Care Quality Commission

Woodrow Retirement Home Limited

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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?	Requires Improvement

Overall summary

Woodrow Retirement Home Limited is a long established service, registered to provide accommodation and care for up to 16 people. The home is not able to provide nursing care, provided by the community nursing service. People living at the home are older people, some of whom may have some early memory loss.

The home was last inspected in June 2014 when it was meeting the requirements at that time. The inspection took place on 25 September and 6 October 2015 and was unannounced. On the day of the inspection there were 15 people living at the home.

A manager is registered for the service and they are also the owner. A registered manager is a person who has

Summary of findings

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.

People living at the home were older and many had mobility difficulties. On the first day we inspected we found there were some risks within the environment. For example, a door to the basement was not locked and people who were unsteady on their feet could have fallen down the steps. One person's bedroom door was propped open with a chair. On the second day of our inspection the registered manager had taken steps to remedy these matters. Other risks within the environment were well managed. For example, radiators were covered to prevent burns and window openings were restricted to prevent people falling from a height.

The way the home was managed could be improved. There were no effective quality assurance systems to help improve the service. Although some audits were carried out such as medicines, the registered manager told us "It's fair to say I have done little in the way of quality assurance lately." There was no system in place to monitor accidents and incidents in order to reduce the risk of repeat occurrences. There was no formal system in place to obtain the views of people living at, working at or visiting the home. The home was an older building with some narrow corridors. The manager had not carried out any risk assessments to determine how this impacted on people and had therefore not put management plans in place. We have asked the manager to take advice on when to make a referral to a healthcare professional following a fall.

The registered manager was keen to develop and improve the service and had plans to further improve the environment, care records and social activity.

Work had been carried out recently to create a new lounge/dining area which was large, bright and nicely furnished. The atmosphere in the home was warm and welcoming. The interactions between people and staff were positive. We heard and saw people laughing and smiling and people looked comfortable and relaxed in their home. People and visitors told us they thought staff were very good and caring. People told us "I am lucky to be here. It's just like a home from home they all so very good". Relatives told us they were welcomed in the home and able to visit without any restrictions. The relatives of one person told us how the staff had helped them to celebrate their relative's milestone birthday.

Everyone we spoke with said they were treated with respect and dignity. One person said staff were "Little troopers – do everything they can to make me happy" and another said "I always like to be called by my surname and all the staff respect that".

People, relatives and health and social care professionals all spoke positively about the registered manager who took an active role within the running of the. Staff told us they were able to raise concerns and said any issues raised were dealt with straight away. Staff felt there was an open culture within the home, where anything could be discussed and they were able to make suggestions for improvement.

People had regular access to healthcare professionals such as GPs and community nurses.

Staff told us about things that people liked to do, such as crosswords and listening to classical music. Staff were also aware of people's past lives and told us they chatted to people about this. However, people were at risk of becoming socially isolated as they spent much of their time alone in their rooms. Although, one person told us they were "Quite happy in my own company – can have what I want on the TV." Staff told us the new lounge/dining area was rarely used. There were no items around the room that might encourage people to use the room such as books, magazines or jigsaw puzzles. We spoke with the registered manager about how enthusiastic one member of staff was about getting people to use the room and interact more. On the second day we inspected the registered manager had arranged for the staff member to work an extra two afternoons each week to provide extra social stimulation for people.

People's personal risk assessments contained good details on how risks were managed. Moving and transferring and pressure area assessments were in place and had been updated when risks had changed. Pressure relieving equipment was used when needed. Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. People living at the home we spoke with said they felt

Summary of findings

safe and free from any harm. One person said "My room is nice and they always lock my patio door at night" and another said "I am always looked after by staff and they always pop into my room to make sure I am OK".

People were kept safe as there was a policy which ensured all employees were subject to the necessary checks which determined that they were suitable to work with vulnerable people. People were protected from the risks of abuse. Staff knew how to recognise abuse and how to report any concerns. There were enough staff on duty to keep people safe. Staff told us that they felt there were enough staff to keep people safe, but they had little time to spend with people when they were not providing personal care. During the inspection staff were busy but people were not rushed and staff responded to call bells quickly.

People's individual needs were assessed prior to admission and a more in depth care plan was developed as they settled into the home. Staff and people living at the home as well as visitors all felt people were supported by staff who knew them well and understood their needs and personal wishes. However, People's care plans were not always updated when people's needs changed which meant staff may not always have the most up to date information about them.

People received care and support from staff who had the skills and knowledge to meet their needs. Staff had received a variety of training including moving and transferring, first aid, food and nutrition and safeguarding people. Relatives told us "They look after [relative] and myself very well. It's very good otherwise we would have taken [..] away a long time ago". Another relative said "They have done a good job to keep [..] going". They also said staff coped very well even when their relative was not being very nice to them.

Although not all staff had received formal training in the Mental Capacity Act 2005 (the MCA) and the associated Deprivation of Liberty Safeguards (DoLS) people were supported by staff who had a good understanding of the legislation. This legislation is in place to ensure people's legal right to make a decision is upheld and that their liberty is not restricted without proper authorisation. Healthcare professionals, relatives and staff had been involved in determining that one person should be supported to receive medicines and with washing and bathing. People's liberty was only restricted when there was no other means of keeping them safe. People were supported to make decisions about day to day aspects of their life, such as what to eat, what to wear and where to spend their time. People were asked for their consent before staff provided personal care. One staff member told us "I always ask the residents if and when they are ready to go to bed".

People received enough to eat and drink. At lunchtime people generally ate in their bedrooms, only two people ate in the dining room. People eating in their bedrooms told us they preferred to stay in their rooms. A good choice of menu was available including vegetarian options and the cook was preparing a separate shepherd's pie for one person who did not like onions.

Medicines were stored safely and securely. Staff who gave people their medicines had completed training. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. Regular audits of medicines ensured any errors would be picked up and action taken to prevent it happening again.

People were able to express their views. Occasional meetings were held to give People information and ask for their opinion. People told us the registered manager and staff were always asking them if everything was alright with them. Comments and concerns leaflets were displayed around the home that gave people information on how to raise concerns.

We have made recommendations about seeking advice from healthcare professionals and ensuring people's assessed and changing needs continue to be met.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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.

The environment was safe, however some environmental risks had not been identified or managed appropriately until these were pointed out to the registered manager by CQC.

There were sufficient staff to keep people safe.

Staff had the knowledge and understanding of how to recognise and report signs of abuse.

Systems were in place to manage personal risks to people.

Medicines were administered safely.

Good

Is the service effective?
The service was effective.

People's healthcare needs were met effectively. However we have asked the registered manager to take some advice relating to the management of falls.

This is an older style home and we have recommended the manager take action to ensure any risks are assessed and action taken.

Staff had received the training they required and had the skills to carry out their role.

Staff understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People were supported to maintain a healthy and balanced diet.

Good

Is the service caring?
The service was caring.

People were treated with kindness and respect by caring and compassionate staff.

People were encouraged to make choices about their day to day lives.

People and their relatives were supported to be involved in making decisions about their care.

Good

Is the service responsive?
The service was responsive.

Action was not always taken to ensure people did not become socially isolated.

People received care and support that was responsive to their needs.

Good

Summary of findings

Visitors told us they could visit at any time and were always made welcome.

People were confident that if they raised concerns they would be dealt with quickly by the manager.

Is the service well-led?

Aspects of the service were not well led.

There was no effective system in place to regularly monitor and improve the quality of care provided.

People's care plans were not regularly reviewed or updated as people's needs changed.

The registered manager was very open and approachable.

There was an open culture.

Requires Improvement

Woodrow Retirement Home Limited

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 was 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 25 September and 6 October 2015 and was unannounced.

The inspection team consisted of one social care 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 care service. This expert-by-experience had experience of caring for an older person.

Before the inspection we gathered and reviewed information we held about the provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

During the inspection we spoke with nine people using the service, six visiting relatives, six staff and the registered manager. We also spoke with a visiting health care professional and contacted staff from the local authority who had commissioned some placements for people living at the home.

We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included three people's care records, the provider's quality assurance system, accident and incident reports, three staff records, records relating to medicine administration and staffing rotas.

Is the service safe?

Our findings

People living at the home were older and many had mobility difficulties. On the first day we inspected risks presented by the environment were not always minimised. For example, a basement door with steep concrete steps to the main office was left unlocked. There was the possibility that people opening the door who were unaware of the steps or who were unsteady could fall down the steps. There was a Yale lock fitted to the door, but the key remained in the lock. We discussed this with the registered manager who agreed to ensure the door was kept locked and the key removed. On the second day we inspected the door was locked and the key removed. One person's bedroom door was seen propped open with a chair, this not only presented a trip hazard, but also a fire hazard. The registered manager was made aware of the situation and agreed to fit automatic door closers where people wanted their doors left open. Two steps into two people's bedrooms were not easily identified and could present a trip hazard, the registered manager agreed to highlight the edge of the steps in order to minimise the risk. On the second day we inspected the registered manager had arranged for these matters to be dealt with. Other risks presented by the environment were well managed. For example radiators were covered to prevent burns and windows were restricted in their opening to prevent falls from heights.

The manager reported that everyone had a call bell within reach, but one visitor told us their relative could not always reach theirs. We asked the manager to investigate and address this.

People's personal risk assessments contained good details on how risks were managed. Moving and transferring and pressure area assessments were in place and had been updated when risks had changed. Pressure relieving equipment was used when needed. One person who was at high risk of developing a pressure area was also being monitored by the community nursing team. No-one at the home had a pressure sore at the time of the inspection.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home.

Personal emergency evacuation plans were in place for people. These gave staff clear directions on how to safely evacuate people from the building should the need arise, such as a fire.

People living at the home we spoke with said they felt safe and free from any harm. One person said "My room is nice and they always lock my patio door at night" and another said "I am always looked after by staff and they always pop into my room to make sure I am OK".

People were protected by robust staff recruitment procedures. The provider had a policy which ensured all employees were subject to the necessary checks which determined that they were suitable to work with vulnerable people. Three staff files contained all the required information including references and criminal records checks.

People were protected from the risks of abuse. Staff demonstrated a good knowledge of different types of abuse. They told us how they would recognise abuse, and what they would do if they suspected abuse was occurring within the service. They said initially they would tell the registered manager, but knew they could also contact the police or the local care management teams. Staff had also received training in safeguarding people.

On both days of our inspection there were three care staff on duty during the morning and two in the afternoon. The registered manager was also on duty. As well as the care staff there was a cook and cleaners on duty. Staff rotas showed these staffing levels were maintained throughout the week. People told us that they occasionally had to wait for help when staff were busy, but understood not everyone could get help at the same time. Staff told us that they felt there were enough staff to keep people safe, but they had little time to spend with people when they were not providing personal care. During the inspection we saw that while staff were busy, they were not rushed and responded to call bells quickly. The registered manager told us there was no formal system used to determine staffing levels, but that the levels could be adjusted if people's needs increased.

People's medicines were stored safely and securely. Staff who gave people their medicines had completed training. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. One person told us

Is the service safe?

“After breakfast they [staff] always give me my four morning pills and the one in the afternoon”. Regular audits ensured any errors would be picked up and action taken to prevent it happening again. There had been no medicine errors since the last inspection.

Staff were seen to be wearing protective gloves and aprons during meal times and also for personal care and domestic tasks.

Is the service effective?

Our findings

Effective action was taken when people needed additional support or care. However, in two instances, when people had fallen, staff had not made referrals to healthcare professionals having judged this was not needed. They had later made referrals when bruising had appeared, or the person had complained of pain. In another instance the manager had called the GP and had been told they did not need to do this. This had caused some confusion and the registered manager was unsure when referrals to healthcare professionals should be made.

People told us they had access to GPs. One person told us they had spoken with staff about a health concerns and that staff had quickly called the GP who had prescribed medicine for their condition. However, another said that although staff called the GP quickly, they did not always attend quickly. One person said they had just recently been to the opticians for some new glasses and another told us a community nurse visited them daily.

We spoke with a visiting physiotherapist who told us they felt staff were well informed, always wanting to do their best for the person and that the registered manager was always willing to provide any items needed to help people.

People living at the home were older and some had difficulty moving around the home on their own. The home is an older property and there is limited scope to improve the environment. Some corridors were quite narrow and there were steps into the lounge/dining room that made it difficult for people with poor mobility to use the area on their own. Rooms on the first floor were accessed via a stair lift. Everyone had their own bedroom but the size of rooms varied greatly. Some were bright and airy and had ensuite toilets, others were rather small. One person who spent all their time in bed had a very small room. Staff told us the size of the room made caring for the person difficult as they had to move the bed each time they needed to provide personal care. On the second day of our inspection a 'mini' hoist was delivered to help staff care for this person more easily.

A new lounge/dining area had recently been completed. The room was large, bright and nicely furnished. However, on the first day of our inspection there was no heating in this area. The registered manager explained there had been a problem with 'cold spots' around the home. The plumber had been testing the system and turned the radiators off. As it had been very warm, staff had not noticed the radiators were turned off. On the second day of our visit the heating was on in this area. The home was clean and tidy throughout with no unpleasant odours.

People received care and support from staff who had the skills and knowledge to meet their needs. Staff told us they felt skilled to meet the needs of the people in their care. Staff had received a variety of training including moving and transferring, first aid, food and nutrition and safeguarding people. We saw staff using good moving and transferring procedures when helping people move from wheelchairs to easy chairs. New staff had recently been employed and they told us they were working through their induction.

Staff told us and records showed they had recently received their annual appraisal, when they had been able to discuss any areas of concern and ask for further training. One member of staff told us they had requested training in caring for people at the end of their life, and the registered manager had agreed to provide this. Staff told us they had regular supervision and were able to talk to the registered manager any time as they were readily available. However, there was no written evidence that staff received supervision.

Information about people and any changes to their care were discussed in handover meetings between each shift. Staff also told us that any changes to care were recorded on people's care plans.

Although not all staff had received formal training in the Mental Capacity Act 2005 (the MCA) and the associated Deprivation of Liberty Safeguards (DoLS) people were supported by staff who had a good understanding of the legislation. This legislation is in place to ensure people's legal right to make a decision is upheld and that their liberty is not restricted without proper authorisation. Staff were aware that everyone is assumed to have capacity to make a decision unless it is proven otherwise. People's best interests were upheld when they had been assessed to not have capacity to make a specific decision. For example, healthcare professionals, relatives and staff had been involved in determining that one person should be supported to receive medicines and with washing and bathing.

Is the service effective?

People's liberty was only restricted when there was no other means of keeping them safe. Staff were aware that any such restrictions should be properly authorised and always be the least restrictive option. Two DoLS applications had been made to the local authority in order to restrict people's movements, and staff were closely monitoring people until the applications had been authorised.

People were supported to make decisions about day to day aspects of their life, such as what to eat, what to wear and where to spend their time. People were asked for their consent before staff provided personal care. One staff member told us "I always ask the residents if and when they are ready to go to bed". Throughout the inspection we heard people being asked what they wanted to eat and drink. One person told us staff always asked if it was alright to help them.

People were supported to have enough to eat and drink. At lunchtime people generally ate in their bedrooms, only two people ate in the dining room. People eating in their bedrooms told us they preferred to stay in their rooms. A good choice of menu was available including vegetarian options and the cook was preparing a separate shepherd's pie for one person who did not like onions. Special diets, such as low sugar, were also available. People told us the cook asked them each day what they wanted to eat. One person told us "I am just getting over an operation on my knee so I am not eating a lot but what I have is very good". Hot and cold drinks were served on frequent occasions.

We recommend that the service seek advice and guidance from healthcare professionals about when a GP or paramedic should be contacted if someone falls.

We recommend that the service ensures that people's assessed, and changing needs continue to be met.

Is the service caring?

Our findings

Everyone we spoke with said they were treated with respect and dignity. However, on the first day of our inspection some people's bedroom doors had 'skin inspection' signs attached to them alerting staff as to what to do for these people. This could compromise their privacy and dignity. We spoke to the registered manager about this and they removed the signs from the doors and put them inside the rooms.

People and visitors told us they thought staff were very good and caring. People told us "I am lucky to be here. It's just like a home from home they all so very good" and "I am always having a laugh with the staff and telling them jokes". Others told us "The manager and the staff are good at mingling " and "We know all the girls names and manager's. Nothing is too much trouble". One relative told us "My relative receives very good care and attention" and another said "The care here is very good".

The atmosphere in the home was warm and welcoming. The interactions between people and staff were positive. We heard and saw people laughing and smiling and people looked comfortable and relaxed in their home. People were assisted with care tasks in gentle and caring ways. All staff carried out their duties with a caring and enthusiastic manner. Staff spoke about people in a respectful and friendly manner and people said staff always spoke to them nicely and respected their wishes. One person said staff were "Little troopers – do everything they can to make me happy" and another said "I know all the staffs' first names they are a good bunch". One person told us "I always like to be called by my surname and all the staff respect that".

People were supported by staff that had a good knowledge of them and knew them well. Staff were able to tell us about people's likes and dislikes, which matched what was recorded in people's care records. People told us they knew about their care plans, but were not really interested in helping develop them. They told us they were happy for their relatives to deal with that area. One relative told us "I can always look at my relatives care plan book which I do".

Staff recognised the importance of people's family and friends. Relatives told us they were welcomed in the home and able to visit without any restrictions. One person told us "I get quite a lot of visitors so there is no rest for me!" Staff helped people to celebrate special occasions. The relatives of one person told us how the home had helped them to celebrate their relative's milestone birthday.

Is the service responsive?

Our findings

Improvements were needed to ensure people did not become socially isolated. Care plans needed to be reviewed and updated when people's needs changed.

People's individual needs were assessed prior to admission and a more in depth care plan was developed as they settled into the home. Staff and people living at the home as well as visitors all felt people were supported by staff who knew them well and understood their needs and personal wishes. Staff were able to give us clear and detailed information about people's daily routines and how they needed and preferred to be supported. For example, staff told us about one person who took pride in their appearance so staff ensured they always had their hair done and make up on. One relative told us staff always made sure their relative's clothes were co-ordinated as that was how they had always dressed.

Relatives told us "They look after [relative] and myself very well. It's very good otherwise we would have taken [..] away a long time ago". Another relative said "They have done a good job to keep [..] going". They also said staff coped very well even when their relative was not being very nice to them.

Staff also told us about things that people liked to do, such as crosswords and listening to classical music. Staff were also aware of people's past lives and told us they chatted to people about this. However, there was little evidence that people's social care needs were met on a regular basis. Staff told us there were enough staff to keep people safe, but not always enough to ensure regular individual social interaction time. The registered manager told us staff did sometimes spend individual time with people but accepted this was limited. Staff told us they had tried to encourage people to leave their rooms to socialise more, but they were rarely successful. They said that there was the occasional activity such as a quiz, but generally people did not want to join in.

Most people told us they preferred to spend time alone in their rooms. One person told us they were "Quite happy in my own company – can have what I want on the TV." They also told us they went out to a local group once a week. Another person told us they used to go to the dining room for lunch, but now liked their room so much they didn't want to leave it.

The beautiful new lounge/dining area was rarely used. Only one person and their relative went in There during the inspection. There were no magazines or jigsaw puzzles around that might encourage people to use the room. There was easy level access from the room to the recently built landscaped patio area. Staff told us people rarely used this area either.

We spoke with one staff member who had recently been employed, who told us they could not understand why people did not want to join in activities. They had several ideas to try to interest people in doing something other than watching TV. We spoke with the registered manager about how enthusiastic the staff member was. When we went back for our second day, the registered manager had spoken with the staff member and had given them an unlimited budget to purchase items they may need to start engaging with people. The staff member had been allocated two extra afternoons a week to work with people either individually or in a group, depending on what they wanted.

Comments and concerns leaflets were displayed around the home that gave people information on how to raise concerns. The registered manager told us they had not received any formal recorded complaints and dealt with any small concerns as they were raised. However, they recognised the need to record any future concerns as a matter of good practice and evidence they had dealt swiftly with issues raised with them. One relative told us "If I had to complain, which I haven't, I'd go to a senior member of staff or the manager. It's no problem talking to them". Another said "I am not too sure who I complain to but I could easily find out."

People were supported to express their views. Occasional meetings were held to give people information and ask for their opinion. The last meeting was held in June 2015 to discuss the alterations planned to the environment. People told us the registered manager and staff were always asking them if everything was alright with them. The registered manager told us they had sent out questionnaires to people for their views on the quality of care provided at the home. One relative told us they had filled in the questionnaire. However, the registered manager could not find the completed questionnaires but said they had been looked at to see if there were any issues to be addressed.

Is the service well-led?

Our findings

There was no effective quality assurance system in place to drive continuous improvement within the service. Although some audits were carried out such as medicines, the registered manager told us "It's fair to say I have done little in the way of quality assurance lately." There was no audit of accidents and incidents to analyse any such accidents to look to see if there was a pattern or a way to prevent accidents re-occurring. There was no formal system in place to obtain the views of people living at, working at or visiting the home.

This was a breach of Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that people and their relatives were involved in the process of developing and reviewing care plans, but there was no written evidence of this. Care plans had been reviewed monthly up until June 2015, but had not been reviewed since. This meant staff may not have the most up to date information about people's needs. The registered manager acknowledged care plans should have been reviewed, but felt all staff knew of any changes in people's needs.

The registered manager was keen to develop and improve the service. They had plans to further improve the environment by adding extra bedrooms. The manager responded positively to our feedback regarding social activity and they were eager to pursue ideas from staff about improving social interaction. On the second day of inspection they had already increased staff hours to enable staff to spend more time with people.

People, relatives and health and social care professionals all spoke positively about the registered manager. The registered manager took an active role within the running of the home and had good knowledge of the people and the staff.

Staff told us the registered manager was available and approachable. Staff were able to raise concerns and said any issues raised were dealt with straight away. Staff agreed there was good communication within the team and they worked well together. Staff felt supported and one staff member told us how their confidence had increased so much they had recently been promoted to senior carer.

Staff told us there was an open culture within the home, where anything could be discussed and they were able to make suggestions for improvement. One staff member said they had suggested having name badges for staff so that people and visitors could see who they were. They told us the registered manager had thought this was a good idea and was going to order the name badges.

Staff were motivated, hardworking and enthusiastic and there was a mix of staff who had worked at the home for many years and some who had recently been employed. Staff who had been at the home for some time told us they welcomed the new staff and thought they would bring in new ideas. One staff member told us they liked the relaxed atmosphere within the home and that it felt "Like a family".

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was no system in place to assess, monitor and improve the quality and safety of the service. Regulation 17 (1) (2) (a).