

Kodali Enterprise Limited

Woodside 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 

Overall summary

We undertook an inspection on 23 and 27 October 2014. We did not give the provider prior knowledge about our visit.

Woodside Care Home provides accommodation for persons who require personal care and can

accommodate 42 people. At the time of our inspection 39 people were using the service. People were mainly older people and those suffering from dementia related illnesses.

At our last inspection on 06 August 2013 the service met the regulations we inspected.

The service had a registered manager who had been in post since July 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

There were sufficient staff to meet people's needs. Staff included people in discussions about their environment and what they would like to do each day.

There was a safe environment for people who used the service and staff. Staff were knowledgeable in recognising signs of abuse and the associated reporting procedures.

Summary of findings

Medicines were securely stored and administered. People were receiving their prescribed medicines.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Plans were in place to reduce the risks identified. Care plans were developed with people who used the service to identify how they wished to be supported. Where people could not make decisions for themselves staff knew how to assess their mental capacity and who to ask to appoint an independent advocate.

Staff had the knowledge and skills to support people who used the service. Staffing levels had recently been increased to ensure staff had time to meet people's needs.

Staff were supported by the manager and were able to raise any concerns with them. Lessons were learnt from incidents that occurred at the service and improvements were made when required. The manager reviewed processes and practices to ensure people received a quality service.

Summary of findings

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.

There was a safe environment for people who used the service and staff. Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

Assessments were undertaken to identify risks to people using the service and others.

Medicines were stored securely and administered as required.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

At the time of our inspection two people were subject to Deprivation of Liberty Safeguards. The service was meeting the requirements of the Mental Capacity Act 2005 code of practice.

People were offered choices at meals times and asked their opinions when meal plans were discussed.

People were supported to have their physical and mental health needs met. Staff liaised with other health and social care professionals.

Good



Is the service caring?

The service was caring.

People who used the service were supported by staff who had built caring relationships with them.

People's privacy was respected by staff.

People were involved in making decisions about their care. Regular meetings were held with staff to discuss people's progress and if their goals were being met.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with all their needs.

People were encouraged to voice their views about the service.

A complaints process was in place and people given feedback about any outcomes.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

Staff were supported by their manager and felt able to have open and transparent discussions with them through one to one meetings and team meetings.

The service had processes in place to review incidents that occurred and learn lessons when mistakes had happened.

The manager reviewed policies and practices at the service to ensure the quality of service provision.

Woodside 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 checked 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.

We visited the home on 23 and 27 October 2014/ Our first visit was unannounced. The inspection was undertaken by an inspector.

Before the inspection we reviewed the information we held about the service, this included a Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at all the records the Care Quality Commission (CQC) has kept since the home was inspected last.

Prior to our visit we spoke with a health care professional who regularly visited the care home. We also contacted local commissioners of the service and the local authority safeguarding team.

We spoke with the registered manager, the administrator, seven members of staff (two were ancillary staff and five were care staff), five people who were using the service and two relatives. We reviewed the care records for four of the people using the service and records relating to staff, medicines management and the management of the service. We undertook a tour of the service to review the environment. We observed staff during our visit assisting people with a variety of tasks and undertaking other roles such as completing care records.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, "I feel very safe here, it's like home." Another person said, "Staff ensure I walk safely."

The service provided a safe and secure environment to people who used the service and staff. No one was able to enter the home without ringing the doorbell. Staff asked for people's identity and visitors signed in and out of the building. Provisions were made for people who used the service to have access to the door code, so they could freely leave the building.

The environment was appropriately maintained and the electrical items, fire equipment and gas appliances had valid certificates of maintenance in place. The rooms in use had restrictors on the windows to reduce the risk of people falling out of the windows. There were smoke detectors and fire extinguishers on each floor. Fire drills took place monthly to ensure staff knew what to do in the event of an emergency. The home had a homely look, it was clean and relatives described the environment as having, "A lived in feel."

The kitchen area had consistently been awarded a five star rating with the local environmental health department (EHO) for nine years. This is the highest rating the EHO department can give an establishment. This covered health and safety in the kitchen and the training of staff.

To ensure the environment was a safe one to live in the manager ensured a business continuity plan was in place in case utility supplies such as the laundry and the lift were out of order. Some areas of the home were restricted to staff use only, such as the laundry and kitchen, as there were too many hazards in those areas. The manager walked around the building daily and when environmental hazards were identified ensured they were rectified immediately.

Staff were knowledgeable in recognising signs of potential abuse and discussed any concerns they had with the registered manager. Staff told us how lessons had been learnt from mistakes which had been made and where care standards were not to an acceptable standard. The staff meeting minutes recorded information given to staff about how to improve their practice.

Staff told us what they would do if a person had an accident. Care plan records included accident reports and

what staff had done to ensure the person was safe. This included taking a person to hospital or observing them closely. One person had an observation record in place as they were unsafe to be alone for any length of time. We saw staff helping that person with meals, walking around the home and taking part in a sing-a-long session.

Assessments were undertaken to identify the risks presented to people who used the service. These assessments were based on information provided by referring agencies and observations undertaken at the service. This included whether people were safe to use equipment such as wheelchairs, whether they could manage with traffic to go outside the grounds and whether they required observing for their own safety and the safety of others. Plans were developed with people who used the service to manage any risks identified.

Medicines were stored and administered safely. Staff and people who used the service were aware of what medicines needed to be taken and when. People told us they received their medicines at the same time every day. We saw that when staff administered medicines to people they recorded on a medicines administration record sheet (MARS) when the person had taken

their medicine. If the person refused, this was also recorded. One staff member was responsible for checking in the monthly order of medicines. This was taking place on the first day of our inspection. Staff ensured the person was left alone to complete the task. Staff told us they had all undertaken an advanced course in the administration of medicines and we saw the certificates of all staff who had undertaken that training.

There were adequate staffing levels in place. The provider had recently increased the staffing levels for care, activities coordinators and laundry staff. Staff told us this had eased their work loads. People who used the service told us their needs were being met. We read in the PIR that there had been a large turnover of staff during the last year but the provider had acted quickly to ensure suitable people were chosen to fill the vacancies. All vacancies were now fulfilled.

Staff recruitment processes were in place and the required checks were undertaken prior to staff starting work. This included completion of a disclosure and barring service

Is the service safe?

check to help ensure staff were safe to work with vulnerable adults. We looked at the staff records for two new members of staff and all information had been correctly stored.

Is the service effective?

Our findings

People told us staff acted quickly when they required extra support from other health care professionals. One person said, “The staff have been sorting out my wheelchair so I can sit more comfortably.” Another person told us, “When I don’t like the menu choice staff are good at finding an alternative and I am never hungry.” A relative told us, “I am always kept informed about my family member’s care needs as I am their advocate.”

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people using the service. Staff were required to undertake refresher training on topics considered mandatory by the service. This included manual handling, infection control and safeguarding adults. This gave them up to date information about different aspects of their work.

We viewed the staff training records and saw staff were up to date with their training. Staff had undertaken training in other subjects such as Huntingdon’s Disease, diabetes and palliative care. 100% of staff had completed or were in the process of completing National Vocational Qualifications in Care. This ensured staff’s knowledge base was up to date to enable them to look after people effectively. They told us training was a topic discussed at supervision.

Staff told us they received adequate training to do their job. They said if they were interested in a particular topic the manager encouraged them to apply for courses. Two people were to going to attend end of life training, as they had a particular interest in the topic. Induction processes were available to support newly recruited staff. This included shadowing more experienced staff.

The minutes of group meetings with people who used the service showed the cook attended those meetings and asked the views of people about the menus. When a new item was tried the cook asked people’s opinions before including it on the four week cycle of menus. The cook visited each person every day to inform them of the choices. We saw on the list when people did not want the choices offered, what the cook had offered as a further alternative. Staff told us they informed the kitchen staff of the likes and dislikes of people when they were first

admitted and their dietary requirements. This was recorded by the kitchen staff. We saw fresh fruit and vegetables were available and home made cakes were offered to people during the day.

We saw people eating their lunch. Each person was asked how much they wanted to eat and staff encouraged them during the meal. Where required staff assisted people who could not eat unaided. They took their time, spoke with each person during the meal and ensured they had a hot or cold drink. Jugs of cold drinks were available in each of the sitting rooms during the day and we saw hot drinks being offered four times during the day. People told us they were never hungry and were offered choices to suit their tastes.

People told us their needs were being met and that staff ensured they had access to a GP or other health professionals when required. They told us there were sufficient staff to meet their needs and to enable them to access the local community. Relatives told us staff kept them informed of their family member’s health care problem and where necessary sought their views. People were registered with their local GPs, dentists and opticians. A mobile opticians service visited the home as well.

Health and social care professionals we spoke with told us staff made relevant referrals to them when necessary. They told us staff were knowledgeable about the people they looked after and

cooperated well with their departments. Health care professionals told us staff were able to follow instructions well.

We saw staff making visit arrangements with GP’s and district nurses for people who were unwell during our visit. We observed staff assisting GP’s and district nurses during their visits. They had ready for the visits all the information on each person and informed other staff of the outcomes of visits.

Staff had received training in the Mental Capacity Act 2005. Staff had an understanding of what they needed to do if someone lacked the capacity to make decisions for themselves. Relatives told us that where their family members lacked capacity to make decisions for themselves, as their advocate, the staff kept them informed of their family member’s needs.

The care plans included records of when people had been assessed to see if they had the capacity to make decisions

Is the service effective?

for themselves. Best interest meetings had taken place and involved family members (where possible), independent advocates (in the absence of family), health and social care

professionals and staff. Two people were currently subject to a Deprivation of Liberty Safeguards order (DoLS). The provider was complying with the orders. This meant people were protected from unlawful restrictions on their freedom.

Is the service caring?

Our findings

There were positive and caring relationships between people who used the service and staff. People who used the service and relatives described staff as kind, caring and patient. Staff told us they considered the people they looked after as part of their extended family. All staff told us it was a pleasure for them to go to work.

People told us staff helped them in their decision making processes on a daily basis. One person said, "I like to do my own thing, I'm very independent, but I know staff are there for me." Another person told us, "Staff support me to have a good life here." A relative told us, "Staff aren't just kind to my family member but to me as well. I enjoy my visits."

People could visit the home on a day visiting basis prior to admission. This meant people could see the environment they may be living in and talk to some of the people who lived there and the staff. One person had recently taken that option and then stayed for short while in the home. One person was on a short stay admission whilst a more permanent home could be found for them. We heard staff negotiating with that person about their care needs.

On display was a notice about a local advocacy service which people could access. This is a service who can provide someone to help them make decisions and speak on their behalf. Staff told us how they could also access the help and advice from the local community mental health team. We saw in the care plans when they had accessed that help. We saw that the advocate had made several visits to see each person, explain what services were being offered by the provider and ask questions of staff, if the person felt they could not express themselves well enough.

People told us they had been involved in making decisions about their care and developing their care plans. The four care plans we saw had been signed by the person using the

service or their advocate indicating they were in agreement with it. People told us they could set their own goals about what they wanted to achieve. They told us the staff enabled them to make steps towards their goals at their pace.

People received regular one to one meetings with their key workers. A key worker is a member of staff who leads on supporting them. People told us they were able to give their views about the service at one to one meetings or group meetings. Only two of the people we spoke with liked to attend the group meetings, others preferred one to one meetings. The manager was looking at other ways of gaining people's views.

We observed staff assisting people throughout the day with a variety of tasks. When necessary they gave clear instructions before commencing a task, spoke quietly and were unhurried when attending to people's needs. We saw staff helping people from their bedrooms to sitting room areas, they walked at the person's own pace and talked with them during the journey. Other staff were observed reading the daily newspaper to different people and asking the person's opinions on world events. Staff quietly asked people if they wanted a bath or shower during the day and if the answer was yes, staff prepared a bathroom area prior to the person having a bath or shower so they spent the minimum amount of time undressed.

We observed staff attending to people's needs who lacked capacity to make decisions for themselves. They informed those people what they were going to do, such as a walk with them to the dining room. Staff talked respectfully to people and knocked on doors before entering a bedroom.

People told us staff respected their privacy and didn't disturb them if they didn't want to be. They said staff knocked on doors before entering. They said staff asked them if they wanted treatment before they commenced and they knew they had the right to refuse.

Is the service responsive?

Our findings

People told us staff responded to their needs quickly. One person said, "When I ring my call bell staff come as quickly as they can." Another person told us, "Staff have been excellent in finding out about my illness and ask for other health professionals advice when necessary." A relative told us, "I am happy for staff to help my family member manage their needs and they have been good so far."

People's needs were assessed upon referral to establish whether Woodside was a suitable placement and able to meet their needs. Information was provided by the referring agency on the person's care and support needs. The manager or the care coordinator visited the person prior to admission, as often as possible. The provider was happy to take emergency admissions but required the referring agency to send some information prior to admission. This enabled staff to produce an initial care plan as to how to support a person during their first few days and ensure a consistent approach when people moved between services. This also gave people the opportunity to ask questions about the services being provided.

A full care plan was then written with people describing how they wished to be supported and what goals they wished to achieve. One person told us how they had been encouraged to walk with a walking frame and another person told us how staff and other health professionals had helped them with a different wheelchair. This ensured they were being assisted to remain mobile as much as possible and encouraged to be independent.

People were supported to go out as and when they needed. Staff acted as escorts when required. One staff member told us, "I like to take the person I am key worker to out to shop, they like to shop and I get excited being able to take them." People were encouraged to maintain their hobbies and interests. For example one person had an interest in horse racing and staff ensured they could visit a

local bookmakers weekly. The person told us staff often sat with them to watch the racing on the television. They said, "It's good to have another person's opinion when horses are ready to race."

People were asked about their religion and were supported to access local places of worship to practice their faith. There was a Christian communion service once a month in the home, provided by a local church. We saw in the records several people attended. People told us they had attended services prior to admission and were pleased they could still do so even though their health needs prevented them from going out very much.

Two volunteers visited the home on an occasional basis to help the activities organisers with events and to sit and talk with people. They had been checked through the vetting and barring service to ensure they were suitable to work with vulnerable people. The manager and care coordinators supervised their visits. People told us they enjoyed the visits of volunteers as they were fresh faces in the home.

We found staff were knowledgeable about people's needs, the support they required and the activities they liked to participate in. Staff told us they were always looking at new ways of encouraging people to be active in the local community. Recently people had taken part in a funding raising event for a local charity. Some people had commenced knitting for another charitable foundation.

There was a complaints process available and this was displayed in communal areas so people using the service were aware of it. People who used the service said they had not needed to complain. We saw in the records the outcomes of complaints which had been received. Each one gave the method of the investigation and how it had been resolved. There were no complaints outstanding. Social care professionals told us staff worked well with them to resolve any issues raised formally to them by people who used the service or relatives. Staff were knowledgeable about the complaints process and felt the manager and senior staff would act in confidence when issues were raised with them.

Is the service well-led?

Our findings

One person said, “Staff ensure I have everything I want.” Another person told us, “We see the manager each day and he is very approachable.” A relative told us, “If I have any worries the manager sorts them out and makes sure I am alright as well.”

Staff told us the registered manager was open, accessible and approachable. They said they felt they could voice concerns and their opinions were valued. Staff told us they felt everyone worked as a team and they worked well together. Staff felt supported. One staff member said, “I love coming to work.”

Staff received supervision every two months and a yearly appraisal by the manager. This gave them the opportunity to identify what had gone well, what they had learnt and any areas for development.

Monthly staff meetings were held to enable open and transparent discussions about the service, and allowed all staff to raise any concerns or comments they had. At the last staff meeting in September 2014 staff were asked to complete a questionnaire stating what was good, what was bad and what improvements could be made about the services, their work and the environment. Comments made included, “more stimulation for people” and “staff lovely” and “drab curtains”. The manager was in the process of collating the results which would be passed on at the next meeting, which was advertised as within the following seven days.

Health and social care staff we spoke with and who wrote to us told us staff were willing to learn new ways of doing things and would feed back to them if their service was not good enough. They told us they all worked together as a team.

People told us they saw the manager and senior staff every day and they were always friendly. One person told us, “This is a very happy place to live.” People told us they were asked their opinions on a daily basis about their needs and how they liked certain things such as the meals. We observed the manager and staff talking with people throughout the day and walking around ensuring their were no trip hazards in the home and people’s needs were being met. Call bells were answered promptly. Visitors were

always greeted by a member of staff and if necessary taken to the person they were visiting, after signing the visitors book. This was used to monitor the whereabouts of people in the event of a fire.

The registered manager undertook audits to check the quality of service provision and support that people required. This included checking the care plan records, completing medication audits and completing environmental audits. When action was required this was detailed in the reports. Staff told us which pieces of work had been completed when we asked them about some of the topics covered. We could see that the environmental actions had been almost completed, but some work; such as in the laundry, were incorporated into long term plans. The manager told us they now had a new external quality assurance person in place that had completed one audit of the service. Their main recommendation was that staffing levels should be maintained so that a quality service could be given at all times.

When the local safeguarding team had made suggestions to improve the practice of staff in the last year, we saw this had been transmitted to staff at meetings. Where this involved a particular member of staff this was detailed in their supervision record. One staff member said, “There are always lessons to learn in any situation and if we’ve done wrong we will always hold our hands up.”

Staff told us the manager worked alongside them to ensure people were receiving the care they required. One staff member said, “When I needed to be in a meeting the manager completed the medicines round that day to free my time up.” Staff told us they could rely on the manager to cover shifts, if required, both day and night. They told us the manager had recently come to support

them very late into the night when they had a problem with a person who required help. We saw this documented in the person’s care plan.

The provider did not live locally but we saw emails and details in the manager’s diary which stated when the provider had contacted them. The manager told us that the provider meetings had been more frequent lately due to the buildings being altered. This ensured that the provider was made aware of any problems which required only their decision and those problems could be rectified quickly.