Nottinghamshire County Council

# Woods Court Residential Care Home for Older People

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

We carried out an unannounced inspection of the service on 9 June 2016. Woods Court Residential Care Home for Older People provides accommodation for people who require personal care, for up to 49 people. Respite services were also provided. On the day of our inspection 25 people were using the service and there was a registered manager in place.

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.

During out previous inspection on 24 July 2015 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the management of people's medicines and the management of the home. During this inspection we checked to see whether improvements had been made. We found they had in both areas.

People's medicines were now managed safely and medicine administration records were completed appropriately. Processes were in place to reduce the risk of people experiencing abuse. Risks to people's safety were continually assessed and reviewed. People were able to lead their lives without unnecessary restrictions on their freedom. There were enough staff to keep people safe.

Staff were well trained, received regular supervision of their work and were encouraged to undertake professional qualifications in adult social care. The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care. People enjoyed the food that was provided for them and people were referred to dieticians where additional support was needed. People's day to day health needs were met by staff. A visiting healthcare professional spoke highly of the way staff supported people. Referrals to relevant health services were made where needed.

Staff were kind, caring and compassionate. Staff understood people's needs and listened to and acted upon their views. People's privacy and dignity were maintained and staff spoke with them in a respectful way. People told us staff respected the decisions they made about their about their care. People's records did not always record that people had been involved with these decisions. Some care records contained details about people's life history and preferences but others, who were staying at the home for a shorter period of time did not. People were provided with information about how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to.

People spoke positively about the activities provided at the home. Regular reviews of people's care were carried out to ensure they met people's current needs. People were provided with the information they needed if they wished to make a complaint.

The registered manager had made improvements to the service since the last inspection. This included the implementation of robust quality assurance processes. Staff spoke positively about the registered manager, however people who used the service and their relatives felt the registered manager was not always visible at the home. Staff understood what was expected of them in their role.

## 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.

People's medicines were managed safely and records completed appropriately.

Processes were in place to reduce the risk of people experiencing abuse.

Risks to people's safety were continually assessed and reviewed.

People were able to lead their lives without unnecessary restrictions on their freedom.

There were enough staff to keep people safe.

### Is the service effective?

Good

The service was effective.

Staff were well trained, received regular supervision of their work and were encouraged to undertake professional qualifications in adult social care.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care.

People enjoyed the food that was provided for them and people were referred to dieticians were made where needed.

People's day to day health needs were met by staff. Referrals to relevant health services were made where needed.

### Is the service caring?

Good

The service was caring.

Staff were kind, caring and compassionate. Staff understood people's needs and listened to and acted upon their views.

People's privacy and dignity were maintained and staff spoke

with them in a respectful way.

People told us staff respected the choices they made about their about their care.

People's records did not always record that people had been involved with these decisions.

People were provided with information about how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to.

## Is the service responsive?

Good

The service was responsive.

People spoke positively about the activities provided at the home.

Regular reviews of people's care were carried out to ensure they met people's current needs.

People were provided with the information they needed if they wished to make a complaint.

## Is the service well-led?

Good

The service was well-led.

The registered manager had made improvements to the service since the last inspection, including the implementation of robust quality assurance processes.

The registered manager and their staff understood their roles and carried them out effectively.

Staff spoke positively about the registered manager, however people who used the service and their relatives felt the registered manager was not always visible at the home.

# Woods Court Residential Care Home for Older People

**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 9 June 2016 and was unannounced.

The inspection team consisted of two inspectors 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 care service

Before the inspection, we asked the provider to complete 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 reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about.

We spoke with eight people who used the service, eight relatives, two members of the care staff, activities coordinator, a domestic assistant, laundry assistant, the cook, a team leader who also worked in the role of deputy manager and the registered manager. We also spoke with a visiting health and social care professional.

We looked at all or parts of the care records and other relevant records of six people who used the service, as well as a range of records relating to the running of the service.

Good

# Is the service safe?

## Our findings

During our inspection on 24 July 2015 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the way people's medicines were managed. Records did not contain information about whether people had any allergies or recorded people's preferences as to the way they liked to take their medicines. There were also no protocols in place for people who received their medicines on an 'as needed' basis. 'As needed' medicines are not administered as part of a regular daily dose or at specific times. After the inspection the registered manager sent us an action plan which explained how they would make the required improvements in this area.

During our inspection on the 9 June 2016 we saw improvements had been made. Each person's medicine administration records (MARs) now contained details of the way people liked to take their medicines and whether they had any allergies. We also saw improvements had been made in relation to 'as needed' medicines. We saw protocols were in place for most of these medicines and saw the reasons they had been administered were also recorded. We did find a small number of examples where protocols were not in place, but records showed these medicines had not been administered. The registered manager told us they would review the records to ensure these protocols were in place for all people.

Some of the people we spoke with told us staff looked after their medicines for them and they received them regularly and on time. We saw a member of staff administering medicines. They interacted socially with people, kneeling down to eye level and spent time talking with them. We saw this staff member leave a person's medicines with them for them to take at a time appropriate to them. When we checked this person care records, we saw they did not like to take their medicines straight away and wanted them left with them to take in their own time. This meant staff administered medicines in the way in which they wanted them.

People's medicines were stored safely in a locked trolley and cupboards. Regular checks of the temperature of the room or fridge the medicines were stored in were taken. These ensured medicines were stored at a safe temperature that did not affect their effectiveness. Appropriate procedures were in place for the ordering and supply of people's medicines.

Records showed staff who administered medicines had received training to enable them to do so safely. Staff also received regular assessments of their competency in administering people's medicines safely.

People told us that they felt safe living at the home and relatives told us they felt the home was a safe environment for their family members. A relative said, "There was a person who was always trying to get out [of the home] and they [staff] were very good with them." Another relative said in regard to their family member being safe, "Definitely, [my family member] been here so long and had seizures and they [staff] dealt with [my family member] really well, they are always popping in to check on them."

People were supported by staff who understood the types of abuse people could face at the home. They knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local multi-agency safeguarding hub (MASH) or the police. Records showed a safeguarding adults policy was in

place and that staff had received safeguarding of adults training. Records showed a small number of staff required refresher training in this area to ensure their knowledge met current best practice guidelines. We were advised by the deputy manager that this training had been booked.

People were able to move freely around the home without restriction. People did not feel staff restricted their freedom in any way. One person said, "I can do what I want, I tell them [staff] what I'm doing out of courtesy."

We observed staff using moving and handling equipment safely. We saw two members of staff transfer a person from a chair to their wheelchair. They did this in a safe, kind and gentle way, reassuring the person and explaining what they were doing or wanted the person to do.

We saw the premises were generally well maintained, safe and secure. However a number of upstairs bathrooms did not have their windows restricted from opening fully. This meant that there was a greater risk that people could be placed at risk of avoidable harm. We raised this with the registered manager. They told us they would immediately ensure all windows were inspected throughout the home to ensure the restrictors were in place.

Personal emergency evacuation plans, used to assess how to evacuate people in an emergency (PEEP) were in place and reviewed for all people using the service. Regular servicing of equipment such as hoists and walking aids, gas installations and fire safety and prevention equipment were carried out and we saw these had been conducted within the last year. External contractors were used to carry out work that required a trained professional.

Care records contained detailed 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.

The registered manager carried out regular reviews of the accidents and incidents that occurred at the home. Analysis was conducted to identify any themes or trends which would enable the registered manager to put preventative measures in place to reduce the risk of reoccurrence.

People and relatives told us that they thought there were enough staff at the home most of the time, including at night. One person said, "There's enough where I am, the care I'm getting is ok." Another person who told us they had recently ill been said, "I wasn't so good and they [staff] were on the ball looking after me, two of them stayed with me for a time." Another person said, "They [staff] always seem to be here, night times are very good, if you need anything you ring your buzzer and someone arrives." A relative said, "[My family member] has only to say 'can I go to the toilet' and they [staff] soon take them."

The staff we spoke with told us they thought there were enough staff to keep people safe and meet people's needs. We observed that people received care promptly. The registered manager told us they carried out regular assessments of people's care and support needs to enable them to ensure they had enough staff in place to keep them safe. They told us this has resulted in additional staff being used where needed.

The risk of people receiving support from staff who were unsuitable for their role was reduced because the provider ensured appropriate checks on each staff member's suitability for the role had been carried out. Before staff were employed, criminal record checks were conducted. Other checks were carried out such as; ensuring staff had sufficient references and proof of identity.  Where agency staff were used, the registered

manager told us they requested staff who were familiar with the service to ensure people received a consistent level of care and support. These checks assisted the provider with making safer recruitment decisions.

Good

# Is the service effective?

## Our findings

People told us they thought the staff provided the care and support they needed in an effective way and understood their daily routines. One person said, "They know what I'm capable of and that I'm capable of asking if I want anything." Another person said, "You can go to bed whenever you want, you can stay up until midnight if you want, they don't push you. You've only to tell them and they help you."

Staff received an induction, regular training and assessment of their roles in order to provide people with effective care and support that met their current needs. The registered manager told us the induction was sufficient to provide staff with the skills needed to carry out their role. They also told us all new staff were expected to complete the 'Care Certificate' training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received training in a number of areas including, moving and handling and safeguarding of adults. The staff training matrix showed the majority of this training was up to date and where refresher training was needed, this had been booked.

The staff we spoke with told us they had received sufficient training and also received regular supervision of their work. One staff member told us supervision took place every two months and records viewed reflected this. Staff were encouraged to undertake externally recognised qualifications such as diplomas (previous referred to as NVQs) in adult social care. Staff told us they felt supported by the registered manager and the management team.

People's care records contained guidance for staff that enabled them to communicate effectively with people. Throughout the inspections we saw staff use a variety of skills and different methods to communicate effectively with people who were living with dementia. People responded positively to the way staff communicated with them. Records showed staff had received training in managing actual and potential aggression (MAPA). This training enabled staff to manage people's behaviours that may challenge in a non-restrictive way and effective way. The registered manager told us that restraint was not used.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The requirements of the MCA were being followed. When a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interest documentation had been completed. DoLS applications had been made for a number of people who used the service. Staff knowledge of the MCA was good.

People spoke positively about the food and drink provided at the home and said they had enough to eat and were given a choice. One person said, "The food is very good and I don't say that lightly, that's what I tell my family. They [staff] ask you if you'd like some more and if you can't eat what they provide, they ask if they can get you something else." Another said, the food was, "Not bad, you get a choice, (it's) very good really." A relative, "What I've seen of it [the food] it's very good. I've had dinners here myself and they are excellent, they have a good selection." Another relative said, "[My family member] seems to thrive on the food. They are a bit of a fussy eater and they get a choice."

We observed the lunchtime meal in the main dining room. People were assisted to eat their meals by staff who sat down next to them. The food appeared appetising and freshly prepared and people appeared to be enjoying their meal. Staff explained what was on the plate and talked with people encouragingly as they assisted them in an unhurried manner. Drinks were offered at intervals during the meal. A separate vegetarian menu was in place.

We saw drinks were offered at regular intervals to reduce the risk of people becoming dehydrated. A relative said, "Hydration, is good, they [staff] do encourage them [people] to drink a lot of water."

Records showed that people's like, dislikes and allergies had been recorded and these had been noted in the kitchen for the kitchen staff to be aware of when preparing people's meals. Records also showed people were weighed regularly and appropriate action was being taken, such as referrals to dieticians, when people were losing weight.

People told us that they were able to see their GP when they needed to. A relative said, "[My family member], had a fall and they [staff] dealt with that very well. I was informed straight away. When [my family member] came back [from hospital] they got them back on their feet very quickly."

We spoke with a healthcare professional during the inspection. They told us, "When we give guidance and advice, the staff listen to us and do what we ask. The care is very good here, some of the best I've seen."

We saw there had been prompt referrals to other professionals when these were required. Documentation within people's care records provided evidence of the input of district nurses, speech and language therapists, GPs and opticians. When these professionals had provided recommendations or advice this had been implemented. However we did note that guidance was not in place for staff to follow for a person who was living with diabetes should they have a hypoglycaemic or hyperglycaemic seizure. These seizures can occur if blood sugar levels are too high or too low. We raised this with registered manager who told us they address this immediately.

Good

# Is the service caring?

## Our findings

People told us the staff were kind, caring and approachable and listened to them if they had any concerns. One person said, "We can talk to anyone, from the manager down." A relative said, "You never see them [staff] be anything but lovely with them [people], I've never heard a bad word from them." Another relative said staff were, "Brilliant, I can't fault any of them, [they are] like part of the family."

We observe staff interact with people in a kind and caring way. We saw people were happy and relaxed with staff and enjoyed their company. Staff took time to sit and talk with people and to listen to what they had to say.

There was an inconsistent approach to recording people's personal preferences and life history. For people who were living at the home for the long term, records were detailed and gave staff a good insight into the people they were supporting. However, for people who stayed at the home for a short period of time, these records were not always completed or completed in sufficient detail. The registered manager told us it could be difficult in gaining this information for people who stayed at the home for shorter periods of time, but acknowledged that improvements could be made.

However, staff had a good knowledge of people and their interests. We observed staff talking with people about their hobbies and it was clear they had built positive relationships with people living at the home, for both short and long term stay people.

We saw staff respond to people's distress or discomfort in a timely manner and reassurance was offered when needed. This included a friendly arm around the shoulder or the holding of a person's hand. The staff showed genuine warmth for the people they cared for.

People told us their wishes were respected by the staff. This included whether they wanted a male or female person to assist them with their personal care. A relative told us their family member was comfortable with all staff. They also said, "[My family member is comfortable] with all the men and the women. Somebody did ask if they preferred male or female carers, and [my family member] doesn't mind."

People and relatives did not raise any concerns with us with regards to them being involved with decisions about their or their family members care. We observed staff regularly ask people if they could help them and respected their wishes if they did not want help. However, people's care records did not always reflect how people had been involved with decisions. We saw some people and relatives had signed to say they agreed to decisions made, but there were gaps in other records.

People were provided with information about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. Information for other health and social care services was also available to assist people if they wished to discuss their financial affairs or health related matters.

People told us that they were treated with respect and that staff maintained people's privacy and dignity. One person said, "They do give you respect, they want you to be happy." Another person said, "They [staff] just get on with things; if they are getting you washed or dressed they just talk to you but don't make a fuss." Another person said, "If they [staff] are going to wash you, they always close the door and make sure you are covered up." Another person said staff were, "Very nice, if they see you sitting they are always asking if you are alright. But they are not obtrusive, they don't interfere."

We saw staff take people to private areas to support them with their personal care and staff knocked on people's doors before entering. The home had a number of areas where people could have privacy if they wanted it. However, not all toilets had signs on them to indicate whether the toilet was engaged or not, which could place people's privacy at risk.

Information was available for people throughout the home which explained how they should expect to be treated with dignity at all times. When staff discussed people and their personal care or other health related matters, this was done discreetly to avoid people's dignity being compromised.

Staff treated people's 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 how they promoted people's independence and we saw this taking place during the inspection. Staff told us people's relatives and friends were able to visit them without any unnecessary restriction.

Good

# Is the service responsive?

## Our findings

We asked people whether they were able to do the things that interested them. People told us there were plenty of activities taking place in the home and they were encouraged to take part in these. One person said, "Yesterday we had an activity morning, we played dominoes. We have coffee mornings; it's surprising how time goes." Another person told us they had been a church organist and was able to play the home's organ. We saw this person doing this during the inspection. Another person said, "They [staff] took me into town on Sunday shopping, it was a beautiful day."

The registered manager told us they had developed new ways to assist people with following the hobbies and activities that interested them. Three members of staff had been given dedicated time to support people with activities. These roles were split into three main areas. Group activities, one to one time and time spent out of the home. We observed these staff members carry out a variety of activities with people which people responded positively to.

We saw staff encourage people to join in with activities and made efforts to ensure that people were not socially isolated. Where people declined the offer, staff respected their choice. One person we spoke with told us staff never forced them to do anything they did not want to do. A relative said, "They [staff] do ask [my family member] to join in but [my family member] doesn't always want to. They come in and out of their room all the time. Everyone who walks past talks to [my family member]."

When people first came to the home an assessment of their needs was completed in order to plan the most appropriate care and support for people. We asked people whether they had been involved with this process and some people told us they were unsure. However, people told us they were happy with the way staff responded to their care needs. Throughout the inspection we saw staff respond promptly to people and people were not left alone for long periods of time.

Each person had a range of care plans for their care and support needs such as personal hygiene, eating and drinking, mobility, and pressure ulcer prevention. Care plans were reviewed regularly and changed in line with people's changing needs.

Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs. Staff told about of a person who went to church every week and also explained that representatives for a local church visited the home each month.

Efforts had been made to support people living with dementia to lead as fulfilling a life as they could. The home was decorated in a way which would be appropriate to the age of the people living at the home. People's bedroom doors had photographs and their names on to support people with identifying their own bedroom. Different coloured handrails, doors and corridors were also in place to support people with identifying different parts of the home.

None of the people we spoke with told us they had needed to make a complaint, but all said they would feel

able to if required. Relatives also felt able to complain if they needed to. One relative said, "I wouldn't hesitate if I needed to." Another said, "I'd go straight to [the registered manager]. I can talk to her."

People were provided with guidance on how to make a complaint in the service user guide they were given when they first came to the home. However, it did not include details on how to contact the Local Government Ombudsman if they felt their complaint had not been handled appropriately. The staff we spoke with were able to explain how they would respond to a complaint.

We viewed the complaints register and saw the registered manager had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner and in line with the provider's complaints policy.

Good

# Is the service well-led?

## Our findings

During our inspection on 24 July 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the lack of robust quality assurance processes in place to ensure people received a high quality of care. After the inspection the registered manager sent us an action plan which explained how they would make the required improvements in this area. During this inspection we saw improvements had been made.

The registered manager showed us a range of audits they had introduced which enabled them to identify the risks to people living at the home and the service as a whole. These audits ranged from a daily walk around the home, to weekly and monthly audits in areas such as infection control, dependency assessments, sling and wheelchair inspections and the environment in which people lived.

The registered manager told us they had delegated the responsibility for carrying out these audits to their deputy manager and the team leaders. The actions identified from these audits were discussed during regular management meetings and plans were put in place to address them. We saw the registered manager's action plan which was used to ensure that these actions were completed. The registered manager told us they were pleased with the effectiveness of these audits and felt they now enabled them to manage the home more effectively.

People were encouraged to become involved with development of the service and were given the opportunity to contribute to decisions made. For example, a staff member told us that they spoke with people to obtain their feedback on the quality of food every three months. However some people and relatives felt they would like the opportunity to give their views more frequently. The registered manager told us they were aware of the need to involve people more and told us they would implement more frequent resident and relatives meetings.

People were supported by staff who told us they would be comfortable raising issues using the processes set out in the whistleblowing policy. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The provider's values and philosophy of care were in the guide provided for people who used the service and staff acted in line with those values. The atmosphere of the home was comfortable and relaxed. A staff member said, "Staff work really well together, the atmosphere is good." Another staff member said, "It's a lovely, caring home."

Staff told us they felt the home was well-led. They told us the registered manager was approachable and listened to them. They also told us that they received constructive feedback to support them to improve the quality of care they provided for people.

People and their relatives told us they would like to see more of the registered manager. One person said, "I have spoken to her but she doesn't mix around much." A relative said, "I've never really had much to do with

management, just the staff." However, another relative said, "[The registered manager] is very good. You can talk to her anytime and I would do because she'd put it [concerns they had] right." We raised this with the registered manager. They told us they had recently reduced the number of hours they were working at the home and were in the process of training a team leader to carry out more managerial roles with the view to them becoming the permanent deputy manager. This has impacted on the time they spent out talking with people. They told us they would ensure they were available to meet with people and their relatives more often.

The registered manager had a clear understanding of their role and responsibilities. They ensured they had the processes in place to meet the requirements of their registration with the CQC and other agencies, such as the local authority safeguarding team. The registered manager had ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service.