

Mr & Mrs M Ellis

# Woodthorpe View Care Home

## Inspection report

53 Woodthorpe Drive  
Woodthorpe  
Nottingham  
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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 took place on 14 June 2016 and was unannounced.

Accommodation for up to 28 people is provided in the home over two floors. The service is designed to meet the needs of older people and there were 18 people using the service at the time of our inspection.

A registered manager was in post and she was available during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous inspection on 23 June 2015, we asked the provider to take action to make improvements to the area of premises and equipment. We received an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that improvements had been made in this area and the regulation had been complied with.

Staff knew how to identify and respond to potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs. Staff were recruited through safe recruitment practices and safe medicines practices were followed.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink and external professionals were involved in people's care as appropriate. However, the adaptation, design and decoration of the service could be improved to support people living with dementia.

Staff were kind and knew people well. People were involved in decisions about their care. Advocacy information was made available to people. People were treated with dignity and respect. People's privacy was respected and staff encouraged people to be as independent as possible.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident in raising any concerns with the registered manager and that appropriate action would be taken. The registered manager was aware of their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

## 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 knew how to identify and respond to potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs. Staff were recruited through safe recruitment practices. Safe medicines practices were followed.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink. External professionals were involved in people's care as appropriate.

However, the adaptation, design and decoration of the service could be improved to support people living with dementia.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and knew people well. People were involved in decisions about their care. Advocacy information was made available to people.

People were treated with dignity and respect. People's privacy was respected and staff encouraged people to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs.

A complaints process was in place and staff knew how to respond to complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident in raising any concerns with the registered manager and that appropriate action would be taken.

The registered manager was aware of their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

# Woodthorpe View 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 14 June 2016 and was unannounced. The inspection team consisted of an inspector 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 service.

Before our inspection, we reviewed information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with 12 people who used the service, three visitors, a domestic staff member, a senior care worker, two care staff, the duty manager and the registered manager. We looked at the relevant parts of the care records of six people, three staff files and other records relating to the management of the home.

# Is the service safe?

## Our findings

When we inspected the home in June 2015 we found concerns in the area of premises and equipment which was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we saw that improvements had been made and the regulation had been complied with.

We saw that the premises were well maintained, safe and secure. Checks of the equipment and premises were taking place and action was taken promptly when issues were identified. However, we saw that not all window restrictors appeared to be working on the day of our inspection. We raised this with management who agreed to take action immediately.

People told us that they felt safe. A person said, "I have been here for a year and half and feel safe. I do not feel discriminated against or favoured, but feel content." Another person said, "I don't think I can grumble about here. I feel safe here." A visitor said, "My [family member] is safe here."

Staff said they had completed adult safeguarding training and they were able to describe the signs and symptoms of possible abuse. They told us they would report any concerns to the duty manager or the registered manager and felt concerns would be addressed. Staff were also aware of the procedure for reporting to the local authority safeguarding team.

A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was available to give guidance to people and their relatives if they had concerns about their safety.

Risks were managed so that people were protected and their freedom supported. Care records contained risk assessments advising staff what the risks to a person were and how these risks could be reduced. Risk assessments had been completed for each person's level of risk including nutrition, pressure ulcers, falls and moving and handling. Risk assessments identified actions put into place to reduce the risks to the person and were reviewed regularly.

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

We saw documentation relating to accidents and incidents was in place and the action taken as a result, including the review of risk assessments and care plans, in order to minimise the risk of re-occurrence.

We observed staff using moving and handling equipment safely. Pressure relieving mattresses and cushions were in place for people at high risk of developing pressure ulcers and they were functioning correctly. When

people required assistance with re-positioning to minimise their risk of skin damage, records of this were completed and indicated they received support in line with their care plan.

People felt that there were sufficient staff on duty to meet their needs. Staff felt there were enough staff on duty to provide the care people required. We observed that people received care promptly and there were sufficient staff to keep people safe and meet their needs.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The duty manager told us that staffing levels were based on dependency levels and any changes in dependency were considered to decide whether staffing levels needed to be increased.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

People told us that they received medicines when they needed them, including pain relief. We observed the administration of medicines and found they were administered safely. Staff checked the medicines against the medicines administration record (MAR) and stayed with the person until they had taken their medicine.

Systems were in place for the timely ordering and supply of medicines and we did not find any gaps in the MARs to indicate medicines had been missed due to a lack of availability. MARs had been completed consistently indicating people were receiving their medicines as prescribed. Each MAR chart had a cover sheet with a photograph of the person to aid identification, information about any allergies and details of how they preferred to take their medicines. However, protocols were not always in place to provide additional information about the administration of medicines which had been prescribed to be administered only as required. The duty manager agreed to put these in place.

Medicines were stored safely and in line with requirements. We found cupboards and refrigerators used to store medicines were locked. The temperature of storage areas were monitored daily and were within acceptable limits.

Staff told us they had completed training in relation to medicines administration. We saw that staff competency to administer medicines had been assessed. Medicines audits had been completed and when issues were identified we saw actions had been taken to address them.

# Is the service effective?

## Our findings

People told us that staff were sufficiently skilled and experienced to support them. A person said, "Staff seem well trained." Another person said, "I am well cared for." We observed that staff competently supported people.

Staff felt supported. Staff told us they received induction and supervision and most staff had received an annual appraisal. Staff felt they had the knowledge and skills required for their job role. We saw some completed supervision and appraisal documentation which showed a range of issues discussed by staff. Training records showed that staff attended a wide range of training including equality and diversity. Systems were in place to ensure that staff remained up to date with their training.

People told us staff asked them before providing care. We saw staff asked permission before assisting people and gave people choices. Where people expressed a preference staff respected them.

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. We checked whether the service was working within the principles of the MCA.

People's capacity to make decisions had been considered and no people had been found to lack capacity. Staff had an understanding of the MCA and how it affected their work.

Where a person had behaviours which others might find challenging, there was guidance in place and staff had good knowledge of how to support the person.

We saw the care records for people who had a decision not to attempt cardiopulmonary resuscitation (DNACPR) in place. There were DNACPR forms in place and these had been completed appropriately. They indicated the involvement of people themselves in the decision.

People told us that they had enough to eat and drink and were happy with the quality of food. A person said, "If you want something else [staff] will make it. The food is good." Another person said, "I enjoy the food." A visitor said, "My [family member] likes the food." We saw that people were offered drinks throughout the inspection.

We observed the lunchtime meal. People received food promptly and were appropriately supported by staff when required.

People were weighed regularly and we saw that the dietician had been involved when appropriate. When people were at risk nutritionally, a record of their food intake was maintained, however, we saw that these records were not always fully complete. Staff had a good knowledge of those people at risk of choking who

required their food and drink to be prepared to a specific consistency to keep them safe.

People told us that they saw other professionals when necessary. A person said, "Oh yes, I can have the GP when I am not well." A visitor told us they were impressed with the rehabilitation treatment provided to their family member following an operation.

Care records provided evidence of the involvement of other professionals in the care of people using the service including GPs, podiatrists, district nurses and occupational therapists.

Limited adaptations had been made to the design of the home to support people living with dementia. We found people's bedrooms were not always clearly identified. Bathrooms and toilets were also not clearly identified and there was no directional signage to support people to move independently around the home. The duty manager and registered manager agreed to review this issue.

# Is the service caring?

## Our findings

People told us that staff were caring. A person said, "[Staff] are good and pleasant." Another person said, "The [staff] are warm and friendly."

Staff were very kind and caring in their interactions with people who used the service. Staff knew people well and they related well to people, acknowledging them as they walked into a room and checking on their wellbeing. We saw people were happy and relaxed with staff and enjoyed their company.

People did not raise any concerns regarding being involved in their care planning. Throughout our observations we saw people being offered choices, whether this was in relation to the drinks they preferred that day or where they wished to sit and what they wanted to do with their time. Where people could not easily communicate their views verbally, their care plan identified how staff should identify their preferences and staff were able to explain this to us.

Care plans were person-centred and contained information regarding people's life history and their preferences. A guide for people who used the service was in place and contained information for people on what they should expect from the service. Advocacy information was also available for people if they required support or advice from an independent person.

People told us they were treated with dignity and respect. A person said, "Staff respect me and maintain my dignity. I have privacy when I want it." We saw people being treated with dignity and respect. We saw staff took people to private areas to support them with their personal care and the home had areas where people could have privacy if they wanted it. However, we saw that not all communal bathrooms and toilets had signage to show whether the room was vacant or engaged. This meant that there was a greater risk that people's privacy would not be respected when using the toilet or bathroom.

Staff told us that when they went into a person's room they always knocked first and introduced themselves so that people knew who it was. Staff were able to identify the steps they took to protect people's privacy and dignity during personal care such as closing the doors and curtains and covering people as much as possible.

We saw that staff treated information confidentially and care records were stored securely. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner.

Staff told us they encouraged people's independence where possible and we observed this taking place during mealtimes and as people walked around the home.

Visitors told us they visited regularly, at any time, without appointment. Staff told us people's relatives and friends were able to visit them without any unnecessary restriction.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs. A person said, "I can go to bed anytime I want." Another person said, "Someone always comes when I press the buzzer." We saw that staff responded promptly to people and call buzzers were answered quickly.

People's views on activities were mixed. One person said, "Not enough is being done here." Another person said, "There are no activities taking place, only crosswords, puzzles. I like to walk and cannot go out because of my legs. It is boring. Staff do not take me out." However, other people raised no concerns regarding the activities available in the home.

We observed people playing dominoes and reading newspapers and magazines. Staff felt people had access to activities, however, they told us that they would like to support people to go out of the home more. We saw that plans were in place to improve the range of activities offered both inside and outside the home.

There were care plans in place and these reflected people's care and support needs. There was a 'master care plan' giving brief person centred information about the person's needs in relation to their care and support during the activities of daily living. There were also additional care plans in relation to specific identified risks such as pressure ulcers, catheter care, and self-administration of medicines. These had been reviewed regularly.

Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs. Care plans were also in place to identify people's health needs such as diabetes. However, guidance for staff on the signs and symptoms of low and high blood sugar levels would have been helpful in a person's diabetes care plan.

People told us that they would complain if they needed to. A person said, "I have not raised any complaints, but I would tell the manager." Another person told us that they had raised a concern and it had been resolved to their satisfaction. They said, "You can always speak to management." Staff knew how to respond to complaints.

No recent complaints had been received by the home. Guidance on how to make a complaint was in the guide for people who used the service and displayed throughout the home. However, the complaints procedure did not make any reference to the local authority complaints procedure or the local government ombudsman. The duty manager and registered manager agreed to add this information. There was a clear procedure for staff to follow should a concern be raised.

## Is the service well-led?

### Our findings

People were unable to recall receiving surveys or attending meetings to discuss their views. However, a person said, "The manager responded to get the work done in my room that I wanted." We also saw that meetings had been held to provide people who used the service and visitors with the opportunity to provide feedback on the quality of the care provided by the service. Surveys had been completed by people who used the service and visitors. Responses were positive.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy. The provider's values and philosophy of care were in the guide provided for people who used the service and displayed in the home. Staff acted in line with those values.

People told us they were content with the atmosphere of the home. Staff told us there was a happy, warm and homely atmosphere. A staff member said, "It's a friendly place. Everyone looks after each other." We observed that the home was calm and relaxed.

People had regular contact with the management team. A person said, "I know the manager and the owner. Both come here and talk to me."

Staff told us they felt the leadership of the home was good. A staff member told us the duty manager was very approachable and when they had raised a concern with them they had dealt with the issue. A staff member said, "We have staff meetings every so often so that you know what is expected of you." Staff told us that they received feedback in a constructive way. The registered manager lived in a part of the care home and had daily contact with the duty manager and people who used the service. This meant that they had a good understanding of the day to day culture in the home.

A registered manager was in post and was available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. The registered manager and the duty manager worked very closely together and were in the home every day of the week. We saw that all conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required. The current CQC rating was clearly displayed in the home.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the duty manager. Audits were carried out in a range of areas including health and safety, medication, infection control, care records, kitchen and food. Actions took place in response to any identified issues.