staff, and a visiting health professional. We looked at care plans for three people who used the service, medication records, staff records, health and safety records, and management records.

Good

Is the service safe?

Our findings

The experts by experience asked people who lived at the home and their relatives whether they considered the service was safe. People said “I feel Mum is very safe here”; “I feel my wife is safe here we have no concerns at all.” and “I feel safe and relaxed here for the first time in a long time.”

In discussions with the manager and senior staff they displayed a clear understanding of their role in identifying and responding to allegations of abuse. Records showed that safeguarding adults concerns had been referred to the appropriate authorities and the home had investigated if requested to do so. Training records showed that staff had received training in safeguarding adults. Staff demonstrated that they had a knowledge of the different types of abuse that can occur and the indicators of this. Staff told us that they would report any concerns to the manager or a senior member of staff. However, they were less aware that they could report concerns directly to the local authority. We discussed this with the manager who agreed to provide this information on a poster clearly displayed for staff to see. The home had a whistle-blowing policy and staff had been provided with information on this via their staff handbook. Whistle-blowing protects staff who report something they suspect is wrong in the work place.

The manager told us that current staffing levels for Apple House were three staff during the day and two at night, at least one of whom was a senior carer. She told us that there was a minimum of one registered nurse on duty 24 hours a day in Cherry House with at least six carers during the day and three carers at night. We looked at copies of previous and current weeks rotas, and the planned rota for the following week, which showed that these numbers had been maintained. The manager advised us that if the number of people living at the home increased then staffing numbers would be increased.

In addition to care staff and nurses, the home employed a full time manager who was supernumerary to the staff rota, a deputy manager who had some supernumerary hours, and an administrator. Ancillary staff were employed to work in the kitchen, laundry and cleaning the home. There was also an activities organiser and a maintenance person.

One of the experts by experience spent time in Apple House and observed “There were enough staff to cope with the residents.” One person they spoke with said “There is always someone around when you need them. When I press the buzzer the girls come quick.” The other expert by experience spent time in Cherry House and commented “There were enough staff during the time I was there.” Visitors to the home told the expert by experience "I am not aware of any staffing issues.” and “Two or more extra staff would be useful, especially for toileting.” People who lived at the home said ”Sometimes in the morning at least one more member of staff would be good, and also at bedtimes.”; “There are not enough staff, especially at night.” and “Sometimes I have to wait a long time for help.” All of the staff we spoke with told us that they felt there were enough staff working at the home to meet people’s care and support needs. The manager may wish to look into why some people considered there were not enough staff at certain times of day.

We looked at staff files for six people who had differing roles in the home. Five of these staff had commenced employment within the last six months. The files contained completed application forms, records of the interview process, and proof of the person's identification. We also saw that references and a Disclosure and Barring Service (DBS) check had been obtained. We spoke with two members of staff who had recently commenced work at the home and they confirmed that, prior to starting work, they had undergone a formal interview process and references and a DBS disclosure had been obtained. A robust recruitment process helps to ensure that staff are suitable to work with people who may be vulnerable. The manager informed us that nobody working in the home had a DBS check with any risks recorded. She was aware of the actions to take if a DBS had any areas of concern.

During our visit we walked around both buildings, and looked at maintenance and servicing records. Not all of the records we asked to see were readily available and following the inspection the manager provided further information. We saw that a full fire risk assessment had been carried out by a consultant in April 2014. This was due for review to confirm that recommended actions had been completed. Weekly checks of the fire alarm system had been recorded up to 25 May 2015 and a fire drill had been held in January 2015. There was a fire evacuation plan for the building and staff we spoke with knew what action to take in the event of a fire. We saw records of emergency lighting checks in Cherry House but not in Apple House.

Good

Is the service safe?

Moving and handling equipment had last been serviced in March 2015 and portable appliance testing had been done in January 2015. The service had safety certificates for gas and electrical installations.

One of the experts by experience commented "There was no bad odour, the rooms all smelt fresh, the cleaner was very thorough. There was plenty of aprons and gloves for the staff." A visitor told the expert by experience "The home is spotless." We saw that paper towels and liquid hand-wash were provided throughout the home. We noticed a problem with bins in a staff toilet overflowing and the pedal mechanism on one bin not working and we reported this to the manager. An infection control audit carried out by NHS staff in March 2015 recorded an unsatisfactory score of 67%. An action plan had been written and improvements made, for example refurbishment of sluices. A report we looked at stated that all actions had been completed as of 2 June 2015.

Before our visit, CQC had received a complaint that the home had a problem with rats. The manager told us that rats had been seen in the bin area but not inside the premises. An environmental health officer from the local authority confirmed that the problem was outside. They told us that the manager had taken steps to deal with problem and a Rentokil contract was in place. Bushes in the garden had been cut back and a gardener attended every two weeks. The manager told us they had changed waste removal contractor and bins were now emptied more frequently and better quality bins were provided.

We spoke with the laundry assistant and found that she had good knowledge of infection control requirements. The laundry was well-organised and the required records were in place, for example information regarding the Control of Substances Hazardous to Health (CoSHH). One person told the expert by experience "The laundry is good, they even hang it in the wardrobe for me." The kitchen had a five star food hygiene rating.

We looked at the arrangements for the ordering, storage, administration and disposal of people's medicines in both parts of the service. We saw that storage facilities in Cherry House had been improved. Storage temperatures were recorded daily and there were records of all medication received at the home. Most items were dispensed in blister pack format. The medication administration record sheets we looked at had been fully completed and had no missed signatures. We saw that, where people were prescribed medicines to be given 'as required', there was guidance for staff to ensure consistent administration. There were no controlled drugs in Apple House. Controlled drugs in Cherry House were checked by the nurses on each shift handover and this was recorded. A record was kept of any unused items of medication at the end of each month and these were disposed of appropriately.

Requires improvement

Is the service effective?

Our findings

People who spoke with the experts by experience said "I think the staff have been trained well, they know what they are doing."; "Yes, the regular staff do know what they are doing." and "The girls are wonderful. The other staff are excellent too."

Staff told us that they had received the training they needed to carry out their role effectively. We looked at records of staff training which confirmed this. The provider used an on-line training system and we looked at a sample of the modules that were offered. These included training in moving and handling people, fire safety, infection control and safeguarding adults. Records showed that the majority of staff were up to date with the training. The system highlighted when training was due and the manager explained that this was monitored by the provider and staff were reminded when they needed to undertake a training update. In addition, the manager told us that she accessed training for staff via the local authority and the NHS.

We saw that new staff had all commenced working towards the nationally recognised care certificate. We saw records of a 'pen drive' that the manager told us was given to all nurses who worked at the home. This included information on safeguarding adults, the Care Quality Commission, Care Certificate and Deprivation of Liberty Safeguards (DoLS). We spoke to a recently appointed nurse who confirmed she had received this.

We looked at records of formal supervision and appraisal for staff. These showed that some supervision and appraisals had taken place and we saw dates and documents prepared for future supervisions. The manager explained that she had recently arranged for other senior staff within the home to take responsibility for formal supervision of junior staff. This was confirmed by a senior member of staff we spoke with. Supervision and appraisal provide a formal way for staff and their manager to discuss their progress, training needs and any concerns they have with their role.

The manager and relevant staff had undertaken training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We saw that applications for DoLS authorisations had been made to the local authority for some of the people living at the home. Our discussions with the manager showed us that she was aware of how to apply for an urgent DoLS application if needed. The manager confirmed that no written assessment was used to decide whether individuals living at the home would benefit from having a DoLS application made for them. This is not following the correct procedure according to the requirements of the Mental Capacity Act (2015)

We were told that no best interests meetings had been held for anyone living at the home, however a senior member of staff described how a best interests meeting had been planned for a person who was unable to make a specific, important decision for themselves, but this was eventually not required.

A senior care assistant told us that one person sometimes had their medication given to them 'covertly'. This consisted of disguising the medication in the person's breakfast porridge. We saw a letter from the person's GP which confirmed the doctor's agreement and recorded that this had been discussed with the person's family, however a best interests meeting had not been recorded by the home and there was no record of a mental capacity assessment for this decision. This meant that, in this case, the correct application of the Mental Capacity Act 2005 had not been followed. We also had concerns that there was a lack of evidence that mental capacity assessments were being carried out when people were unable to make their own decisions.

This is a breach of Regulation 11 of the Health and Social Care Act: Need for Consent

The experts by experience sat with people at lunchtime and spoke with catering staff. A member of staff said "I like my job, I have been here ten years. The residents have choices in what they eat, if they do not like what is on the menu we will give them something else. They can have a snack any time. " Another member of staff said "There is a four week meal rota. Everything that is ordered has to be OK'd by the manager. She tells us which companies we can use. All meat is bought in fresh, apart from burger meat. Any change to the meal content has also to be OK'd by the manager. There is a list that we are given, especially for new residents, that we use to find out their likes and dislikes."

The expert by experience in Apple House reported that at lunchtime there were clean tablecloths and some people had specially adapted plates so they could eat

Is the service effective?

independently. There was a choice of two hot meals and the food looked hot and appetising. A lady was unsure what she wanted to eat and the carer kept giving her choices until she decided what she wanted.

Three people needed support with their meal. The staff took their time and talked to them in an encouraging way, for example a carer said to a resident "Do you want me to cut up your fruit?" Everyone was asked if they wanted more to eat and one person had three sweets. There were plenty of drinks and biscuits going round. One person said "The food is fantastic."

The expert by experience in Cherry House observed that some people waited up to 40 minutes before being served. They considered that some people would have benefitted from some help eating their main course. Everybody was offered a cold drink. Visitors told the expert by experience "As far as I know Mum enjoys her food."; "The food is very good and alternatives are offered."; "The food is better now." People who lived at the home said "Generally the food is very good, but my chop is very tough."; "The food is very good."; "Drinks are offered mid-morning, but you have to ask for one if you want one in the afternoon." However, we did observe drinks being given to people during the afternoon.

Nutrition risk assessments were included in people's care plans and the manager's monthly audits monitored any loss of weight to ensure that people were receiving additional support with nutrition as needed.

We walked all around both of the buildings and found that in general the premises were adequately maintained and improvements to the environment had continued. Automatic door closers were in place which meant that people could choose to have their bedroom door open without any fire risk. New armchairs had been provided in the front lounges of Cherry House and these took up less space than the old chairs so the rooms look less crowded. One bedroom had been changed to a comfortable visitors' room. We considered that some improvements were needed to the accommodation on the first floor, for example there were some worn carpets, and the manager told us that this was planned for the near future.

One of the experts by experience commented "Apple House was bright, spotlessly clean, and airy. All the hallways leading to the bedrooms were wide with plenty of space for people with wheelchairs. All the bedrooms were decorated to a high standard with en-suite wet rooms. All the toilets were clean. There was good signage everywhere and on all the bedroom doors there were pictures of the residents when they were younger. There was two quiet areas where people could be private." We also noticed that reminiscence pictures had been put up in the corridors.

When we walked around the home we saw that equipment was provided to meet people's needs. This included profiling beds, different types of pressure relieving mattresses, moving and handling equipment and mobility aids. The deputy manager told us that three people who lived in Cherry House required wound care dressings and showed us the detailed records, including charts and photographs, that the nurses completed. One person was having regular input from an NHS wound care specialist nurse.

We spoke to a visiting health care professional who told us they were happy with the support that staff provided for people. They said they were confident that staff followed instructions given to them regarding people's health. One of the experts by experience observed two instances where staff asked for medical assistance for people who were suffering discomfort, and this was provided within a short space of time. A visiting relative told the expert by experience "On the whole the home is very good" but they considered that their relative would benefit from more frequent support to use the toilet. The expert by experience observed that people were taken to the toilet every two hours.

Good

Is the service caring?

Our findings

The expert by experience in Apple House observed 'All the residents looked clean and bright. Most people had some form of activity to do. There was music playing and a lot of laughter, the atmosphere was happy and relaxed. All the staff interacted well with the residents. People were moved in a caring and gentle way explaining to the person what was happening. The staff were very professional. Everyone we spoke to said the staff were very kind and caring and treated you with respect."

People who lived at the home told the experts by experience "When I am having a shower the staff treat me with respect they cannot do enough for you."; "The staff are lovely and kind."; "The staff are fantastic they cannot do enough for you."; "The staff are very caring" ; "Whatever I need , if I tell them to jump they will say how high, they are fantastic."; "My clothes are always clean and put together so they match, that's caring." and "My washing and dressing is done by staff, and is very good."

Relatives said "The staff work really hard and they are very friendly and caring, they take time with people."; "The staff are caring and hard-working."; "We have no complaints or concerns about this home it is great." and " The staff are good, and friendly."

A member of care staff told the expert by experience "This is a decent place for residents to live in, The staff take their time with the residents I have worked in other care homes where the staff just do what is needed but it is different here the resident comes first, I like working here". Another carer said " If a person could not communicate verbally I would try and find out if anything was wrong by looking at their body language and spending time with them ".

When we walked round the home we saw that most bedrooms had been personalised with plants, pictures and other personal belongings.

An information pack was available for people new to the service. This included the service's complaints procedure, terms and conditions, service user guide, and a copy of the customer satisfaction survey. The service user guide was clearly written to ensure that people had information about the service they could expect.

Good

Is the service responsive?

Our findings

In discussions with staff, they displayed a good understanding of people's support needs and choices, and how to meet these. People told the experts by experience "I can get up and go to bed when I want to and I make my own decisions about what happens to me." and "We can sleep as and when we want to. I get woken up between 5:30 and 6:00, which is ok." In Apple House, a member of staff told the expert by experience there were two people who sometimes had challenging behaviour. The member of staff said "We try to distract them and take them to a quiet place and give them something to do to stimulate them."

The activities co-ordinator was not on duty the day we visited, however the expert by experience in Cherry House reported 'positive vibes' about activities. In Apple House, the expert by experience found that "Lots of people were playing games and having fun." One person said "I get involved in whatever is going on, there are plenty of things to do." Another person said "We like the bingo, ball games, and the singer." Other people preferred not to participate, for example "I'm not a lover of activities I like to go out for a smoke and sometimes the carer will come out with me and we have a chat, it's nice." Some people mentioned that they used a visiting mobile library. We noticed that there was a large screen in one of the lounges in Cherry House and this enabled people to have a good view of films etc.

We looked at a sample of care plans in Cherry House. They contained a series of assessments of the person's health and personal care needs. These included assessments of the person's risk of falls, risk of pressure sores and nutritional needs. We saw that these had been updated regularly. Where an assessment showed the person required support a care plan was in place providing details of how to provide this support. The care plans contained a 'life map' for the person, but other than that they concentrated on the person's health and personal care needs and there was little information about people's choices and preferences. We discussed this with the manager who agreed that more person centred information would provide staff with more rounded information about the person.

A care assistant told the expert by experience "When we have handovers the night staff tell us if there has been any changes in anyone's circumstances and we read the care plans frequently to make sure we are doing everything right." Relatives said "I have been told what's in Mum's care plan but I have not been involved with any input. We had a conversation with Michelle [the manager] before Mum came here." and "Yes I have seen the care plan, but not been involved with any input." Three people confirmed that there was good communication between staff and relatives regarding people's health.

Information about how to make a complaint was clearly displayed within the home for visitors and the people living there to access. This provided information on who they should complain to and the timescales they should expect a response within. People who lived at the home told the experts by experience that they did not have any complaints or concerns but one person said "The staff listen to me and if I have a problem they will try and put it right." People said that if they had a complaint they would tell a member of staff. The manager maintained records of any complaints that had been received and the action taken. We discussed with the manager the complaints that had been received by CQC. These complaints were not substantiated.

Requires improvement

Is the service well-led?

Our findings

We asked people who lived at the home and their visitors whether they were satisfied with the way the home was run. A relative said “The manager has lots of meetings with her staff which I think is a good thing, the manager is very approachable.” Another person told us “The manager is very organised with good leadership.” Other visitors said “The home is well run and very organised.” and “The manager chats to me and asks if there is any more they can do.”

Members of staff told us that they felt confident to speak out at staff meetings and that they were listened to. One member of staff said the manager was "Always open to new ideas." Another member of staff told us “The manager’s door is always open." Staff told us they received the support they needed. One member of staff said the manager had "helped me loads" and another told us they had received support with both their work and personal matters. Three of the staff we spoke with commented that they felt there was a good staff team who supported each other. A senior carer told the expert by experience “The manager is very supportive, she pushes me to do as much training as I can, I was having some personal problems and she was very supportive during this time, I think she runs the home very well.” Another said “The manager is very strict which is a good thing.”

The manager maintained an audit folder with evidence of the various checks and audits that were carried out regularly. These included monthly audits of care plans, accidents, medicines, pressure sores, weight loss, bedrail usage and infections. The records we looked at had been kept up to date. The care plan audits generated comments for the nurses regarding improvements needed. We saw evidence of premises checks by the provider, the most recent being on 16 April 2015.

The manager told us that residents /relatives meetings took place every six months and the most recent was on 9 February 2015. Staff meetings were held every other month and the most recent was on 6 June 2015. An annual satisfaction survey was sent out and this was being completed in June 2015. Most of the surveys returned a very positive response but the manager had identified that three surveys had talked about people not being able to make choices. A visitor told the expert by experience “Things have improved in the last nine months, cleanliness, hygiene, and food.”

In general we found a good standard of record keeping throughout the service and a part-time administrator had been employed since our last visit. However, we found that the Code of Conduct for the Mental Capacity Act had not always been followed when people might not be able to make their own decisions. There was not a system in place to check that people who had difficulty in making their own decisions were supported safely and in accordance with the law.

When we looked in the Controlled Drugs cabinet in Cherry House we found that a significant number of envelopes containing small amounts of money and other items were stored in there. We discussed with the manager that these should be kept in a safe and not in medicines storage and records should be kept.

The Commission have identified a specific concern regarding the application of the Manager to become registered and, whilst this does not immediately impact on the service, the Commission are currently following enforcement processes in light of this concern.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Regulation 11(3) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the Mental Capacity Act (2005).** People's capacity to make decisions had not been assessed in accordance with the Mental Capacity Act (2005).