

Stowcare Limited

Woodfield Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 14 November 2016 and was unannounced. The service provides accommodation and personal care for up to 29 people some of whom are living with dementia. On the day of our inspection 27 people were using the service. At our last inspection in April 2014, the service was meeting the standards of our inspection methodology.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were protected from the risk of abuse as staff had attended training to provide them with knowledge and an understanding of their roles and responsibilities with guidance in how to respond if they suspected abuse was happening. Staff were aware of the different types of abuse and what measures they should put in place to help people maintain their independence while supporting them to be safe.

People were supported by a sufficient number of experienced and caring staff. We saw over the meal times that staff were extremely busy and managerial staff were involved with serving and supporting people with their dietary requirements. The manager told us they were keeping the staffing ratio under close review to gauge if additional staffing were required. The provider had ensured appropriate recruitment checks had been carried out on staff before they commenced work to determine they were suitable to work with the people living at the service.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely. People were encouraged to self-medicate where it was safe for them to do so. Just prior to our visit the pharmacist supplying the service medication had carried out a full inspection which was overall satisfactory with a few recommendations.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. MCA, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. Some people at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The MCA records could have been more closely related to other parts of the care plan which would certainly assist any bank, agency or unfamiliar staff to know and understand the relative's needs. We understand that this will be addressed through care reviews.

People's health needs were managed appropriately with input from relevant health care professionals. People were treated with kindness and respect by staff who knew them well. People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health. Staff ensured that people's health needs were effectively monitored. The staff were aware of individual health needs and responded to people's concerns and behaviours in an appropriate and compassionate manner.

Positive and caring relationships had been developed between the people and staff. People were supported to make day to day decisions and were treated with dignity and respect at all times. People were given choices in their daily routines and their privacy and dignity was respected. People were supported and enabled to be as independent as possible in all aspects of their lives.

Staff knew people well and were trained, skilled and competent in meeting people's needs. However staff were not receiving supervision and appraisals on a regular planned basis and also we were not aware of staff meetings being organised as frequently as staff would wish. There were management meetings to discuss matters relating to the service and how to progress.

People were supported to maintain relationships with friends and family so that they were not socially isolated. There was an open culture and staff were supported to provide care that was centred upon the individual. The manager and deputy were approachable and enabled people who used the service to express their views.

People were supported to report any concerns or complaints and they felt they would be taken seriously. People who used the service, or their representatives, were encouraged to be involved in decisions about the service.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service. People were pleased with the activities but would like more to be provided.

The service was carrying out surveys to determine how to develop the service into the future.

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 was safe.

The service identified and reduced risks through carrying out and implementing the actions of risk assessments.

Staff had completed training and on-going training was planned in the safeguarding of vulnerable adults and staff knew the different types of abuse and how to report concerns.

The service had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

The service had procedures in place for managing people's medicines which helped ensure people received their medicines as intended.

Good ●

Is the service effective?

The service was not always effective.

Staff were not receiving sufficient planned and organised supervision and annual appraisals.

The staff understood and had implemented appropriate actions regarding the Mental Capacity Act 2005.

People had access to food and drink throughout the day and we saw staff supporting people when required.

People's health was monitored by the staff and there was access to healthcare professionals.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with dignity and respect.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Good ●

People's rooms were individualised with people's own furniture and personal possessions.

Is the service responsive?

The service was responsive.

Individualised care plans were in place and had been developed with the person and their families.

People liked the activities provided but wished for more

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good ●

Is the service well-led?

The service was well-led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff considered they could approach the manager for support and advice.

The handovers between shifts for the staff were well organised and detailed

Good ●

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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.

The inspection took place on 14 November 2016 and was unannounced.

The inspection team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone. Our expert had experience of older people and dementia care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, which included safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, talking with staff and observing how people were cared for. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas 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.

We spoke with eight people who lived in the service and four relatives. We also spoke with the provider, manager and four members of the care staff as part of this inspection.

We looked at seven people's care records, two staff recruitment records, all people's current medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

The service was safe and risks to individual's safety were assessed and known by staff so they could take steps to reduce the actual risk.

People told us they felt safe. One person told us, "I have been here for quite sometime and I can't see any reason not to feel safe." Another person told us, "I'm as safe as anywhere else." Another person told us, "Staff are kind, it makes me feel safe."

All people visiting the service were required to sign in a visitor's book. People could get into and out of the service as they pleased. We saw completed cleaning schedules and staff who worked in the service had received training in maintaining cleanliness and infection control. We saw that the service took care of people's clothing which were washed separately and laundry staff had received training for their role

The service had sufficient equipment in place to meet people's individual needs including hoists, pressure mattresses, wheelchairs and walking frames. The slings, hoists and the passenger lift had been inspected in accordance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). The service carried out weekly fire tests and there were emergency plans in place which would be implemented in the case of any emergency. We saw in people's care plans there were individual risk assessment and evacuation plans. We spoke with some people who had not used the service for long and also people on respite care. One person told us, "Yes I feel safe, I don't think there is a problem there."

The manager analysed accidents and incidents including any falls that people experienced to learn any lessons from the situations. Appropriate actions were taken including involving other professionals for advice regarding falls. A member of staff told us about how they would talk to the manager or deputy manager for advice should they be concerned for anyone's welfare including if they were concerned about any change in their mobility. One person told us, "They are always encouraging me to get up but I am afraid I will fall. They have a good technique for getting you up, always two of them, they make me feel safe, I trust them."

We saw a copy of the provider's safeguarding policy. The provider told us about the policy which included reference to actions the manager would take to check that potential new staff had not been prevented from working with vulnerable people. A member of staff told us about the safeguarding training they had received and their understanding how to keep to people safe. In the first instance they would speak with the senior person in charge at the time while also confident if they felt they needed to they would speak with the safeguarding authorities themselves.

Most people considered there were sufficient staff on duty to keep people safe at the time of our inspection. We saw the staffing rota and discussed staffing levels with the manager. We were aware that over the meal times staff were very busy and two staff said that they would like more time to speak with people. They felt there was a balance between being busy which they enjoyed but having time to provide person-centred care by spending time with people to chat on a one to one basis. However one person told us, "The staff try

hard, they are definitely not overstaffed, it is the other way. They have a few to many to look after in one go, they change quite a bit. Most of them seem to know what they are doing. It's alright for a short period, it's adequate."

The manager told us that the levels of staff provided were based on the dependency needs of people using the service. The manager explained the process they used to cover in the event of staff being unwell and unable to work to ensure that there enough staff on duty. The manager said that they would keep the staffing rota under close review and ensure the dependency levels were accurately reflected in the number of staff on duty. They also wanted to explore further having staff working at busier times of the day for short periods.

Call bells were placed near to people's beds or chairs and were responded to in a timely manner. A person who used the service told us, "They always come to help if you use the bell." One person told us, "I call them at two and four in the morning. I have a bell, they always come, they never ignore it, sometimes they pop their head in and say they will be with you in a minute. It takes longer if they are busy."

The manager told us that staff observed people's whereabouts regularly as some people would not unfortunately understand or be able to use the call bell system. From our discussion we were aware that the staff knew the people they needed to call regularly upon to check upon their well-being. One person told us, "I used to call and they didn't come for a while, so I would ring again. Now they pop in and let me know how long they will be if they cannot come right away."

The service had robust staff recruitment and selection processes and procedures in place. The manager told us about the application forms used by the service which had been designed to ascertain why the person wanted to work providing care sector and what attributes they had. . Once the application form was completed the manager would determine if an interview would be offered to the candidate with them and their deputy manager.

For the successful candidates, we saw that appropriate checks had been undertaken before staff began working at the service. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two satisfactory written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. New staff did not start at the service until these checks had been done and were then supported during a probationary period.

People received their medicines as prescribed and there were systems in place to regularly audit people's medication to ensure they were receiving it correctly and any errors could be appropriately addressed. One person's told us, "They always bring my medicines on time and ask me if I am in any pain. If I am they offer me some pain killers." We looked at the service medicines policy and procedures. The policy covered all key aspects of medicines management. We observed medicine administration and discussed the medicines policy and procedure with a senior member of staff. We examined the Medication Administration Record Charts, (MAR) charts for all people using the service and there were no discrepancies identified. We saw the administration of medicines complied with appropriate administration standards required. There was an up to date photograph of each person, any diagnosis, such as diabetes and allergy information was stated clearly on people's MAR charts. Medicine information leaflets relating to the prescribed medicine were available for clarification. The senior staff carried out medicine audits where they checked the stock against the MAR records. One person told us, "They never forget my tablets."

The medicines were stored appropriately and temperatures recorded to ensure the medicines were maintained at the correct temperatures. We saw that staff designated to administer medicines had received the appropriate training and all had a specimen of their signature on a chart stored with the medicines. This meant that it was easy to recognise the member of staff that had administered each medicine. The pharmacy supplying the service with regular medicines had completed a pharmacy advice visit in October 2016 and were content with the way in which the service was operating. A small number of recommendations had been made and we saw that the service has already implemented that advice. The service had a policy for homely remedies and would discuss with people, and their GP's if any of these medicines were required regularly and these were added to people's medication records.

Is the service effective?

Our findings

The people living at the service and their relatives told us the staff were knowledgeable and had the necessary skills to care for people living at the service. Staff were familiar with people's needs and provided support in accordance with people's wishes and health care needs. One person told us, "I choose everything myself, it's up to me when I go to bed, what I wear. It's alright here, I'm old now, I'm allowed to come and go as I please." A relative told us, "They do ask for consent for things like flu injections, they do not just do it, I think that is important."

We spoke with the manager and members of staff about the training provided. They told us that training was provided throughout the year on the subjects required such as lifting and handling and ... which enabled them to provide effective care. All new staff completed an induction training package which needed to be successfully completed for their position to be confirmed at the end of their probationary period.

We were concerned from talking with staff and from the records we saw with regard to annual appraisals, regular supervision and staff meetings which are all important aspects of supporting staff to provide the necessary support and care to people. The service was not following its own policy and procedure for the amount and frequency of planned supervisions. While appreciating the manager and deputy were approachable for on the spot support. We saw from records that some staff had not had supervision sessions recorded for over nine months and yearly appraisals were overdue. We feed this back to the manager and provider and they informed us this would be addressed.

"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 so that they can 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 looked at records and discussed the DoLS with the manager, who told us that there were DoLS in place as well as some in the process of being applied for. They told us why the DoLS were required and how the service had worked with the person and families to explain the situation and plan the management of care. In some cases the manager had arranged for a best interest meeting to be held with the person, their families and other professionals to determine how care was to be provided and these meetings were recorded. We looked at the documentation and saw that the service was following the requirements in the DoLS. People told us they were able to leave the home, if they so wished. When best interest decisions had been made for day to day activities such as helping the person to choose what to wear and dress. We were confident from talking with people and staff that people's wishes were being followed. However we felt this information could have been better documented in the people's respective care plans.

We understood from the manager this would be done as care plan reviews were arranged and written up into the care plans.

One person told us, "Yes, I get choices, what I wear, I chose this, what time I go to bed." Another person told us, "They don't make you do anything you don't want to do. I only have female carers." These examples of what people told us shows that people were being supported to live the way they chose. The service had carried out mental capacity assessment to determine if the person had capacity to make their own decisions.

People's nutritional needs were being met. Some people liked to use the dining room at meal times while others preferred meals in their rooms. People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required. We carried out a Short Observation Framework Inspection, (SOFI) over the lunch time and observed staff supporting people with care and empathy. We observed staff laughing with people who used the service. The atmosphere was relaxed and unrushed. We looked at dietary records and spoke with the cook who told us about people's special dietary needs and preferences. One person told us about the meals that were served throughout the day they said, "I'm well looked after, the foods nice, you've got a choice". Another person told us, "We always get a choice of food, lots of juices."

Meals were prepared in the kitchen and looked appetising and served hot. One person informed us they were very happy with the food and liked a surprise. "Food is always adequate, plenty of choice, I don't know what I've got today, I haven't bothered to find out, no problem it is always good and if I do not like what is being offered they will always find me something." Another person told us that due to a health condition the staff had worked with them to find meals of their choice which would not disagree with their health needs. They said, "I'm on insulin, they have special puddings, custard and rice puddings for me."

We saw that people were weighed as required to check that they were not unintentionally losing weight and the staff knew how to refer people to other health care professionals for specific advice. We saw that when professionals visited the service they wrote in people's notes to show what support and guidance they had provided to staff so they could effectively support people. We saw evidence of visits by healthcare professionals including General Practitioner, speech and language therapy (SALT), Dentist, Optician, Dietician, Chiropodist and District nurses. This meant the service ensured people's healthcare needs were considered monitored and met. People we spoke with and their relatives felt that their needs were well met and catered for A relative told us, "The home has been wonderful, when [my relative] had a chest infection they said we will do everything we can and they did."

Is the service caring?

Our findings

Staff working at the service were caring and provided care to people with was sensitive to their needs. One person told us about how the service cared for them, full of compassion they informed us. They said, "Whatever my wants are they sort them out quite easily".

Another person told us, "It's quite pleasant here, staff do their best. Young girls are very good, always know what they are doing, pretty on the job, good attitude."

People were treated with dignity and respect. We saw staff communicating with people in various ways including hand gestures as well as talking to people in a polite and respectful manner. Prior to any care being provided we saw that staff approached the person from the front so that they could easily recognise them and gained their consent before providing any care. One person told us, "They are all very good, you've only got to ask, it's all very nice. I get baths twice a week. I have help with that, you do that bit yourself (pointing to her groin). I've only got to ask the carers for another drink and they go and get me one".

We observed staff interacting with people in a caring manner and supporting people to maintain their independence with mobility and decision making about what they wanted to do. We saw staff knocking before entering people's rooms and closing bedroom and bathroom doors before delivering personal care. One person told us, "It's really like being at home, they think of everything, they know what I like, it's very personalised. You are never exposed when they are getting you dressed. They wash me and tell me what they are doing."

The staff of the service had discussed with and listened to people's views. People's bedrooms were individualised with their own furniture and personal possessions. We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. The people who used the service told us they knew about their care plans. One person told us about what was important to them and how the staff supported them. They said, "We have a service with communion once a month, otherwise someone from my church comes once a month and brings me my newsletter".

The manager told us that they would involve advocates if the need arose to support people. A member of staff told us about the ways in which people's confidentiality was maintained. They spoke about how information about people would only be shared with other people who had the right to know it. They told us the handovers were detailed and informative so that they knew how to support people from the information given to them about what had happened on the previous shift.

Relatives told us that they could visit people at the service whenever they wanted to. One relative told us, "People are always in and out and the door is left open, [my relative] recognises their voices, a member of staff just came in their room and spoke and [my relative] smiled. They are always clean, I come at different times and they always looks nice. The hairdresser did their hair recently, it was great to see them looking so lovely. Their clothes are always clean, always immaculate; they are hung up neatly in her wardrobe. The way

someone looks means a lot and says a lot about the care they give."

Is the service responsive?

Our findings

People told us they received personalised care which was responsive to their individual and specific needs. One person told us, "I don't get bored, if it is a dull day staff will make it more interesting, do activities, mostly something different each day".

The manager explained the care plans were of a standard layout with an index so that it was easy to find information and accessible to staff. Before moving to the service the manager carried out an assessment of the person's needs. This helped to determine if the service could meet their needs. Following an initial assessment the service developed care plans. This helped ensure staff provided care around a person's identified needs and wishes. Each person had been assigned a key worker who was responsible for reviewing the person's care plans and agreeing the goals they would work towards. This was agreed in consultation with the person, manager or deputy manager. People's plans were reviewed to ensure that the care provided continued to meet their needs. Care plans were in place for specific health care conditions people had. The plans told staff how they should monitor them and what support they needed to provide to promote a person's well-being.

Where risks had been identified there was a risk assessment in place with clear information about what the staff were to do to support the person. Two people told us they were not aware or could not remember seeing their care plan. Other people were aware of their care plans and said they would look at them if they needed to do so but did not see the need as they were well cared for by the staff. A relative informed us, "I have seen my relative's care plan, no problems. They always make me welcome, we bring the grandchildren along and they play in [my relative's] room".

People were provided with a range of different activities to help promote their well-being. On the day of the inspection we observed staff interacting with people about current events and singing along to well-known songs together. People told us that they would like more activities. They thought the activities were very good but were disappointed that the activities person worked part time at the service as they were shared with another service. One person told us about the activities person, "They do the games, they do my nails once a fortnight, we have games, ball games, card games". Another person told us, "It is quiet but I am not a telly person. I like the crossword we had earlier. We made these leaves, autumn colours."

We concluded that people liked the activities but would like more and these are some of the things people told us, "Occasionally I get bored when I don't have a visitor for a while. They have one person, the events lady, she has a 1-1 morning so she gets round to me occasionally for a chat, once a month." Another person said, "If you had an active mind you would find it boring. They don't encourage TV or anything like that, I brought my own, I'd be lost without it. After tea is served this room (Lounge) is cleared, they all go to bed." Another person informed us it would be nice if there was more to do. They said, "I'm not that concerned with activities, I keep myself to myself."

The service had a robust complaints process in place. A copy of the complaints policy was on display in the reception area. The people and the relatives we spoke with were aware of the complaints process. One person told us, "I've got nothing to grumble about". Another person told us, "I think if I complained they would do something about it." When a person had complained they were happy with the resolution. They said, "I did complain, my dinner came to me cold two days in a row. It stopped immediately. I also complained because they used to give me a small bowl of porridge and I was hungry, now they give me a big bowl, all sorted now." We concluded that when a problem was identified or a person made a complaint the service staff took the appropriate action to resolve the situation. This was recorded to show how comments and concerns about the service were resolved and dealt with effectively.

Is the service well-led?

Our findings

The service had a statement of purpose and service user guide which clearly explained its objectives and how these were to be achieved.

The service had a registered manager in place. They were supported by a deputy manager and other senior staff so that a senior person was on duty over the 24 hour period. The manager and deputy manager took it in turns to provide an on-call 24 hour support service to the senior staff when they were not on duty at the service. People told us that the management team was approachable and always available to them. One person said, "The manager is Dawn, she is very nice."

A relative said, "I see the manager regularly when visiting and I have every confidence I could approach them with any problems and they would be sorted out."

The service is a two storey, large detached building set in its own grounds with patio areas. The manager explained how they were developing a café setting in the service for the use of people and their families to spend time and use these facilities at their leisure.

Staff told us they were content to be working at the service and many staff had worked at the service for a number of years. They considered this was because of a fine experienced manager. The staff we spoke with reported that they had received good training staged throughout the year but were disappointed by the lack of supervision by members of the management team. Staff considered that this was because of the increasing needs of the people at the service. They also considered that they could manage but if the complexity of need increased they may require more staff. A member of staff told us, "This is a lovely place especially in the summer when we can get out into the garden, I do not want to see it change."

We asked the manager how they monitored the quality of the service. They told us they visited people and spoke with the staff when they were on duty and toured the service to identify maintenance issues and if people were alright and were receiving the care that they needed. This was confirmed by the people using the service, relatives and staff. The manager told us and we saw a range of quality audits undertaken which included, the quality of meals and dining experience, infection control audits and people and relatives satisfaction surveys. These were also circulated to staff and visiting professionals, the results were collated and analysed and helped the service know what they were doing well and where they needed to improve. Residents meetings were held which also took into account people's thoughts on the service but these were not held as frequently according to people we spoke with as they wished. We did see that surveys were carried out with regard to the people using the service, relatives, staff views and seeking the thoughts of professionals visiting the service. These all reflected positively upon the service.

The manager delegated tasks to various staff and in particular to those that had shown an interest in that area. This helped staff with their development and meant individual staff took responsibility for different areas of practice within the service such as dementia care. The service also operated a key-worker system. This meant individual members of staff were assigned to support all people using the service as well as

spend time with the people they were designated as keyworkers to check their care plans were accurate and identify how best they could support the person. For example ensuring personal items of the person choice were purchased and available for them.

We saw that the service was clean throughout with matching furniture and chairs. People considered this was thoughtful and caring so they were proud of their home and thought they could welcome their relatives to visit them with confidence.