Care Quality Commission

Mr Emmanual Klotey-Tetteh Collison

Woodboro Residential Home

Inspection report

29-31 Skelmersdale Road
Clacton-on-Sea
Essex
CO15 6BZ
Tel:
Website

Date of inspection visit: 4 September 2015
Date of publication: 06/01/2016

Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Overall summary

The inspection took place on 4 September 2015 and was unannounced.

Woodboro Residential Home provides accommodation and personal care for up to 22 older people who may also be living with dementia. The service does not provide nursing care. At the time of our inspection there were 12 people using the service.

The service did not have a registered manager as the responsibility for managing the service was with the registered provider. As a registered person, the provider has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The day-to-day running of the service was carried out by a manager on behalf of the provider. At the time of our inspection the manager was supported by a consultancy organisation that provided operational support.

There were enough staff who had been recruited safely and who had the skills and knowledge to provide care

Summary of findings

and support in ways that people preferred. Further improvement was needed to ensure up to date training that reflected current good practice was provided in areas such as dementia.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the manager was following the MCA code of practice but further progress was required with submitting DoLS applications appropriately.

People were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People's health needs were managed appropriately with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs.

People were treated with kindness and respect by staff who knew them well.

People were supported to maintain relationships with family and people who were important to them so that they were not socially isolated.

There was an open culture in which the manager encouraged and supported staff to develop their skills and to provide care that was centred on the individual.

There were 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.

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 were enough staff with the skills to manage risks and provide people with safe care.

People were safe and staff knew how to protect people from abuse or poor practice.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines as prescribed.

Good

Is the service effective?
The service was not always effective.

Staff received the support and basic training they required to provide them with the necessary information to carry out their responsibilities. Further improvement was needed to ensure up to date training which reflected current good practice was provided in some areas such as dementia.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood but further improvement was needed to ensure they were appropriately implemented.

People's health, social and nutritional needs were met by staff who understood how people preferred to receive support.

Requires improvement

Is the service caring?
The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People were encouraged to be involved in decisions about their care with support and input from relatives.

Good

Is the service responsive?
The service was responsive.

People's choices were respected and their preferences were taken into account when staff provided care and support.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain relationships with family and people who were important to them.

Good

Summary of findings

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Is the service well-led?

Requires improvement

The service was not always well led.

The day-to-day management of the service was carried out by a competent manager who was committed to providing a service that put people at the centre of what they do. Further improvements were needed by the provider in the support given to the manager so that they had the resources they needed to provide a good service.

Staff received the day-to-day support and guidance they needed to provide good care. Staff morale had improved and further improvements were needed by the provider to ensure staff continued to be supported and valued.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

Woodboro Residential 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 4 September 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with two people who lived at the service and two visiting relatives. Where people were unable to speak with us, we used informal observations to evaluate their experiences and help us assess how their needs were being met. We also observed how staff interacted with people. We spoke with the manager, a representative of the consultancy organisation supporting the management of the service, two members of care staff, the cook, the cleaner and the maintenance person. We also spoke with a visiting health professional. Before the inspection we spoke with social care professionals from the local authority.

We looked at three people's care records and examined information relating to the management of the service such as health and safety records, recruitment records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

Relatives told us that their family members were safe and happy at the service.

Staff demonstrated they understood different types of abuse and knew how to recognise signs of harm. Staff were confident that if they reported anything that they thought was abuse or poor practice the manager would take action. The manager had a clear understanding of their responsibility to report any suspicions of abuse to the local authority.

There were processes in place for assessing and managing risks. The manager explained that when a risk was identified for an individual, an assessment was carried out and they put measures in place reduce the risks. For example, when people had been assessed that they were at risk of having falls they used sensor mats at night to alert staff when someone who was at risk got out of bed so that staff could check that they were safe. This was in addition to the regular checks they carried out at night.

The manager explained that they monitored falls and used the information to identify whether there was anything that could possibly contribute to the risk. The manager gave an example that they identified one person who appeared to have a higher risk of falls early in the morning and by monitoring closely they identified that the person liked to look out the window as soon as they were awake. They reduced the risk of falls by re-arranging the furniture so that the person's bed was next to the window and they could look out when they woke up without leaning out of bed.

We saw from care records that risk assessments were reviewed when a person's needs changed and care plans were amended to reflect the changes. Members of staff demonstrated a good understanding of people's care needs and associated risks and were able to explain about individual's specific needs.

Staff understood the processes in place to keep people safe in emergency situations such as in the event of a fire. Staff knew what to do in these circumstances. The manager understood the importance of learning from any incidents or accidents so that appropriate measures could be put in place to prevent further occurrences and improve the service.

The maintenance person was able to explain the checks that they carried out as part of their role. These included checks on fire systems, emergency lighting and fire equipment. We saw that there were regular checks carried out on water temperatures and they had professionals come in and carry out legionella checks on the water system.

The manager explained about the recruitment processes in place and we saw that they kept people safe because relevant checks were carried out as to the suitability of applicants. These checks included taking up references and checking that the prospective member of staff was not prohibited from working with people who required care and support. Personnel records confirmed that the manager had followed recruitment processes and all the required documentation was in place. Although all the necessary documents were available in the files we examined, they were not well organised. For example, a checklist of the contents would enable the manager to see that all aspects of the recruitment process had been carried out or identify any aspects not completed.

We saw that staffing levels were sufficient to ensure that people's needs were met promptly. Staffing levels were two care staff, a cook and a domestic worker and the manager also provided hands-on care. These staffing levels were seen to be sufficient to provide safe care and support for the people who lived at the service. We observed that people were not waiting for a long time for care and support. Although the morning was busy, we noted that staff found time to chat to people.

The provider had systems in place for the safe receipt, storage, administration and recording of medicines. They used a monitored dose system, which was well organised and we saw that records relating to people's medicines were in order. A member of staff explained that one person was able to manage some of their medicines independently, such as inhalers for asthma. There were clear records in people's care plans of their prescribed medicines and what they were for.

The manager carried out monthly audits of medicines to identify any errors or areas for improvement in staff practice. We saw that medicines were administered by staff following the procedures in place and that the medicines administration record sheets were completed appropriately.

Requires improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected.

The manager understood their responsibility to make applications to the local authority for people as required by DoLS guidelines, including people who were living with dementia. We saw that DoLS applications were in the process of being completed but these had not yet been submitted to the local authority for consideration.

We saw from people's care records that MCA assessments were carried out to consider whether people had capacity to make specific decisions about their day-to-day life such as assessments about to taking medicines or refusing personal care needs. The manager gave an example of an assessment that had been carried out for a specific situation. They explained a meeting had been arranged that included the person's family and a medical professional to make a best interest decision on the person's behalf.

People's needs were assessed and staff were able to demonstrate that they had the skills to provide care and support to meet individual needs. Staff received a range of training to provide them with the knowledge required to carry out their role. Staff told us the training was all right. One member of staff said that they used to have people coming in to deliver training courses but it was mostly DVDs and workbooks now. They said they had had dementia training some years before but had not had any recent updates in this particular area. The number of staff who had National Vocational Qualifications (NVQ) was good. The manager explained that all staff had either completed or were in the process of doing NVQ awards. During our inspection staff were able to demonstrate that they had good knowledge and understanding of people's needs and how to meet them.

A member of staff told us they had a stable staff team and they did not have a high turnover of staff. They said that staff worked well as a team supporting one another and stepping in to cover shifts when one of the team was on leave or was off sick. At the moment the number of staff was low and they often did "long days" so that shifts were covered, but they were a supportive team. A member of staff said that the manager who ran the home on a day-to-day basis supported staff and carried out supervisions. They told us that the manager made them "feel valued."

We saw that staff asked people's consent before providing care and support.

People's nutritional needs were assessed and, where appropriate, advice was sought from health professionals such as dieticians or speech and language therapists. Staff knew about people's specific nutritional needs and gave an example of one person who had been assessed as requiring a soft diet and how they supported that person with appropriate meals. Staff were able to demonstrate a good awareness of the food that people preferred and said there was always two hot choices for the main meal.

Staff told us that the variety and quality of the food had greatly improved in the previous few weeks. A relative told us that they now got a decent cup of tea and no longer felt they had to bring their own teabags to get a good strong cup of tea. The cook was very positive about the recent improvements in the quality of the food supplies. Staff explained that there was a greater choice of drinks than before including milky drinks like hot chocolate at bedtime instead of just tea.

Most people were able to eat independently and some just required encouragement and prompting. The lunchtime meal was well presented and two people told us they enjoyed the food. Where people were unable to tell us about their experience we saw that they appeared to enjoy their meal

Most people ate in the lounge on small individual tables, although there was a dining room available we did not see anyone choose to sit in there. The effect of this was that the meal was not a sociable occasion for many people. We saw two people who sat next to one another chatting during the meal but we also noted that many people ate their meals with no social interaction. However, staff made sure people had enough to eat and asked them if they were enjoying their meal. Staff explained that sometimes people chose to eat in the dining room but many people, particularly those living with dementia, did not appear to enjoy sitting with others at mealtimes.

Requires improvement

Is the service effective?

A relative told us they had no concerns about their family member's health and they made positive comments about the good standard of care.

Staff knew how to support people with their individual health care needs, which were met with input from relevant health professionals including district nursing services. A health professional explained that they visited regularly to administer injections for diabetes. They said that staff had a good understanding of the condition and managed it well. Staff monitored blood glucose levels regularly and understood what a high or a low reading was and what they should do about it. We saw from people's individual care records that there was input from a range of other health professionals such as doctors, opticians, chiropodists and mental health services.

We noted during our inspection that the furnishings and the environment, particularly in communal areas, were old fashioned and were not homely. Domestic staff and the maintenance person kept the rooms clean and well maintained. However, throughout the home it was evident that few resources had been put into the premises to update or modernise the environment for the benefit of people who lived there. In particular the main lounge was large and people were sitting in armchairs that were arranged around the perimeter of the room. A television was positioned at one end of the room and this was too far away for many people to see and hear. The television was turned on throughout the inspection but few people appeared to be watching it. Staff told us that not many people that took an interest in the television. In addition there was another small lounge but we did not see anyone using this throughout the day. Staff told us that it was a quiet lounge where relatives could sit with their family member if they wished but most family visitors chose to sit in the main lounge.

Good

Is the service caring?

Our findings

One person told us, “The staff are great.” Two people told us that staff always listened to them and had time for a chat and a laugh.

Relatives told us that they were extremely happy with how staff provided care for their family members. A relative told us their family member, “Loves it here. They are friendly staff, they treat my [family member] well and are all kind.”

A relative told us that one of the strengths of the service was the family atmosphere and that staff treated people with kindness and respect just as they would treat their own family members. They said, “Staff go above and beyond what is expected.”

We observed that staff treated people with care and kindness. Throughout the day we saw staff speaking kindly to people and they touched them gently to get their attention when they wished to speak with them. There were friendly interactions between people and members of staff. For example one person liked to tell jokes and staff listened and laughed with the person. We saw that staff were cheerful and there were a lot of instances of relaxed banter and joking that made people laugh or smile.

We saw that staff respected people’s choices such as what they wanted to eat or if they wanted to take part in an activity.

A health professional told us, “Staff are very kind, friendly and caring.” And “Staff treat people with respect and maintain their dignity [when providing care].” Relatives confirmed that their family member was treated with dignity and respect. We noted that staff were discreet and sensitive when checking with people whether they needed any support with personal care such as using the bathroom.

Good

Is the service responsive?

Our findings

People's needs had been assessed when they moved to the service and the information gathered during the assessment process formed the basis of people's care plans. We examined four sets of care plans which were recorded on a 'Standex System'. This care planning system used standard sets of forms for recording all aspects of people's health and care needs. The format of the documents focussed on tasks and clinical assessments and we noted that the system had limited space for filling in person centred details. The level of detail in the care plans we saw did not reflect the knowledge demonstrated by care staff, who evidently knew people well, including people's individual likes, dislikes, preferences and their past history. We saw that care planning was an area that had been identified in the action plan for improvements to the service. This action plan had been developed in the previous few weeks. Following our inspection we received confirmation that the process of updating care plans to make them more person centred had commenced.

We saw that people were supported with their individual interests and hobbies, such as drawing or reading. Staff respected people's wishes if they did not want to join in an activity but they tried to encourage people to take part. Staff told us they usually had more time in the afternoons to sit with people to do individual activities but the mornings were busy.

Relatives told us about some of the ways they got involved in activities and entertainment. They explained about a themed party that had recently taken place, where staff and relatives dressed up as characters from Alice in Wonderland to entertain people. We saw from photographs of the event that people were laughing and joining in. A member of staff said the party, which was to celebrate someone's birthday, had been enjoyed by everyone and it had raised morale. In addition to formal celebrations, a relative told us they liked to entertain people with music and they did this quite often. The relative said that it was good to see how much people enjoyed joining in with the singing.

Staff knew people well and were able to use this knowledge as a basis for conversations. A member of staff spoke with us at length about individual's past lives before they moved to the service and explained how they were able to engage people in chats about things that interested them.

There was a clear process in place for responding to concerns and complaints. Relatives told us that they had no concerns or complaints. One relative said that they would have no hesitation in making a complaint if there was anything wrong and they knew it would be dealt with promptly. They told us that communication between staff and relatives was very good and if there were any issues or problems relating to their family member's, the care staff informed relatives immediately.

Requires improvement

Is the service well-led?

Our findings

The manager took a hands-on role and maintained a visible presence in the service. They worked alongside care staff and provided support. Staff were enthusiastic about their role and told us they loved the family atmosphere. Staff told us they had opportunities to raise concerns with the manager and make suggestions for improving the service but these did not always come to anything as the resources to implement improvement were not made available by the provider. They felt they could go to the manager and they would be listened to but if there was a cost to improvements then they would probably not be carried out.

Although the manager and staff expressed a willingness to develop their skills and provide a good quality service, they did not feel they had been provided with sufficient resources to drive improvement. A member of staff discussed dementia care with us and explained that they had not had recent training on current good practice within dementia care. Staff were aware the environment was not dementia friendly but they felt they did not have the support and the means to make changes.

Staff gave examples of the limited range of food that had been available until a few weeks previously, which was mainly basic quality and value brands. The consultancy company who were supporting the day-to-day management of the service at the time of our inspection had made resources available to provide a greater variety of better quality food.

Relatives and members of staff made positive comments about the way the service was managed on a day-to-day basis. A relative told us that the culture of the service was open and welcoming. The manager and staff promoted a family culture. The manager knew people and their relatives well and there was good communication. Two relatives told us they did not have any problems or concerns but they were confident that if they had any issues the manager and staff would sort them out. Although relatives felt welcome and were confident the manager and staff listened to their feedback, the provider had not developed robust processes to seek feedback from people to develop and improve the quality of the service. Relatives did not feel that feedback or comments to the provider were acted upon.

The manager and senior staff carried out a range of audits and checks including health and safety audits such as infection control and COSHH (control of substances hazardous to health). The manager also carried out audits to check that care plans had been updated. The maintenance person was able to explain the checks that they carried out as part of their role. These included checks on fire systems, emergency lighting and fire equipment. We saw that there were regular checks carried out on water temperatures and they had professionals come in and carry out legionella tests on the water system.

There were systems in place for managing records and people's care records were up to date and contained adequate factual information. Care records were reviewed and updated as people's needs changed. Care records and personnel records were kept securely when not in use. People could be confident that information held by the service about them was confidential and not shared inappropriately.