Woodfield House

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Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 7 January 2019 and was unannounced. The previous inspection took place on 12 May 2016 and the service was rated Good.

Woodfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were five people living at the service, although one person was on social leave for an extended period of time.

We have written this inspection report in a shorter format because our overall rating of the service as Good has not changed since our last inspection.

People told us the service felt like home and staff were kind to them. People told us they felt safe and the staff had received safeguarding adults training and understood how to protect people from harm. People told us there were enough staff to meet their needs.

Care records were up to date and there were risk assessments in place to provide information to staff in caring for people.

Medicines were safely stored and administered.

Staff had regular supervision and had completed training in key areas. Staff meetings took place and staff told us they could contribute ideas on how the service ran.

People were supported to have choice and control of their lives, although there was lack of clarity regarding one person's liberty to leave the building unaccompanied. This aside staff supported people them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were systems in place to prevent the spread of infection. Accidents and incidents were logged and were reviewed; learning took place.

The registered manager was well regarded by health and social care professionals and audits took place in key areas, although audits had not identified duplicate and at times contradictory information in the care records.

We have made a recommendation in relation to getting feedback on the service from all interested parties.

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 remains safe.

Is the service effective?

Requires Improvement

The service was not always effective. Staff were not fully aware of best practice in relation to the Mental Capacity Act (2005) and there was lack of clarity regarding a person's right to leave the service unsupported.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well-led. We have made a recommendation regarding feedback on the quality of the service.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 January 2019 and was unannounced. The inspection team consisted of an 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. The expert spoke with people and observed care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with four people using the service, and talked with two support staff. On the day of the inspection the registered manager and deputy manager were not available. However, we spoke with them as part of the inspection and they sent us additional documents we requested.

On the day of the inspection we looked at two people's care plans and associated care records. We checked two boxed medicine stocks against medicine administration records (MAR), and looked at a range of documents related to the management of the service including building safety and maintenance and quality audits. There had not been any staff recruited within the previous 12 months at the service, therefore how the service recruited staff was not checked on this inspection.

Following the inspection. we received feedback from two health and social care professionals and obtained further detailed information from the registered management regarding the management of the service.

Good

Is the service safe?

Our findings

We asked people if they felt safe. Feedback included "Yes. Because everybody know that I'm here and they protect me. I always lock my door. With new people I'm very observant." And "Yes, there's not much around here and I feel safe."

Staff knew what action to take if they had concerns and understood the importance of whistleblowing if concerns were not addressed by the service. The service had safeguarding procedures in place. There had not been any safeguarding concerns in the previous 12 months at the service.

We found risk assessments were in place for the risks identified and these covered a broad range of risks including falls, manual handling, urinary incontinence, health and safety, nutrition and behaviour that challenges. People also had risk assessments in place in the event of fire at the service. One person had a risk assessment for leaving the building due to road safety.

The service had procedures in place to prevent the spread of infection. Support staff carried out the majority of the cleaning tasks during their shift with additional cleaning support on a weekly basis. We saw there was a log of cleaning tasks to be undertaken and these were recorded when completed. We saw the service was clean and people told us, "We clean together." And "They help me to clean my room but usually I clean it myself."

Medicines were safely stored in a locked cupboard and the temperature was taken daily and recorded. Most people's medicines were contained in a blister pack, with 'as required', (PRN) medicines in boxes. We checked stocks of two boxed medicines against MAR and they tallied. There was a PRN protocol in place for both the medicines we checked. Staff told us they were trained by the local pharmacy in medicines management on a yearly basis. The registered manager told us they checked staff competency in a number of areas, including medicines administration during supervision.

There were two staff on duty in the day and one staff member sleeping in at night. We saw from records that there was a monthly evaluation of people's needs which was used to inform staffing levels. We asked people if there was enough staff. Feedback was positive with one person telling us, "Yes there is enough staff." Agency staff were rarely used by the service.

Accidents and incidents were logged and had been reviewed to June 2018 with comments on what had occurred. We could see that as a result of one person regularly falling the staff now ensured their room was free of clutter to minimise falls, and was working with the person to minimise behaviours that put them at risk of falling. This showed the service learnt from accidents and incidents.

Building safety checks took place on a regular basis and fire equipment was checked and maintained. We saw that fire drills took place on a regular basis.

Requires Improvement

Is the service effective?

Our findings

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 that, 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

There was nobody at the service subject to DoLS, however, due to concerns regarding one person's safety leaving the premises, staff told us they always accompanied them when going out. On the day of the inspection, although we found some documentation in relation to this, there was no clear risk assessment of concerns nor a programme for how this person could be supported to improve their skills and how their progress to using buses safely, or continued risk would be evaluated. This meant a person whilst not formally restricted by a locked door was aware they were "not allowed" to go out alone and so were effectively restricted.

We asked the registered manager about this and they sent us additional risk assessments which had not been available on the day of the inspection. They also told us that the person could leave the premises and went out to local shops unaccompanied although the person had agreed to being supervised when going on longer distances which involved a bus. The registered manager was not clear why the staff had told us this person was not allowed out alone. The registered manager told us that if they were in any way restricting a person's freedom to leave the premises or insisting they were accompanied whilst outside, they needed to apply for a DoLS through the local authority.

We also discussed staff understanding of the MCA, and although staff had taken a training course in this area, the registered manager told us they would discuss this further with staff to ensure fully understood people's rights.

We could see consent had been sought from people to share information and to allow the service to advocate on their behalf with other professionals and services.

There were documents on care records to show people had provided consent. These included consent form to share information; to obtain information from people's GP's; and to agree to be regularly weighed. People had to inform staff before cooking in the kitchen.

Staff understood the need for consent before providing support and told us they always asked people before helping them, but they told us that family members could make decisions regarding people's care which was contrary to the MCA.

All staff had been in post for several years so undertook refresher training. We saw from the training log that was given to us on the day of the inspection sixteen key areas of learning including MCA, safeguarding adults, medicines management, mental health and food hygiene had been covered on one day in May 2018. Similarly, in February 2017 the staff team had undertaken refresher training in all areas in one day.

We also noted from this document that staff had not been trained in managing people with behaviours that can challenge, although care records noted that there were some instances when people displayed these behaviours. Two people had epilepsy at the service but the staff team had not completed any training in this area. Following the inspection, the registered manager sent us evidence that staff had been trained in MCA, managing behaviours that challenge and managing people with epilepsy.

We asked people if they thought staff had the right skills and training for their role. Feedback included, "Trained enough for me" and two other people told us they thought the staff had sufficient training to support them.

As there had not been any staff employed in the last 12 months we did not look at the service induction programme, but staff told us they had received an induction when they started and the registered manager told us any new staff had to either have a nationally recognised certificate in social care obtained in recent years, or complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

We saw that regular supervision took place with staff, and staff told us they were supported to study. One was being supported to achieve a level five nationally recognised qualification in leadership.

Staff at the service cooked two meals a day for people living there, at lunch and dinner time. On the day of the inspection we saw one person helping with the meal preparation and staff told us this routinely took place. We asked people if they had choice over the menu and if they enjoyed the food. One person told us, "We cook as a group and can choose. The food is great like my mum's, I help sometimes. I can make spaghetti." Other people said, "They follow the menu, can't choose" and "No menu but it is good food."

We saw from reading residents' meeting minutes that people were asked if they enjoyed the food, which they said they did, but they were not routinely asked what they would like on the menu. We asked staff how the menu was chosen and one staff member told us "I know [person] likes spaghetti so we cook that. Another person likes another dish, so I cook that."

We discussed the menu with the registered manager and they told us some people were more involved in choosing foods than others as they enjoyed cooking, but told us they would make sure all people had a chance to contribute to the menu and this was evidenced.

Records showed the involvement of mental health professionals on a regular and routine basis. Notes were kept of meetings with professionals. The registered manager told us people were supported to see their GP, dentist and opticians as required and those people who needed blood tests were reminded when they were due. Records showed the service supported people with both their mental health and physical health needs. One person told us, "I can see a doctor, they book me an appointment."

The building was not adapted as people currently living there did not require it. People's rooms were personalised in the way they chose. There was a garden which people could use and which had a smoking area. Staff told us people had used the garden in the summer and there had been barbeques and resident's minutes confirmed these had taken place. The service had free internet for people to use.

Good

Is the service caring?

Our findings

We asked people if staff were kind to them. Feedback included, "Yes" and "Yes they are helping me to socialise, talk to people." People told us "Yes, this is my home" and "Yes that's my home". People had lived at the service for many years so were comfortable around each other.

People told us family and friends were welcome at the service and they were encouraged to remain in contact with friends and family. Feedback included, "I go and visit them, they don't visit me", "Yes, they call my family" and "They can come if they want to." The registered manager told us the service had supported one person to reconnect with their family, something they had wanted to do for many years but had lacked confidence and the skills to do so. The meeting finally took place in the last few months.

Staff told us how they treated people with dignity and respect. Examples given included knocking on people's doors before entering, "being kind to people" and giving people "time to make a response or choice." People told us, staff" Knock on my door" and one person told us, "I'm treated in a balanced way." We heard one staff member talking on the phone in the kitchen discussing a person's personal affairs; they acknowledged later this was an oversight on their part and was not usual practice.

People's care records highlighted what they could do as well as their needs. For example, one care record noted, "I am willing to assist with other household chores, wash up in the kitchen, set the table for lunch, wash my dishes after every meal." People's care records had been signed and two people confirmed, "Yes I have signed" and that they were involved in care planning.

There were residents' meetings which took place monthly. People were asked if they liked the food, and outings were discussed. People were reminded of the importance of personal hygiene and this was recorded in the minutes. We asked the registered manager about this as it seemed an inappropriate forum to raise these issues. They told us that it was other people who lived at the house who had raised the issues and they would ensure the minutes reflected discussions more sensitively going forward.

People's cultural and religious needs were noted in their care records and we saw that people were encouraged to attend places of worship if they chose. People's sexuality was noted on care records and people's desire to meet other people for a relationship was also noted. Through discussion, we could tell staff understood equality and diversity issues.

Good

Is the service responsive?

Our findings

There were numerous care records for people and they covered a broad range of areas including memory and understanding, communication, breathing, eating, dental care, mobilising, financial management and expressing sexuality. Whilst it was positive that there was this level of detail, we found that some records were not up to date. For example, the 'life skills assessment' on both care records was not dated. This provided a short summary of needs which would be helpful for new staff. However, it was not reflecting current care for one person as it stated they needed to return to the service by 9pm but we were aware that there were issues with this person leaving the building unaccompanied. Current issues were not reflected in the summary.

Another care record referred to how staff managed a person's smoking. The care record stated, 'Staff negotiate with me if I have a bath they will give me some cigarettes, if it is on a Tuesday or a Thursday or Saturday.' We saw that this was not how this person's cigarettes were managed. We witnessed support staff giving this person tobacco when they asked for it from a cupboard in the office. We discussed the issue of files having duplicate and at times contradictory information on them. We also found out of date and undated documents on care records Following the inspection, the registered manager told us that they had now put into storage out of date information and people's needs were easier to see on care records.

Other documents in the care folders were up to date and person centred. They noted people's likes and dislikes, for example, 'enjoys friends, horse riding, art, volunteering, visiting family and friends, cinema, bowling and bingo." People had keyworkers and met with them regularly.

Most people went out to activities of their choice alone, such as meeting with friends, attending college and volunteering at a local charity shop. One person who was on occasion supervised to leave the premises, was supported to volunteer and they told us they, "Go out, to the cinema and church."

We saw from feedback forms that people enjoyed going out together at times. There was a regular trip out on Sunday for lunch and people had been on a day trip to a historic house and garden locally. However, people told us they would like more activities at the home. We saw there were board games in the living room and on the day of the inspection one of these was taken out and people played with it for some time.

There was a complaints policy and there was a book that people's comments or complaints were stored in, with the response given by the service. Feedback from people included, "I haven't made a complaint but I know how" and "I have made a complaint and they listened to me."

The service had end of life care plans on files and these were completed to the extent that people wished to discuss these matters.

Good

Is the service well-led?

Our findings

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

We asked people if they could give their views about how the service was run. They told us, "Yes, I always give my opinion", "Yes. It's a nice place" and "Yes, it's run well." People told us they would recommend the service to other people.

Health and social care professionals were positive about the registered manager and told us the service was well-led. A health and social care professional told us staff attended forums run by the local authority. These forums help staff keep up to date with best practice in care.

We saw that audits took place in key areas such as hygiene, medicines and environmental audits. Audits of care records had not highlighted duplicate, contradictory and undated documents. The registered manager told us they had delegated care record audits to another member of staff and would periodically spot check these going forward. There were management systems in place to prompt supervision and appraisal.

Staff told us they felt supported in their roles and staff spoke well of the registered manager. Feedback included, "I have learnt a lot", "[registered manager] gives me a platform to learn" and "I like working here, [registered manager] is supportive". Staff told us they could contribute ideas to how the service was run and there were monthly staff meetings at which relevant issues and changes in people's needs were discussed.

The registered manager sent us evidence that they had sent out a survey to health professionals and family members and the responses were positive. But there was no summary of the number of respondents, their role and the outcome. Also, any comments from the survey did not feed into the service improvement plan. The registered manager told us they were working to a service improvement plan and sent us a copy dated May 2018. They told us it was due for updating but all the actions had been implemented. We had seen on the day of the inspection that people were asked whether they enjoyed activities and these comments had been recorded, but there was no co-ordinated system for evaluating feedback on the service from a range of people who either worked with, or lived at the service.

We recommend the service establish an effective system to obtain feedback on the quality of the service from all interested parties.