

Woodheath Care Limited

# Woodheath Care Home

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

This inspection was carried out on 26 July 2017 and was unannounced. Woodheath Care Home is registered to provide nursing and personal care for a maximum of 61 people. The home has two units one is a nursing unit called Cherry House and the other is a specialist dementia unit for 19 people called Apple House. The home is in Upton, Wirral and is close to local amenities.

The home is required to have 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. The manager had been registered with CQC since June 2017 and was in attendance at the time of the inspection.

We spoke with the registered manager and they were open and honest and told us that they were committed to delivering a quality service. People we spoke with told us they felt safe at the home. They had no worries or concerns. People's relatives also told us they felt people were safe.

People who lived at the home were protected from the risk of abuse because staff had undertaken safeguarding training, to recognise and respond to potential signs of abuse. Staff had a good understanding of what safeguarding meant and how to report it. The home had policies and procedures in place to guide staff.

The Mental Capacity Act 2005 and the associated Deprivation of Liberties Safeguards legislation had been adhered to in the home. The provider told us that some people at the home lacked capacity and that a number of Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care. We found that in applying for these safeguards, people's legal right to consent to and be involved in any decision making had been respected.

Staff were recruited safely and registered nurses had the appropriate checks regarding their registration with the Nursing and Midwifery Council. We saw evidence that staff had been supervised regularly. Regular staff meetings were held as well as relatives' meetings. Relatives we spoke with said that communication with the home was good.

Each person living in the home had a plan of care and risk assessments in place. These were specific to them and were regularly reviewed. Care plans showed that people's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary.

The staff knew the people they were supporting and the care they needed. We observed staff to be kind, patient and respectful. People told us that staff ensured their dignity was protected and people were called by their preferred names.

The home had quality assurance processes including audits and satisfaction questionnaires. People's care records were maintained to a good standard.

We saw records to show that infection control standards in the home were monitored and managed appropriately. The home was clean, safe and well maintained. The provider had an infection control policy to minimise the spread of infection and all staff had attended infection control training.

People who lived at the home and relatives we spoke with said they would know how to make a complaint. None of them had any complaints. The complaints procedure was clearly visible at the entrance of each unit.

## 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 been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Medication was safely managed in both units of the home.

People were protected from harm and received support from staff who received safeguarding training and were able to recognise abuse.

### Is the service effective?

Good ●

The service was effective

Staff were supported through a structured induction, regular supervision and training opportunities.

People told us that they enjoyed their meals and were given enough to eat and drink. Personalised nutritional care plans were in place.

The registered manager understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and had made the appropriate referrals to the local authority.

### Is the service caring?

Good ●

The service was caring

Confidentiality of people's care files and personal information was respected.

There were systems in place to ensure end of life care was provided according to peoples wishes.

Staff were observed to be patient, caring and respectful.

### Is the service responsive?

Good ●

The service was responsive

Each person had individual care plans that had been regularly reviewed.

The complaints procedure was openly displayed and records showed that complaints were dealt with appropriately and promptly.

People had prompt access to medical and other healthcare support as and when needed.

**Is the service well-led?**

**Good** ●

The service was well-led

The service had a manager who was registered with the Care Quality Commission and a unit manager who was responsible for the specialist dementia unit, Apple House.

The provider had carried out their responsibilities in relation to the service and to registration with CQC and in regards to notifying the commission about notifiable events.

Quality assurance systems were in place to check that the service was providing safe and good care.

# 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 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 26 July 2017 and was unannounced. The inspection was carried out by two adult social care inspectors, one specialist advisor who was a nurse with experience of caring for older people and who focussed on nursing care and medicines management, 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.

Prior to the inspection we asked for information from the local authority quality assurance team, social workers and we checked the website of Healthwatch Wirral for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received. Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke to seven people who used the service, four relatives and seven staff members including the registered manager, the cook, care and nursing staff.

We observed support for the majority of people who lived at the home. We reviewed a range of documentation including six care plans, medication records, and records for four staff members, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

We asked the registered manager to send information and this was done promptly following the inspection.

# Is the service safe?

## Our findings

We asked people who lived at the home and their relatives if they felt the people who live in the home were safe. Everyone we spoke with said they felt the people who lived in Woodheath Care Home were safe one person told us "I'm as safe as houses. I don't feel anything else. I can't run it down at all". A relative said "She's definitely safe. There is a lock on the door. I am so lucky to get a place for her." another relative told us that they thought that their parent was safely cared for and treated well.

Policies and procedures were in place to manage safeguarding concerns. The manager had reported the majority of safeguarding incidents to the Local Authority and Care Quality Commission appropriately and promptly, however we found one incident that had not been reported. This was done immediately by the registered manager. We saw that staff had attended safeguarding training. All staff we spoke with told us they would have no hesitation in reporting any issues and were able to tell us the processes to follow. All staff we spoke to told us they would have no hesitation to whistle blow and report poor practice if they witnessed it and that the registered manager promoted an atmosphere that made this possible. Following the inspection the registered manager added the whistleblowing helpline number to their policy and provided the amended version for the inspection team.

We looked at the records for accidents and incidents and saw that actions had been taken following any accidents or incidents, however it was not always clear what learning had occurred from any accidents. We brought this to the manager's attention who told us they would immediately action this.

We reviewed seven people's care records. We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk. Risk assessments had been completed with regard to personal care, falls, moving and handling, dietary requirements and pressure area care. These had been regularly reviewed and any changes had been clearly documented. We saw evidence that pressure relieving equipment such as mattresses and cushions were checked regularly.

We looked at safety certificates that demonstrated that utilities and services, including gas, electrics and small appliances had been tested and maintained. Moving and handling equipment was adequately maintained and if any defects were reported this was immediately acted upon.

There had been a fire safety inspection in July 2016 by an external company and comprehensive audits of fire safety issues that had been carried out by the maintenance person, these were all countersigned by the registered manager when completed if any issues. We saw records of weekly checks of the emergency lighting and the fire alarm system. Fire drills were carried out every three months. Personal emergency evacuation plans had been completed for all of the people who lived in the home and were readily available in case they were required.

We looked at personnel files for four staff including care assistants and registered nurses. We saw appropriate recruitment procedures were in place. All of the files contained two previous employer references, proof of the staff member's personal identification and appropriate criminal records checks. The

registered nurses had the appropriate checks regarding their registration with the Nursing and Midwifery Council. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment in Woodheath Care Home. The service had a disciplinary policy in place which had been followed when it was needed.

Staff wore gloves and aprons when assisting with personal care and antibacterial soap was available throughout the home to assist with infection control. We saw evidence of cleaning rotas and observed on-going infection control systems within the home.

Each unit had its own medicines room. There were appropriate measures in place to ensure safe storage of all medications including controlled and refrigerated medications. We saw records of daily temperature checks of the clinic rooms and the fridges.

We looked at medication administration records (MARs) and saw that they were correctly completed. We observed the administration of medication and this appeared safe. The medications were given and people were observed taking them. The trolley was not left unsecured throughout the administration process.

Liquid medication had the dates opened recorded on the bottles. All were clean and stored in the medicines trolley. and There was also evidence of daily MARs checks.

We were informed by nursing staff that the home had a good relationship with the local community chemist we were told "Their service is good and reliable, they usually deliver on the same day a prescription is written. They deliver monthly repeat medication three or four days before start dates to allow the staff to check stocks and medication counts, this works well for residents and staff".

We saw evidence that the service had followed appropriate guidelines for people who received covert medication and controlled drugs were recorded on a specific book and locked securely in a locked cupboard, there were no discrepancies. One family member told us "The home will get in touch with me about my mother's medications as they know that I am able to notice if medications are helpful or not. So no changes are made without me".

We looked at staffing levels and saw that these had been consistent over the previous month and there appeared to be enough staff on duty on both of the days of the inspection, as all people using the service had their care needs met in a timely manner.



# Is the service effective?

## Our findings

When we asked people if they thought the staff had the appropriate skills and knowledge to deliver an effective service, the feedback was very positive. We were told by one family member, "Oh yes very much so." A person who used the service said, "If I ask the staff something I get the answer. If they don't know it they will find it out".

We looked at four staff files that showed each staff member had attended and successfully completed the provider's induction schedule within the first twelve weeks of employment. We saw that staff had attended a variety of training that included first aid awareness, fire training, infection control, moving and handling and safeguarding. We saw that the moving and handling training was composed of two aspects that were the knowledge and the practical assessments. We observed people being transferred from a chair to a wheelchair using a hoist. This was done safely and people were given verbal re-assurance throughout the process. The carers told us "We have both been in hoists as part of our manual handling training. We know how vulnerable residents can feel being hoisted and how it is very important to have had the relevant training".

Not all staff had completed the home's mandatory training, however we saw that plans were in place for this to be completed during 2017 and the registered manager told us that they were hoping to source face to face dementia training. The manager also informed us that all staff were now expected to complete a diversity and equality module. The majority of staff had achieved a diploma in health and social care either level 2 or 3 and the few without were undergoing the training.

There was evidence of a robust supervision and appraisal system for the staff group. Supervisions had been carried out at regular intervals throughout the past year both individually and as a group. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

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 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. It was clear that the registered manager had a full and detailed understanding of the MCA and its application and people had MCA assessments. We also saw evidence in care documents that people who were able to, had signed consent to aspects of their care plans and had been involved in discussions regarding their care. This showed that people's legal right to consent to their care had been respected.

Each unit had its own dining area with kitchen access. In the care files we looked at we saw that nutritional risk assessments had been completed which identified whether the person was at risk of dehydration or malnutrition and we noted the care files reflected the level of support they required for eating and drinking. People had been referred to dietetic services when needed and we saw how people's needs were monitored with fluid and food charts which were regularly updated. The chef told us that details of people's individual dietary needs, and any changes in their needs, were passed to him so he could make appropriate adjustments. He also told us how he encouraged family to engage with him regarding meals and options for their relatives.

We asked people for their opinions of the food and we received mainly positive feedback. Comments from people living in the home included "The food is very good. It is nice and tasty" and "The food is very nice. It suits me". We also spoke to relatives and we were told by one person "The food is fabulous. The food looks amazing" however another relative said "The food is all right. I wouldn't go mad over it. There seems to be a lot of chips. I don't agree to chip meals for older people. Instead of chips, there could be mash or new potatoes. The staff will go out of their way to do something Mum wants if she doesn't like the food".

We were taken on a tour of both units and we saw the communal areas were roomy, bright and clean. There was easy access to the well maintained gardens from the lounges with doors opening directly onto them. The ground floor corridor on Apple House unit was spacious, neutrally decorated and had pictures depicting the 'Golden Days'. In another section of the corridor there was a street scene mural with a post office and a post box, and a bench to sit on. We were informed by the manager that this was to be further developed in the future.

We looked at some bedrooms with people's permission and saw that they were individualised. A relative told us "The residents have the option of having their own furniture. Mum has got her own furniture. Her bedroom is nice and bright. She's not got a shower but she has a bath upstairs. She has got her own toilet and wash basin."

# Is the service caring?

## Our findings

One person told us that the staff were kind and caring. "I am quite happy here. You can tell in the air when you first come in". Another person told us, "All the staff are very pleasant and very kind. They are very nice to me. They don't ignore me. I'm very happy". We also spoke with visiting relatives and we were told "They treat Mum so well. There is no embarrassment, no fuss. They are absolutely lovely" another relative told us "The staff are very good, attentive and caring. There is always someone there day and night. Mum has got a good sense of humour. The staff have good conversations with her".

Staff demonstrated a patient, caring and respectful approach when supporting people. It was clear from our observations that the majority of staff knew people well and were able to communicate with them and meet their needs in a way the person preferred. In one person's care plan we saw that it documented that there was distinctive behaviour needed to communicate. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

Staff were proactive in ensuring people's privacy and dignity. People looked well-groomed and cared for and were dressed appropriately. One person told us how they felt that they were treated with dignity and respect by staff and said "The conversations make me feel comfortable." A relative told us "She always looks well presented".

There were good systems in place to ensure end of life care was always provided to the best standard. It was clear from looking at people's care plans and the measures that had been put into place that the home took every step to deliver people's wishes and allow people to pass away comfortably with the people who knew and cared for them.

During our inspection we observed that confidential information was kept secure in locked cupboards in secure offices. This protected people's right to confidentiality.

We looked in the entrance areas of both units and saw information about the home. The registered manager showed us 'Woodheath Care Home Service User Guide' that was available for people who used the service and their families. This contained information about the service that was delivered by the home, complaints and information about CQC. However we saw that it still contained the name of the previous registered manager so had not been updated, following the inspection the registered manager provided us with the service user guide that contained the appropriate information.

Relatives told us they were kept informed of any issues. One relative told us "I always get a call if my mother has had a fall, even if she has just got a bruise. I will get a call morning and evening if anything has happened". We also saw evidence that relatives were informed in advance of any planned trips out. Another relative told us "There is a relatives meeting every two months. It is run by the manager. She is very receptive to everyone's suggestions. A couple of weeks ago I said that Mum's room was too bright. There was a quick response in getting a blind. I also said there weren't enough easy chairs in the lounges. They ordered two or three more so now there is enough".

## Is the service responsive?

### Our findings

People who used the service and their relatives told us they were satisfied with the way care was provided. They could not fault the approach of the staff and they felt listened to. They told us that they would certainly be able to express concerns about the service if they had any. One person told us "The staff are all lovely. I would tell the top person if I was not happy". Another person said "There is no need to make complaints because the staff are pretty good. The staff do talk to you".

The complaints policy was displayed at the entrance of both Apple and Cherry units and so was freely available for people and their relatives to access. We looked at the complaints procedure and saw that it was clear and comprehensive. The people we spoke with stated that they did not have any complaints about the service they received or the home environment and everyone said they would feel comfortable making a complaint if necessary. We looked at records of complaints received by the home and examined two in detail. They had been responded to quickly and with appropriate investigations and responses. Apologies had been offered where appropriate. However we did not see an audit of complaints to identify trends and learning. The registered manager stated that they would add this to standing agenda items at staff meetings.

We reviewed six care files, and found all the information about the person and their care needs was documented in the file. The care files contained plans describing how the person should be supported. Assessment and care planning information identified people's needs and the care they required including mobility, nutrition, communication, personal care, mental well being, keeping safe and social needs. The care plans contained information on what the person did throughout the day and it documented 'Important things you need to know' this included a history of the person. We saw how reviews for all assessments and plans had been regularly completed.

We also asked what actions were taken if a person appeared to need to leave the service. We were told by the registered manager that if there was doubt that the home could not meet a person's needs, a re-assessment of their needs was made to determine if a move to another care home would be appropriate. We saw that the most recent occurrence of this had been appropriately dealt with. The registered manager was able to show that she did everything and involved all the services properly to ensure the best outcome for the person.

We were able to follow a sequence of events that led to various referrals for people to medical professionals such as GPs, mental health teams. This indicated that the service responded appropriately to people's medical and physical health related needs.

People who lived at the home and their relatives we spoke with were positive about the activities provided. The service employed an activities co-ordinator for both units. We saw that an activities support plan was in place for each person and that there was a programme of activities available including external entertainers. One relative told us "We filled out a form about what activities Mum loved". We observed an entertainer during the inspection and saw that the people became involved dancing, laughing and socialising. The staff

joined in and contributed to making the experience enjoyable. We observed that the session was inclusive and highly positive.

We asked people their opinions of the activities available and were told "There is always something to do. I like the people. I like everyone, including the people here. I have never had a problem. I like doing jigsaws. I love knitting, but I don't do it as much as I did". A relative told us "There were no activities before this new manager. She has employed an entertainments lady. There are jigsaws and painting and a couple of outings in a little coach. Things are now happening. There is entertainment once or twice a month". Another relative told us "I told the home about my wife's interests. She used to love watching the news. They have various outings out to different places. They take them out in the garden and they have ice-creams".

## Is the service well-led?

### Our findings

The service had a manager who had been registered with CQC in June 2017. The manager told us they were supported by the provider. The registered manager was supported by a unit manager in Apple House. We received positive feedback about how they managed the service. One relative told us "The new manager runs the home very well. She listens to people and gets things done. She has got time for people" and "The unit manager is spot on with everything. The paperwork is spot on and the care is second to none. I wouldn't get another home as good as this one".

The registered manager understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information. Records were well maintained and those we asked to see were located promptly.

Staff we spoke with felt supported and well trained and felt that the home was well led. One staff member said "If there is anything I'm unsure of I only have to ask the manager and she will explain it to me". Another staff member told us "The training is good".

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format at the entrance to the home.

The registered manager was able to show us how they worked in partnership with other professionals to make sure people received the support they needed. We spent time talking to the registered manager and they told us how committed they were to providing a quality service. The registered manager was a visible presence in and about the home and it was obvious that they knew the people who lived in the home well.

Staff had access to policies and procedures on areas of practice such as advocacy, restraint, safeguarding, whistle blowing and safe handling of medicines. These provided staff with up to date guidance. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.

We saw records of team meetings that had been held regularly for the whole staff group. These showed that staff were able to express their views and any concerns they had.

The registered manager regularly monitored the quality of care at the home through audits of health and safety, medication, infection control and care plans. However we did not find evidence of learning from safeguarding incidents or accidents. The registered manager actioned this immediately.

We saw records of relatives meetings that gave the relatives the opportunity to air their views and for the manager to pass on information. The home supplied a monthly newsletter that contained information about the home and was freely available to people living in the home and their relatives.

The provider had carried out a relative satisfaction survey and the feedback had been analysed and acted on in April 2017. A resident's satisfaction survey had been carried out January 2017. This had also been analysed and acted on. This showed that the registered manager listened to the people living in the home and their relatives.