Select Health Care Limited

Woodcote Hall

Inspection report

Nr Newport
Telford
Shropshire
TF10 9BW

Tel: 01952691383
Website: www.selecthealthcaregroup.com

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection was carried out on 19 April 2017 and was unannounced.

Woodcote Hall is registered to provide accommodation with personal care for up to a maximum of 56 people. There were 50 people living at the home at the time of our inspection, some of whom were living with dementia.

There was a registered manager in post who was present during 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.

At our last inspection we found that people's medicines were not managed safely. At this inspection we found that the provider had made significant improvements and were no longer in breach of the regulations. People received their medicines as prescribed and accurate records were maintained. Only staff who had been assessed as competent to manage medicines safely were able to administer medicines.

People's rights were not always protected because the provider had not ensured decisions made on their behalf were in their best interests.

The provider had systems in place to monitor the quality and safety of the services. However, these had not identified all the shortfalls we had found.

The provider had not considered good practice guidance to help develop an environment that supported the independence and emotional well-being of people living with dementia.

People did not always receive care and treatment that was responsive to their needs and wishes. Staff were task led and had limited time to engage people in things they enjoyed doing.

People were protected from harm or abuse by staff who knew how to recognise and report concerns. Staff were aware of the risks associated with people's needs and how to minimise these risks. Staff demonstrated they would take appropriate action in the event of any accidents or incidents. The management analysed the information to identify any trends and action required to prevent reoccurrence. The provider had safe recruitment procedures which ensured that prospective new staff were suitable to work with people living at the home.

People's nutritional needs were routinely assessed monitored and reviewed. There was a choice of foods and people received the support they needed to eat and drink enough.

People were supported by staff who had the skills and knowledge to meet their individual needs. Staff received training relevant to their roles and felt well supported by the registered manager.

People were supported by staff who were caring and kind. People were supported by staff who knew them well and who had access to up to date information about their needs.

People and their families were encouraged to give feedback on the quality of the service and to make suggestions for improvement. The provider had a clear complaints process and people felt confident and able to raise any concerns with staff or management.

You can see what action we told the provider to take at the end of the full report

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.

People were protected from abuse by staff who knew how to identify and report any signs of abuse.

People were supported to take their medicine as prescribed to maintain good health.

Staff were not always effectively deployed to meet people's health and social care needs in a person centred manner.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's rights were not always protected because the provider had not ensured decisions made on their behalf were in their best interests.

People were supported by staff who had the skills and knowledge to meet their needs.

People were supported access to health care professionals as and when needed.

Is the service caring?

Good

The service was caring.

People felt staff were kind and caring.

Staff supported people to maintain their independence and promoted their dignity.

Staff had built relationships with people and their relatives.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always receive care and support that was

responsive to their needs.

People felt comfortable and able to raise concern with staff and management.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had systems in place to assess and monitor the quality of the service. However, these had not identified all the shortfalls we had found.

The registered manager and provider sought the views of people, relatives and staff to develop the service.

Staff felt valued and supported by the registered manager.

Woodcote Hall

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 19 April 2017 and was unannounced. The inspection was conducted by two inspectors 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.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection, we spoke with 12 people who used the service, four relatives and two visitors. We spoke with eight staff which included the home manager, the team leader, the assistant area manager, three care staff, the activities worker and one kitchen staff member. We also spoke with one visiting health care professional. We viewed five records which related to assessment of needs and risk. We also viewed other records which related to management of the service such as medicine records and accidents reports.

We observed care and used 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.

Good

Is the service safe?

Our findings

At our last inspection we found that people's medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to complete an action plan to tell us how they would make the necessary improvements. At this inspection we found that improvements had been made and the provider was now meeting the requirements of the law in relation to safe handling of people's medicines.

People were supported to take their medicine as prescribed. We saw staff took time to explain to people what their medicines were for and how they should take them. For example, one staff member told a person one of the tablets they needed to take was for their bones and that they needed to chew it. Staff provided people with a drink to take their medicines and remained with them until they were sure they had swallowed them. Only staff that had training on the safe handling of medicines and who were assessed as competent were able administer medicine. Staff told us and we saw that regular competency assessments were completed with them to ensure on-going safe management of medicines. Where people needed to take medicines 'as required' there was guidance in place to advise staff when these were to be given. We saw that accurate records were maintained. There was guidance in place to advise staff what to do if a person refused their medicines which included seeking advice from the person's GP.

People we spoke with felt safe living at the home because staff were available to help them when they needed them to. One person told us, "I feel safe here, I have the bell right here and they (staff) come if I want them." Another person said, "I find it lovely here. I like the quiet space, the staff look after me. I have the bell close by." Relatives we spoke with were confident that their family members were safe and well looked after. One relative told us, "I feel safe leaving [Family member] in their (staff's) care." They felt the alarm the provider had put on their family member's bedroom door was a 'great idea' as it alerted staff when their family member was leaving their room. This enabled staff to respond as necessary and kept their family member safe.

People and their relatives had different views on staffing levels at the home. One person told us, "They (staff) are very busy but still have time for you." Another person said they did not like to ring the call bell because, "They (staff) are all so busy, I don't like to trouble them." Two visitors we spoke with raised concern that staff were always busy and did not have time to sit and talk with people. We observed that staff responded to people's calls for help in a timely manner. However, we found that staff had limited time to spend with people apart from when supporting them with their personal care or mobility needs. This was confirmed by a staff member we spoke with. They told us by the time they assisted people with their personal care and completed all the required paperwork, they had limited time to spend talking with people or supporting them to do things they enjoyed doing.

The registered manager told us they kept staffing levels under review and adapted these in line with people's level of need. They had recently experienced some staffing difficulties and had to use agency to cover shifts. In order to provide continuity of care they had requested that the agency provided regular care

staff. The registered manager had a continual recruitment drive in place to achieve a full complement of permanent staff. The registered manager told us they were awaiting Disclosure and Barring Service (DBS) and references for both care and domestic staff they had recruited. They told us staff were unable to start work at the home until these were in place. This was confirmed by staff we spoke with.

Staff were aware of the risks associated with people's needs and took appropriate action to protect them. They told us they kept people safe by reading and following their care plans and risk assessments. We saw that there were detailed risk assessments in place which provided guidance about the appropriate level of support and the equipment required to keep people safe. Staff told us and showed us they completed regular checks of people's wellbeing throughout the day and night. Where people were at risk of falls they used sensor alarms to alert staff people were attempting to walk or leave their room without support. Staff were aware that some people's behaviour changed as the day progressed and knew what support they required to reduce the risk to them and other people living at the home. One staff member told us some people were at risk of skin breakdown and they monitored their skin for any signs of redness or breakdown. Where necessary they referred people to the district nurse for guidance and support. Throughout our visit we observed that staff supported people to move around the home safely with the aid of equipment such as, walking frames and hoists.

We saw that the provider had also completed Personal Emergency Evacuation Plans (PEEPs). The PEEP explained the support people and equipment required in place to help them evacuate and included the person's ability to follow instruction. We observed that the PEEP was missing from one person's records we looked at and the provider agreed to take immediate action to rectify this.

Staff had received training on how to protect people from abuse and were able to recognise the different signs of abuse. This included physical signs such as, bruising or injuries and emotional signs such as withdrawal and fearfulness. Staff knew how and who to report concerns to should they become aware of, or witness any abuse or poor practice taking place. The registered manager had made referrals to outside agencies as and when necessary.

Staff were able to demonstrate they would take appropriate action in the event of an accident or incident. They would seek medical assistance where necessary. The staff subsequently completed the necessary reports. Where there were incidents of challenging behaviour staff said they would also complete behaviour charts. The behaviour charts were used to look at possible patterns or triggers and how best to support people to manage their behaviours. Both accident and incident forms were overseen by the deputy manager who analysed their content and took action to prevent reoccurrence. For example, where a person had a fall we saw that they were referred to the occupational therapist for suitable equipment to aid their mobility. Another person was referred to the GP to establish if there was any underlying illness which may have contributed to their fall.

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.

We looked at people's care records to see how their decisions about their care and treatment had been made and recorded. In three care records we looked at we saw that relatives had signed people's consent forms in relation to people's care and influenza vaccination without any legal authority to do so. In one instance we saw that a relative had signed a consent form using the person's name. In another instance we saw that a staff member had signed the consent form on behalf of the person. We spoke to the registered manager about the systems they had in place when people did not have the mental capacity to make their own decisions. They told us they conducted a mental capacity assessment to establish if people could make a certain decision and if they did not, they then approached their relatives to make the decision on the person's behalf. The registered manager confirmed they had not completed any best interest decisions for people they considered to lack the capacity to make their own decisions. They were unable to demonstrate that people's rights were always protected or that the least restrictive options had been considered. This meant they were not working within the requirements of the law and demonstrated a lack of understanding of the MCA and its application to practice.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager had a process in place for assessing if people were being deprived of their liberty. Where people were deprived of their liberty applications had been made to the local authority DoLS team, they were still awaiting authorisation for some people. Staff we spoke with aware of which people were subject to DoLS and what this meant for them.

We saw that the provider had recently decorated some areas of the home to improve the standard of the environment. The registered manager told us they were now using one room as a 'bistro' area where people could spend private time with their visitors who would be able to make themselves drinks. However, we noted the environment in the home was not supportive or enabling for people living with dementia. There was a lack of signage or points of reference such as, memory boxes for people to orientate themselves independently around the home. The registered manager told us they based their dementia care on previous experience of working with people living with dementia.

People and relatives we spoke with had confidence that staff had the skills and knowledge to meet their needs. They told us staff supported them well. One person said, "I've told my [relative] they must not worry about us as we are safe and well looked after here. A relative told us, "The staff are on the ball."

Staff were positive about the training opportunities and the support they received to fulfil their roles. One staff member said, "I like the training here, it is very good." Staff had regular one-to-one meetings with their seniors and had an annual appraisal. During these meetings they were able to discuss their training and development needs as well as receiving feedback on their practice. Staff felt the training provided increased their confidence and skills. One staff member told us they had found the dementia training particularly beneficial. They felt it changed their perspective and enabled them to better understand and support people living with dementia. They and other staff were looking forward to attending training that had been arranged for the following week on how to manage challenging behaviour. The registered manager told us they supported staff to undertake training appropriate to their roles and their personal development plans. On the day of our inspection we saw that a staff member who was completing their diploma was meeting with an external assessor at the home. We saw that the registered manager kept a record of staff training and when updates were required.

New staff who had not had experience in care were supported to complete the Care Certificate. The Care Certificate is a nationally recognised training programme that train people about the quality standards that are required of them. A new staff member told us they had a work booklet that they completed during their induction. They said they were supported to complete essential training such as manual handling, infection control and fire safety prior to supporting people. They initially worked alongside experienced members of staff until they felt competent and able to work independently. They were also provided with a mentor who they could approach for support whenever necessary.

Staff we spoke with explained that people's nutritional needs were assessed on admission to the home. Staff recognised some people found the move into a care home unsettling and that this could affect their appetite. Nutritional charts were put in place to monitor their eating and drinking patterns over the first two to three weeks after admission. These charts were also put in place when there were concerns about people's health or when weight loss was identified. Where there were concerns about people's weight or nutrition these were reported to the GP. Records we looked at confirmed this, we saw where required people were prescribed and supported to take supplements. Staff monitored the effectiveness of interventions and took appropriate action to refer back to the health care professionals if they had any further concerns.

People had mixed views about the quality of food. One person told us, "I feed well, I do." They went on to tell us the food was good they said, "Oh yes we only have the best." However, another person said, "I don't always like the food but you have to expect that." The chef told us people were provided a choice of what they wanted to eat and staff asked people what they wanted for lunch the day before. However, people were able to change their mind on the day and if they did not like the choice they would make them something they liked. The chef held a list of people's likes and dislikes.

Staff informed the chef of people's dietary needs when they moved into the home and kept them updated on any changes. Both the chef and care staff we spoke with were aware of people's dietary needs and foods they needed to avoid due to their health conditions. Where necessary people were provided with support to feed themselves. We heard one staff member ask a person, "Do you want me to cut up your steak for you?" We observed that another person kept moving from table to table. We that saw staff kept an eye on them and moved their food and drink around accordingly.

People were supported to access healthcare professionals when they needed to. One person told they enjoyed good health but were confident that staff would contact their GP should the need arise. Three relatives we spoke with confirmed that staff arranged health care for the family members and kept them informed of the outcome of health visits. A health care professional visited the home during our inspection. They felt there was good communication between them and staff. They said, "If they (staff) ever need any advice or support they are straight on the phone. If I ever give any advice they act on it promptly. They are very good." Records we looked confirmed staff referred people to health care professionals as necessary and followed the guidance given.

We recommend that the provider seeks advice from a reputable source about the provision of dementia friendly environments as they continue their refurbishment of the home.

Good

Is the service caring?

Our findings

People told us staff were kind and caring and would do anything for them. One person said about a staff member, "[Staff member] is lovely they are, they will do anything you ask with a smile." Another person described one staff member as an 'angel' they said they felt safe and well looked after by them and other staff. A relative we spoke with said, "They (staff) are all very, very good. It is not an easy job and they do it with a smile."

Staff had built up relationships with people and their relatives. One person told us they liked having a laugh and a joke with people. Another person said, "They (staff) are always pulling your leg." Relatives we spoke with told us they were always made to feel welcome no matter when they visited and were able to help themselves to drinks. We saw that people were comfortable in the presence of staff and were happy to approach them if they wanted support.

People told us they were able to choose where they would like to spend their time. A group of people in the quiet lounge told us they chose to sit in there as they didn't like the hustle and bustle of the dining room. However, another group of people told us they preferred the dining room area and spent most of their day in there. We observed that staff did not always offer people a choice when they served them drinks. When we asked the people how they felt about this they told us, "The staff know what we like and don't like." They went on to say, "The staff look after us." Staff we spoke told us they offered people choice of what they would like to wear and what they would like to eat and drink. One staff member told us they encouraged people to make their own decisions and found if they were patient with them that this was achievable. They said, "I rather them (people) make the decision than me make it for them." They explained where people had difficulty communicating their needs verbally they showed them different options so they could point or gesture their preference. We observed that people were supported by staff who were aware of their preferences. For example, we heard own staff member say to a person, "You prefer marmalade instead of jam don't you [Person's name]?"

People were supported to remain as independent as possible. One person informed us they could do most things for themselves. They said staff respected this and only offered assistance where necessary. They said staff would come into their room and say, "I'm only coming in to see if you are alright." The person said they appreciated this approach and knew they could ask for help whenever they needed it.

Staff were mindful of people's dignity. We observed that staff were discreet when supporting people with their personal care. Staff told us they protected people's dignity by ensuring doors were kept shut and people were kept covered up when supporting them with personal care. Staff told us that some people preferred to be supported by staff of the same gender as them and this was respected. Staff were patient and spoke with and about people with respect. We observed two carers supporting a person to move from their wheelchair to the chair. They explained fully what they were going to do and ensured that the person was comfortably positioned before they left them.

Requires Improvement

Is the service responsive?

Our findings

Staff were not always responsive to people's needs. One person required specialist equipment to help them move around. Staff had requested some equipment through the occupational therapy service but they had not received it. However, they had not followed this up. They had also failed to seek repair of the person's wheelchair. This meant the person's independence was restricted as they were unable to access other parts of the home if they wished to do so. At lunchtime we saw one person asked a staff member to help them have a shave. The staff member had agreed to return to them after they had cleared away the lunch things but, at 5pm had not returned to help them.

One person told us, "I did not know we were allowed outside. I would like to sit outside and get some fresh air." They went on to say, "I like sitting here because I can see outside from this position." Two visitors we spoke with told us their friend sat all day every day doing nothing. They explained their friend was a 'bright' person who 'loves a good conversation'. "They said no one (staff) ever has time to spend with them."

The provider employed an activities worker to specifically support people with their interests and things they enjoyed doing. Some people were able to choose and independently take part in activities of their choosing such as, knitting. We observed that four people sat at the dining table all day, one of these people was seen to play cards most of the day. When we asked why they remained at the table they told us they did not move in case someone took their seats. In the meantime many other people sat doing nothing for most of the day. The activities worker was seen to spend some one-to-one time painting some people's nails and later playing darts and skittles with people. However, we saw that they spent a lot of their time performing care tasks such as helping people with their breakfast and lunch. This was confirmed by the staff member who told us they had limited time to gain an understanding of people's interests and then arrange activities to suit.

There was a lack of activities suited to the individual needs of people living with dementia. We saw that many people sat do nothing for most of the day. We saw one person frequently approached staff looking for interaction and we saw that they were invited to sit with them in the office. However, when they were called away to support other people the person was left in the office on their own. The registered manager told us that they had a 'care farm' on site which people were able to access weather permitting. They said they brought animals into the home as part of pet therapy sessions for those people who were unable to go outside. They also told us the activity worker had recently become a member of National Activity Providers Association to gain knowledge of suitable activities for older people. We were unable to establish the effectiveness of this new resource as it had only recently been introduced.

People had their needs assessed prior to moving into the home to ensure that their needs and expectations could be met at the home. A staff member told us they included the person and where appropriate their relatives in developing people' s care plans as they often found relatives a good source of information. They told us they tried to gather as much information as possible to tailor people's care to their individual needs and preferences. This included information about their past lives, interests, likes and dislikes. Records we looked at confirmed this. Staff knew people well and demonstrated a good understanding of their needs.

They told us that they had read people's care plans and were kept up to date about changes in people's needs during shift handovers. Relatives told us that staff kept them informed them of any changes in people's needs. We saw that care plans presented a person centred approach and were regularly reviewed to reflect changes in people's needs.

People and their relatives told us they knew how to make a complaint or raise a concern should the needs arise. We saw that there was a robust system in place for managing complaints. We observed that management investigated complaints and took action to deal with the issues raised and to prevent a reoccurrence.

Requires Improvement

Is the service well-led?

Our findings

The culture of the service did not consistently support the delivery of good quality care because the registered manager had not kept up to date with legislation and best practice. They had failed to follow the principles of the Mental Capacity Act to ensure decisions made on behalf of people were in their best interest. They had not considered best practice guidance to ensure the environment and care provided were supportive and enabling to people living with dementia.

The registered manager and provider had a range of checks in place to assess and monitor the quality and safety of the service. These included audits of care plans, medicines and infection control. However, the governance systems in place had not identified or planned for the shortfalls we had found such as, the failure to protect people's rights. Staff were not always effectively deployed to promote person centred care or to ensure the home was kept clean. There were vacant domestic staff roles and we observed that some areas of the home had not been hoovered and there was debris on the floor. The registered manager told us and we smelt that some areas of the home had an odour in the mornings. They said this was due to a lack of ensuites in people's bedrooms and had not taken action to address the odour.

The registered manager told us they welcomed feedback from people, relatives, staff and visitors to the home. They had an open door policy and encouraged people and their relatives to express their views. They had recently sent out a quality assurance questionnaire and were starting to receive returns. They explained that the responses went to head office who analysed the content and developed action plans to address any concerns raised. The provider held meetings for people and their relatives to express their views of the service. We saw that these included discussions about the food and any concerns people had. However, we found it was not always clear what action had been taken as a result of feedback gathered. The registered manager recognised that this was an area that required improvement and told us they would ensure outcomes were clearly documented going forward.

Not everyone we spoke with knew who the registered manager was but told us they would speak with staff if they had any cause for concern. One person told us, "I don't know who the manager is but I think everything is very organised."

All the staff we spoke with told us they found the registered manager and management team approachable. One staff member said, "I feel I can go to [Registered manager] anytime. They are a wealth of information and will help out when necessary." Staff were aware of the whistleblowing policy and told us they would report any concerns they had. One staff member said, "I would never have a problem talking to [Registered manager]." There was a clear management structure in place where the registered manager was supported by the provider, a deputy manager, team leaders and senior support staff. The registered manager felt well supported by the provider and could approach them as and when necessary.

The registered manager told us they were keen to develop the service. The provider was supportive of their ideas and made available the resource to make on-going improvement. This included the redecoration of bedrooms, communal areas and an extension of the garden area. We observed that the décor and furniture

in some areas of the home were tired and worn. The registered manager told us these would be replaced as part of the refurbishment of the home. They told us they had regular visits from the provider who would discuss the needs of people living at the home and any maintenance that was required.

The registered manager told us that they maintained links with the local community. For example, members of the local church visited and offered communion to people. Students from the local college attended as part of their studies into health and social care. The registered manager had arranged an open day at the home in June and invited a local business team to attend to forge new links with the community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not ensure decisions made on behalf of people were in their best interest.