

# City of Bradford Metropolitan District Council

## Woodward Court

### Inspection report

Kirklees Road  
Allerton  
Bradford  
West Yorkshire  
BD15 7YT

Date of inspection visit:  
12 March 2018

Date of publication:  
23 April 2018

Tel: 01274882165

Website: [www.Bradford.gov.uk](http://www.Bradford.gov.uk)

### 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

Woodward Court is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Woodward Court is registered to provide a service to 28 older people. Accommodation is provided on two floors in four separate units and provides a combination of assessment, respite (short term) and long term care. The service also operates a day centre which is not regulated by CQC. At the time of the inspection 22 people were using the service.

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 on-going 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.

This inspection took place on 12 March 2018 and was unannounced which meant the provider did not know we would be visiting.

A registered manager was in post. 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.

People felt safe and systems were in place to make sure risk was assessed and managed. Staffing arrangements were appropriate and ensured people received care from a consistent workforce. Medicines well managed safely.

Staff felt well supported in their role and had received training and supervision which ensured they understood how to do their job well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's nutritional and health needs were met. People lived in a comfortable and pleasant environment.

People told us staff were kind and caring. We saw staff interactions were person centred and they knew the people they were supporting well. People were kept informed of their rights and what to expect when they used the service.

People's care was planned and delivered in a way that met their needs. People enjoyed individual and group activities. Concerns and complaints were investigated and responded to. Any learning was captured.

The service was well led. The registered manager was knowledgeable about the day to day running of the

service as well as their overall legal responsibilities. They were supported by an effective management team. The provider had systems in place to monitor the quality of the service and people were encouraged to share their views to help drive improvement.

Further information is in the detailed findings below.

## 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 Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Woodward Court

## **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.

Before the inspection we reviewed all the information we held about the service including statutory notifications and contacted relevant agencies. The provider was last asked to complete a Provider Information Return (PIR) in December 2016. 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. At the inspection we asked the provider for information which was more up to date where relevant.

This comprehensive inspection took place on 12 March 2018 and was unannounced. Two adult social care inspectors and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the visit we looked around the service and observed how people were being cared for. We spoke with ten people who used the service, five visiting relatives, eight members of staff and the registered manager. We spent time looking at documents and records that related to people's care and the management of the home. We reviewed six people's care plans.

# Is the service safe?

## Our findings

At the last inspection we found the service was safe. At this inspection we found the service remained safe.

People told us they felt safe. One person said, "I like living here and yes I feel very safe." Another person said, "Staff are nice and there's always plenty of staff to help. I feel very safe." Two relatives provided examples of how the service ensured people were safe. Staff we spoke with confirmed they had received training around keeping people safe, which included protecting vulnerable adults from abuse. They understood their responsibilities around reporting concerns and were confident the management team would respond appropriately. The registered manager had a good understanding of safeguarding procedures and maintained a safeguarding log which included actions taken and any further learning.

The provider had effective arrangements in place to manage risk. We saw people had risk assessments relating to their care and support such as nutrition and mobility. Risks specific to each individual were also assessed and managed. For example, one person had risk assessments around smoking and blindness in one eye. People had personal emergency evacuation plans which identified the assistance required. Although risk was well managed one person's record stated they should be weighed weekly because they were at risk of malnutrition. However, we found this was not being done consistently. The assistant manager agreed to follow this up and ensure the person's nutritional needs were being met.

People lived in a clean, safe, well maintained environment. We looked at certificates and service records such as gas safety, electrical installation and fire safety equipment; these showed checks had been carried out to make sure the premises and equipment were safe. Equipment for preventing the spread of infection, such as disposable gloves and appropriate hand washing facilities were readily available.

Staffing arrangements ensured people's needs were met. During the inspection we saw staff had time to meet people's care and support needs, without rushing.

Medicines were managed safely. The clinic room was clean, tidy and well organised. Storage temperatures were monitored and recorded. The service was in the process of installing medicine cabinets into each bedroom which staff told us would provide a more private and dignified way of administering medicines. A robust process was in place to ensure that medicines were ordered in good time and accurately.

The medicine administration records (MAR) file was well maintained with a copy of the medicines policy, temperature recording sheet and sample signatures at the front. A 'creams chart' was kept in each person's room so that staff could record when they administered a topical application.

The service had systems in place to identify themes and learn lessons. They maintained a "further learning folder". We saw examples where they had identified improvements around medicine management. Where errors were made they had recorded what went wrong and what should have been done. Learning was then signed off by members of the management team.

## Is the service effective?

### Our findings

At the last inspection we found the service was effective. At this inspection we found the service remained effective.

Staff had opportunity to learn and develop. We reviewed the training matrix which showed staff completed training that was relevant to their role, for example, moving and handling, dementia awareness, care planning, first aid and safe handling of medicines. A supervision and appraisal matrix showed staff met regularly with their supervisor. Staff told us they were well supported by colleagues and the management team.

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 authorisation procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

Capacity assessments were carried out for different aspects of care. Where people did not have capacity they identified how they could be included in the decision and consent process. Care plans also identified where a person had fluctuating capacity. A member of the management team oversaw the DoLS application process. They told us they had an assessment criteria which was used by the local authority DoLS team to rate priority as 'low' 'medium' or 'high' and this was speeding up the application process for people living at Woodward Court. A tracking sheet was used to monitor applications.

People's nutritional and hydration needs were met. People told us they enjoyed the meals. Lunch was a pleasant experience where people were supported to make choices about what they wanted to eat and drink. The meal was well organised and food was nicely presented and looked appetising. Throughout the day we saw people were offered frequent drinks and snacks. A new system for recording fluid intake had recently been introduced. The assistant manager explained this was because they felt the previous system was not effective. We saw they had a clear record of the expected minimum amount of fluid and these demonstrated people were receiving adequate fluid. A member of the management team checked the records three times a day to make sure people were 'on target'. They highlighted those at risk so staff knew to promote drinks more frequently.

People received appropriate health care support. They had a record of input and advice from health professionals. These showed that people received healthcare advice when they needed it. The service accessed a telephone medical advice and support service. Staff told us this worked well.

People were comfortable in their environment. The service was well decorated and dementia friendly. For example, doors were painted contrasting colours to help people navigate. People had access to a pleasant

enclosed garden.



## Is the service caring?

### Our findings

At the last inspection we found the service was caring. At this inspection we found the service remained caring.

People told us they were happy with the care. Comments included, "They are all kind and helpful", "I like the staff they are very good", "The staff are very supportive and they are very kind", "The staff are nice and when I ask for anything they look after you", "They are all friendly people", "I'm happy and settled and the staff are very good" and "I've been here a long while and all the staff are very kind and friendly".

Relatives were complimentary about the service and told us the standard of care was good. One relative said, "They are very caring and they use language to explain the care plan in layman's terms. They always give time and patience." Another relative said, "I think one of the best things about here is the general care and pleasantness of staff. I'd definitely come here if I needed care. Whatever it is they do its working". Another relative said, "The staff are very good and are caring."

Staff told us they were proud to work at Woodward Hall and were confident people received good care. They provided examples of how they ensured people's dignity was respected and independence was promoted. One member of staff said, "People are happy here." Another member of staff said, "It's person centred. We find out about people and what they want. We ask them and their families. People are encouraged and supported to keep their independence.

During the inspection we observed staff interacting with people who used the service and saw good care practices. For example, one person was having eyedrops administered. The member of staff explained clearly what the eye drops were for which helped the person decide that the eye drops were not needed. Another person's teeth had broken and they were embarrassed. A senior member of staff recorded that staff needed to be sensitive and action was taken to get the problem resolved as soon as possible. Staff were kind, respectful and knew people well. They chatted to people and gave them time and individual support. Family and friends were welcomed.

Although we found people were well cared for we noted one person's nails were dirty and another person's hair had not been brushed. One person wore hearing aids but these were not working. We spoke with the registered manager about the specific issues. They told us some people needed time to settle when they first moved into the service. They said staff encouraged personal care but also give people time to build a relationship and become familiar with the team and "we are then able to undertake personal care tasks at more regular intervals".

There was information displayed to help ensure people were aware of their rights and what to expect when they used the service. We saw details about promoting choice, dignity and communication. A dignity in action poster gave examples of how to promote dignity, for example, 'ask me how I feel', 'give me time' and don't decide for me'. A communication poster included 'our residents do not live in our workplace we work in their home'.

## Is the service responsive?

### Our findings

At the last inspection we found the service was responsive. At this inspection we found the service remained responsive.

People received personalised care. Before anyone used the service an assessment of their care and support needs was carried out. This meant the provider had checked to make sure they could meet people's needs. Care plans were then developed, which were in a standard format so everyone was familiar with the process and layout. Care plans were completed in a timely way and outlined how staff should deliver care. For example, one person who had started using the service three days before the inspection had care plans for mobility, personal care, medicines, communication, shaving and macular degeneration. We saw good details were recorded around life history, work and culture. We saw examples where people had stated they did not wish to pursue their religion beliefs. People and their families told us they had been involved in planning their care plan. A relative said, "The staff went through everything with me and I signed [name of person]'s care plan."

People carried out person centred activities. We saw examples where goals and activities were set which linked to people's past, for example, their previous employment. The activities co-ordinator told us they discussed with people what they wanted to do and then included ideas in the activity programme. We saw records that confirmed this. A relative told us, "The activities person is brilliant. The things I asked for my Mum to do are happening. I don't think going outside is easy or promoted though but I think that's the weather."

During the inspection we saw people enjoyed group and individual activities which included exercises, bingo, sudoku and nail care; these were facilitated by the activities co-ordinator. We also saw care staff spent quality time with people and offered sessions which included reading, quizzes, singing and general conversation.

People we spoke with and their relatives told us they would feel comfortable talking about any issues and raising concerns. The provider's complaint procedure was displayed and there were also details of agencies that could help if people had concerns. We reviewed complaints that had been received in the last 12 months and found the registered manager had a well organised system for ensuring the response, actions and learning were captured. We saw responses outlined where the service could have dealt with situations more effectively.

The provider had received compliments from various people about the care provided at Woodward Court. Comments included, 'Thank you all for the excellent care and the friendliness you have all shown [name of person]', 'Thank you so much for looking after [name of person] so well. You do an absolutely fantastic job' and 'A big thank you to all. You were always kind and helpful in a difficult job. Every one of the staff we met was friendly, cheerful and a credit to Woodward Court'.

# Is the service well-led?

## Our findings

At the last inspection we found the service was well-led. At this inspection we found the service remained well-led.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was knowledgeable about the day to day running of the service as well as their overall legal responsibilities.

People who used the service and relatives told us the service was well led. A relative said, "I think the managers are great and very approachable. They are happy for us to be involved and I would feel happy to go and speak with them about anything". Staff told us they got clear direction and understood what was expected of them. They told us the management team were effective which included senior managers who they said visited the service on a regular basis. One member of staff said, "Everything is clearly communicated and everyone knows what they should be doing. We get clear messages from the top that we are here to provide a high standard of care and I'm confident we achieve this."

The service involved people in a meaningful way. People had opportunity to share their views which helped drive improvement. Quality questionnaires were sent to people who used the service, families, staff and professionals. We saw results were positive. The provider had analysed people's feedback and responded to any comments and suggestions for improvement. Regular 'residents' meetings' were held. We saw they had discussed topics that were relevant to people such as meals, respect, staffing, activities and ideas for 'anything you think we can improve'. In a meeting record we saw people said meals were good and they were happy with the choice of food, and staff were kind and friendly. Staff attended regular meetings and had recently discussed items such as care plans, laundry, admissions, changes to the team and staffing.

Management systems ensured people receive a safe, quality service. We saw a robust system of audits was in place. For example, weekly medicine checks were completed and where shortfalls were identified the senior worker who oversaw medicines then demonstrated appropriate remedial action was taken. A health and safety audit completed at the beginning of February evidenced the premises were checked and a member of the management team had checked to make sure actions were being addressed. We saw care plan audits identified some of the same issues that we had found and staff were working to ensure action was taken to address the issues.

The registered manager completed a range of reports which included an accident and falls trends and themes analysis. This showed actions were taken to prevent events from reoccurring. At a recent staff meeting they had noted 'falls had reduced' and a 'risk assessment implemented last month had a positive impact on falls'. The registered manager also completed a service improvement plan which was monitored by senior managers. This had key areas of focus, identified actions required, dates for completion and who was responsible.

