Heart of England Properties Limited

Woodford House

Inspection report

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Date of inspection visit:
20 November 2018

Date of publication:
03 December 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection visit took place on the 20 November 2018 and was unannounced.

Woodford House is a care home. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Woodford House is registered to accommodate 40 people in one adapted building. At the time of our inspection 39 people were living in the home. The home accommodates people in one building and support is provided on two floors. There are two communal lounges, a dining area and a garden that people can access. Some of the people living at Woodford House are living with dementia.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive safe care. Risks to people were considered and reviewed when needed. There were enough staff available to offer support to people when they needed it. Medicines were managed in a safe way. There were safeguarding procedures in place and these were followed when needed. Infection control procedures were in place and followed. There were systems in place to ensure lessons were learnt when things went wrong.

People continued to receive effective care. Staff continued to receive training that helped them to support people effectively. When needed, people received support from healthcare professionals or were referred accordingly. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. People received consistent care and enjoyed the choice of meals they were offered.

People continued to be supported in a caring way by staff they were happy with. People were encouraged to be independent and maintain relationships that were important to them. People's privacy and dignity was promoted and people continued to be offered choices.

People continued to receive responsive care. Staff knew people well and their care was reviewed and relevant to their needs. People had the opportunity to participate in activities they enjoyed. People's cultural and communication needs were considered. When people neared the end of their lives plans for this were in place and followed. Complaint procedures were in place and followed when needed.

The service remained well led. Quality assurance systems were in place to identify where improvements could be made and when needed these changes were made. The provider notified us of significant events that occurred within the home. Feedback was sought from people and their relatives and this was used to

bring about changes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good
Is the service effective? The service remains effective	Good
Is the service caring? The service remains caring	Good
Is the service responsive? The service remains responsive	Good
Is the service well-led? The service remains well led	Good

Woodford 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 visit took place on the 20 November 2018 and was unannounced. The inspection visit was carried out by three inspectors.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service and information that we had received from the public. A notification is information about events that by law the registered persons should tell us about. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We gave the home manager the opportunity to send us any additional information following our inspection, which they did we used this information as part of our inspection.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with three people who used the service, three relatives or visitors, and five members of care staff. We also spoke with two agency staff, the head of living well and the home manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for seven people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home.

Good

Is the service safe?

Our findings

People remained safe and risks to people were considered. When needed, people had risks assessments in place and they were reviewed when changes occurred. Staff we spoke with were aware of the individual risks to people. We saw when people needed specialist equipment it was provided for them and used in the correct way. For example, when people needed a hoist to transfer. We saw staff used this equipment safely and in line with people's care plans. The equipment had been maintained and tested to ensure it was safe to use. This showed us people continued to be supported safely.

Staff knew what constituted abuse and what to do if they suspected someone was being abused. A member of staff said, "It's protecting the people who live here from any types of abuse." Another staff member said, "I would speak to the home manager or I could go to the directors. I could also raise a safeguarding myself, go to social services, the police or CQC." We saw procedures for reporting safeguarding concerns were displayed around the home. Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw, when needed, staff and managers had followed these procedures to ensure people's safety.

When safeguarding concerns had occurred within the home we saw this had been investigated so that lessons could be learnt in the future. Following the conclusion of safeguarding investigations, the outcomes had been analysed and shared with staff. The home manager showed us some of the learning logs which were individual to each incident and the action they had taken following these. This meant when safety incidents had occurred, the provider had systems in place so that improvements could be made and lessons learnt.

There were enough staff available to meet people's needs. One person said, "No I don't have to wait." A relative told us, "There are enough now." We saw staff were available to offer support to people when needed, staff had time to spend with people and would chat with people throughout the day in communal areas. When people had individual hours, such as one to one support, we saw this was provided for them. Staff we spoke with and the home manager confirmed there were enough staff available for people. The home manager told us how staffing levels were based on the needs of people and how these could be changed if needed.

People continued to receive their medicines when needed. One person said, "The staff are very good with my tablets, better than I would be." We saw staff administering medicines to people. They spent time with people ensuring they had taken the medicines before leaving them. We saw when people were prescribed 'as required' medicines, these were offered to them. For example, one person was complaining of pain and as required medicines were considered for this person. We saw there was guidance known as PRN protocols available for staff to follow to ensure people had these medicines when needed. There were effective and safe systems in place to store, administer and record medicines. This helped to ensure people were safe from the risks associated with their medicines.

There were systems in place to ensure infection control procedures were followed within the home. For

example, staff told us and we saw, protective personal equipment including aprons and gloves were used within the home. The home was clean and hygienic. We saw domestic staff followed cleaning plans during our inspection to ensure communal areas were cleaned and maintained. We saw the provider had a policy in place and an audit was completed within the home. When areas of improvement had been identified, we saw the relevant action had been taken.

Good

Is the service effective?

Our findings

Staff continued to receive training that was relevant to their role. Staff continued to be supported to develop their skills and knowledge by the provider. They received regular supervision to review how they worked and this also identified their skills and where they needed support. Staff competency checks were also completed in key areas that ensured staff provided care and support effectively and safely.

People's care plans and risk assessments were written and delivered in line with current legislation, for example, in line with guidance from the National Health Service (NHS). The provider ensured people's needs were assessed and reviewed so they continued to receive care that was relevant and up to date. Where needed, people's care had been changed or developed to meet their current needs.

People enjoyed the food and they were offered a choice of meals. One person said about the food, "It's lovely." A relative told us, "It always looks very appetising and smells delicious." We saw people were offered a choice of meals at lunchtime. Throughout the day people were offered a choice of hot and cold drinks and snacks were also available. Records we looked at included an assessment of people's nutritional risks and when people required specialist diets such as soft we saw this was provided for them.

People attended health appointments, which included access to GP's, the dentist and the optician. We saw when referrals were needed to other health professionals these were made by the provider. The home manager told us how they worked jointly with health professionals to ensure people's individual needs were met. They told us the home had set up two weekly clinics with the community psychiatric nurse and a physical health clinic twice a week with the advanced nurse practitioner. The home manager said, "It's good to get advice about people. If you have good links it helps with the rapport. We get to know them and they get to know the residents and the family which is really positive."

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.

We saw when needed capacity assessments were in place and decisions made in people's best interests. Capacity assessments were specific to the decisions being made and showed clear documentation as to how the decision had been reached. When people had restrictions placed upon them, DoLS had been considered. When people had DoLS authorisations with conditions in place staff were aware and had an

understanding of these.

The home was decorated in accordance with people's choices and needs. Corridor walls were painted in various bright colours to support people to recognise areas. We saw there was various pictures of celebrities displayed around the home, including Cilla Black. People had their own belongings in their bedrooms and had decorated these in accordance with their likes and dislikes.

Good

Is the service caring?

Our findings

People were supported by staff they liked and were supported in a kind and caring way. One person told us, "They [staff] are all lovely." A relative said, "They are a very good staff team, some wonderful individual ones." The atmosphere within the home was relaxed and friendly. Staff had time to sit with people and talk. We saw staff had developed nice relationships with people and spoke with them about things that were important to them, such as their families. When people needed support, staff stopped and helped them, ensuring they were happy and comfortable.

People were encouraged to be independent. One person said, "They get me doing all sorts." Staff gave examples of how they encouraged people to be independent. One staff member told us, "We take time with people and see if they do it themselves first before we intervene." We saw people were encouraged to do tasks for themselves. Records we reviewed considered people's levels of independence and the support they needed with different tasks.

People's privacy and dignity continued to be upheld. One relative told us they had no concerns in that area. Staff gave examples of how they promoted people's privacy and dignity. One staff member said, "Its making sure we respect people. Ensuring personal care is done in private with doors and curtains shut." Throughout our inspection we saw people's dignity was maintained, for example, people's clothing was adjusted by staff when they were hoisted. We saw people's preferences in relation to privacy and dignity were recorded throughout their care plans. There were dignity champions in place within the home and this was a role that was currently being developed. A dignity champion is a staff member who has specific knowledge in this area.

People made choices about their day. We saw people accessed different areas of the home independently and when they chose to. People were offered the choice of where they would like to sit and if they would like to participate in any activities. At lunchtime again, people were offered the choice if they would like to eat in the dining room or the communal lounge. Staff gave examples of how people made choices. One staff member said, "We ask people everything."

Family and friends were free to visit anytime and people were encouraged to maintain relationships that were important to them.

Good

Is the service responsive?

Our findings

Staff knew about people's individual needs and preferences. When asked, one person confirmed the staff knew them well. Relatives also confirmed this to us. Staff told us they were able to read people's care plans to find out information and new information or changes were shared to staff in handover. One staff member said, "We have very good communication here." Staff told us they used the information in people's files to talk to people about their likes and dislikes. We saw staff talked to people about things that were important to them.

We saw communication plans were in place for people. When people needed information in a different format we saw this was available for them. For example, some people needed information in larger writing or other people made choices visually by seeing the object or a picture of this. The provider had considered as part of their assessment people's cultural and religious needs and when needed people were supported with this.

When people received end of life care there were plans in place which had been agreed by the person or people that were important to them. Staff were aware of the support people needed at this time. This helped to ensure people's wishes were respected at the end of their lives.

People were involved with reviewing their care. We saw records for meetings which took place where people and their relatives had the opportunity to discuss all aspects of their care and life. The care files we looked at confirmed, where possible people, were involved with reviewing their care.

People were given the opportunity to participate in activities they enjoyed. There were several activity workers in place. We saw a variety of activities taking place during our inspection. Some people took part in group sessions and others completed puzzles. There were both individual and group activities which took place. People we spoke with told us they enjoyed the activities they participated in. There was an activity planner in place for the next few months which gave details about what was going on in the home for people to participate in. This covered the Christmas period. This showed us people had the opportunity to participate in activities they enjoyed.

The provider had a policy in place to manage complaints. We saw when complaints had been made the provider had responded to these in line with their procedures. The complaints policy was available in different formats, such as bold large print should people require this.

Good

Is the service well-led?

Our findings

There is a registered manager in post. There registered manager was not available during our 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. There is also a home manager in post who was available during our inspection and is responsible for the day to day running of the home.

The registered manager understood their responsibility around registration with us and notified us of important events that occurred at the service. This meant we could check the provider had taken appropriate action when they dealt with these events. The inspection rating from the last inspection was displayed within the entrance of the home and published on the provider's website in line with our requirements.

People, relatives and staff knew who the registered and home manager were. A relative said, "They are all very approachable." Staff told us they had meetings where they had the opportunity to raise any concerns. Staff felt they were listened to and if changes were needed then the registered and home manager and would listen and take action. Staff knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. We saw there was a whistle blowing procedure in place. This showed us staff were happy to raise concerns and were confident they would be dealt with.

Quality checks were completed within the home These included checks of incidents and accidents, falls and medicines management. We saw the information was collated together so that any trends could be analysed to identify any specific areas of concern. Where concerns with quality had been identified, we saw that an action plan had been put in place and action taken. This information was used to bring about improvements in the home.

Feedback was sought from people who used the home and their relatives. We saw the provider held regular meetings with both people and relatives, where they could share their concerns. We reviewed records to these meetings and saw when concerns had been raised the provider had taken note and used this information to make positive changes to the home.