Woodfields Residential Carehome

Woodfields Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

What life is like for people using this service:
People were supported by sufficient amounts of staff who managed risks to keep people safe. There were effective infection control practices in place. Medicines had not been managed safely and it was not clear that medication had been given as prescribed.

People were supported by staff who had received training to enable them to support people effectively. People's dietary needs were met and they had access to healthcare services when required. People's needs were met by the design and décor of the service. People's rights were upheld in line with the Mental Capacity Act 2005.

Staff were kind and caring to people. Staff promoted and respected people's dignity and privacy. People were supported to maintain their independence where possible.

People's care records did not always fully consider how to meet people's individual needs. People did not feel there were enough activities available that met their individual interests. Complaints made had been investigated and resolved by the registered manager.

Audits completed had not been effective in identifying the areas for improvement we found at this inspection. People spoke positively about the leadership at the service and people had been given opportunity to feedback on their experience of the service.

Rating at last inspection: Good (Report published 02 June 2016)

About the service: Woodfields Residential Home is a residential care home that is registered to provide personal and nursing care to 17 people aged 65 and over. At the time of the inspection, there were 15 people living at the home.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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 not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was not always responsive Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Woodfields Residential Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector.

Service and service type:
Woodfields Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the

service does well and improvements they plan to make. We also contacted the local authority to gather their feedback about the service.

We spoke with four people who lived at the home and two relatives. As some people were unable to share their views with us, we completed the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care for people who may not be able to speak with us. We also spoke with two members of care staff, the cook and the registered manager. We looked at the care records for two people as well as six medication records, two staff recruitment records and systems to monitor the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● At the last inspection, we found that medicines were not always managed in a safe way. This was due to there being errors in the recording of medication and a lack of guidance for staff on when to give 'as and when required' medication. At this inspection we found that these issues had not been addressed.

● We found protocols for 'as and when required' medications were still not in place to direct staff on when to consistently give people their medicine. We asked how a staff member would know if someone required pain relief, if they could not verbally say they did, the staff member replied "We wouldn't know [that the person needed pain relief]". This meant for people who could not ask for their 'as and when required' medication, there was a risk they would be left in pain without treatment if they could not ask for their pain relief.

● We looked at records completed to see if medication had been given as prescribed. We found some medications had not been recorded accurately by staff administering medication. Where staff had given some medications, they had not signed to say this had been given.

● The registered manager had implemented systems to ensure the safe storage of medication. This included monitoring the temperature in areas where medication was kept. However, these systems were ineffectively followed. We found that there were occasions where the temperature had not been checked. Although there was no indication that medication had been stored at an unsafe temperature, there remained a risk that medication could be adversely affected by changes in temperature due to the lack of monitoring.

Staffing levels

● We found that although the provider had safe recruitment systems in place, these had not been consistently followed. For one staff member, we found that references had not been sought from their previous employers to ensure they were safe to work. We raised this with the registered manager who advised that they had attempted to get the person's references but had been unsuccessful. They could not explain why this had not been followed up but provided assurances that the references would be chased up.

● People told us there were enough staff to meet their needs. People felt that they were responded to in a timely way when they required support. One person told us, "They [staff] come quickly to my room if I need them". Staff we spoke with also felt that the staffing levels were sufficient. Staff told us they had enough time to support people and did not feel rushed in their work.

● Our observations showed that there were enough staff to meet people's needs. There was always a staff member within communal areas and people did not have to wait to have their care needs met.

Systems and processes

● People told us they felt safe at the home. This view was shared by relatives who spoke positively about the safety of people. Staff understood what abuse was and knew what action they should take if they had any concerns. One member of staff told us, "I would raise any concerns with a senior or my manager".
●where concerns had been raised, the provider had taken appropriate actions to ensure people were safe.

Assessing risk, safety monitoring and management
● Risks to people's health were managed well. Risk assessments had been completed that indicated the risks posed to people; such as falls, health conditions and behaviours that may challenge. These gave staff guidance on how the risks could be reduced to keep people safe and staff we spoke with displayed a good understanding of how they should support people with this.
● Staff understood the actions they should take in an emergency such as fire. Safety checks on equipment such as fire equipment and hoists had taken place.

Preventing and controlling infection
● There were safe infection prevention systems in place. The provider had recruited domestic staff to ensure the home was kept clean and we found that the home was clean, tidy and odourless.
● We observed staff using personal protective equipment as required to prevent the spread of infection.

Learning lessons when things go wrong
● The registered manager demonstrated a willingness to learn when things went wrong to reduce the risks to people in future. Records were kept in relation to accidents and incidents and these noted what the registered manager had done to reduce risks in future including increased observations of people who remained at risk.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs had been assessed prior to them moving into the home. The assessments looked at people's care needs medical history and any social needs.
- Records we looked at showed that people's care needs were reviewed regularly to reflect any changes they required to their care and support.
- These systems and processes ensured that the provider was able to meet people's needs as they had systems in place to assess and review needs.

Staff skills, knowledge and experience
- Staff told us they received training to ensure they supported people effectively. Staff told us they felt the training provided equipped them with the skills they needed to provide care and if needed, were able to request additional training.
- Records showed staff had received training in areas of care that related to the specific needs of people living at the home. We saw that training was updated regularly and staff were attending additional training on the day of the inspection.

Supporting people to eat and drink enough with choice in a balanced diet
- People gave positive feedback about the food they were provided with. One person told us, "The food is fine". Relatives we spoke with told us they were given opportunity to have meals with their loved ones and were positive about the food quality. One relative told us, "The food is lovely and well presented".
- At mealtimes, we saw that people had been asked about the meal they would like and were given a choice of drinks. People did not feel they always choices at mealtimes. One person told us, "I don't really get a choice. We raised this with the registered manager who informed us that there were always two choices and people could choose alternative meals if required. Our observations from the day confirmed that people had been given a choice of meals and had been involved in the shopping list to plan meals. The registered manager advised that they would improve the recording of the choices given to show the choices provided.
- People's dietary needs were met. We saw that where people had specific dietary requirements, these had been met by kitchen staff who were aware of people's individual needs.

Staff providing consistent, effective, timely care
- People had access to healthcare services where required. People felt they would be supported to access the GP if they needed this.
- Records we looked at showed that people had been supported to see their GP, the Community Psychiatric Nurse and attend other health appointments such as the optician and podiatry.

Adapting service, design, decoration to meet people's needs

● People's needs were met by the design and décor of the service. Signs had been displayed in a number of languages to support people who were non English speaking to move around independently and people had been able to decorate their rooms with their own items. The communal areas were spacious and people had access to outdoor areas if they wished.

Ensuring consent to care and treatment in line with law and guidance

● 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● People told us that staff sought their permission before supporting them and we saw this in practice. Staff we spoke with understood the MCA and the importance of obtaining consent before supporting people. One member of staff told us, "I gain consent by asking and always respecting people's wishes".

● Where people lacked capacity to make specific decisions, the registered manager had followed the correct process in applying for DoLS. Staff we spoke with understood who within the home had a DoLS authorisation in place and how they should support people in line with these.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us that staff were kind and caring to them. One person told us, "The staff are nice". Relatives we spoke with also gave positive feedback about the caring nature of staff.
- Staff had built friendly relationships with people. The interactions between staff and people were positive and people appeared relaxed and comfortable in staff's company.
- Where people were becoming distressed, staff took a proactive approach in providing reassurance to the person whilst also ensuring the well being of people in the same room.

Supporting people to express their views and be involved in making decisions about their care

- People gave mixed feedback when asked about the choices they were given. People did feel that they had choices such as what time to go to bed and when to get up each day.
- We saw that people were being given other choices throughout the day. We saw people being given choices of drink as well as where they would like to spend their time within the home.
- No-one at the service was currently using advocacy services, but we saw that the registered manager was aware of how to access this service for people if required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity had been respected. Staff we spoke with gave examples of how they promote dignity that included knocking before entering rooms, covering people during personal care and being discreet when offering to support people to the toilet. We saw staff put this into practice and saw examples of people being treated in a dignified way.
- People were encouraged and supported to maintain their independence where possible. People had been provided with equipment to enable them to eat independently while others were encouraged to mobilise independently where able.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were not always met.

Personalised care

● People did not feel they were supported to pursue their hobbies or take part in activities that reflected their interests. One person told us, "There's nothing to do, just sit and wait". This was confirmed by another person who told us, "I can't think of any activities here". We observed there was a lack of activities for people to take part in on the day of our inspection. People spent long periods of time in communal areas with little stimulation other than the television and radio. One person told us that they would like to take part in pub quizzes but had not been supported to do this. We spoke with the registered manager who explained they do not have a set activity plan, as they liked to see what people want to do each day. The registered manager felt that on the day of the inspection, people had not wanted to take part in activities. However, this does not reflect the feedback given to us by people. We spoke with relatives who informed us that they had seen some activities taking place previously but felt that people at the home would not engage in these.

● People's care records showed some evidence that people had been involved in planning for their care. For example, people had been asked about their life history and what hobbies they enjoy. However, we could not see that people had been asked about any individual needs they may have in relation to protected characteristics under the Equality Act. For example, people had not been asked about any religious, cultural or sexuality needs they may have. This meant that any specific needs people may have in relation to these, may not be met as people had not been consulted about this.

● Staff demonstrated that they knew people well. Staff knew about people's likes, dislikes and preferences. One staff member told us they had been at the service for a number of years and knew people well as a result as they had spent many years together.

● Where people had specific communication needs, these were met. Signs around the service was available in languages spoken by people living at the home and staff knew how to effectively communicate with people who's first language was not English.

End of life care and support

● Records we looked at showed that people had not been consulted about any specific wishes they may have at the end of their life. We spoke to the registered manager about this who informed us this was because no one required end of life care and that this would be discussed if people were to be at the end of their life.

Improving care quality in response to complaints or concerns

● People told us that they knew how to make a complaint if needed. One person told us, "I would go to the manageress with any problems".

● We saw that complaints made had been investigated and resolved by the registered manager.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

● There were systems in place to monitor the quality of the service. These included auditing medications and care records. However, we found that audits were not completed consistently. Medication audits had been completed in April, October and November 2018 only. Of the three audits that were completed, only one had been fully completed. For the two other audits, large sections of the audit had been left blank. This meant there remained a risk that medication errors may not be identified by the registered manager as the audits were not completed fully.

● We also found that where areas for improvement had been identified, it was not clear if these had been acted upon to drive improvements. The medication audits completed had identified that there were errors in the recording of medications. However, the action plan at the end of these audits were left blank. This meant it was not clear if action had been taken in response to these findings. We continued to find errors in medication recording at this inspection.

● The audits completed had also been ineffective in identifying the areas for improvement found at this inspection. The audits had not identified that care records did not evidence that people had been consulted about any religious or cultural needs they may have. The audits had also not identified missing recruitment checks within staff files or the lack of activities for people.

●The registered manager was in post at the last inspection. At that inspection, the provider was rated as Requires Improvement for the key question of 'Is the Service Safe?' This was due to concerns around the safe management of medications. At this inspection, we found that these concerns remained. This raised concerns that appropriate action had not been taken when issues were identified to improve care for people.

● The Registered Manager informed us that the quality assurance activities had been delegated to other senior members of staff to complete. This raised concerns that the registered manager would not have clear oversight of the areas for improvement identified through these audits as they had not been actively involved in the completion of these.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Continuous learning and improving care

● The registered manager showed a commitment to improving care for people. She provided us with examples of instances she acted on feedback provided by people and their relatives. For example, the registered manager had been made aware of a concern that when staff are accessing their staff room, it meant that people in communal areas were not visible. In response to this, the registered manager moved

the staff area to be in a communal area visible from both communal lounges. This meant that people would still be able to see staff and call for assistance when needed as staff were in sight.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

● People and staff spoke positively about the leadership at the service. The registered manager had a visible presence around the home and people clearly knew her and felt comfortable with her. Staff we spoke with felt supported by the registered manager and told us they were confident that any concerns raised with her would be acted upon.

● The registered manager understood their responsibilities in relation to reporting and acting on concerns. We saw that where concerns were raised, the registered manager had taken appropriate action.

Engaging and involving people using the service, the public and staff

● The registered manager informed us that they sought feedback from people through service user meetings. They showed us the record of one meeting that took place in November 2018. In this meeting, we saw that people had provided positive feedback about their care but made further suggestions about food they might like to see in the future.

● We saw that people were being asked to be involved in the planning of meals for the service. People were being asked about what food they would like to include on the shopping list to support them in being involved in menu planning at the service.

Working in partnership with others

● The registered manager was willing to work in partnership with other agencies where needed. For example, the registered manager told us in their Provider Information Return that they had worked with the local authority quality team and the local Clinical Commissioning Group to improve the information included in people's care records.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 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 The quality assurances systems in place had not been effective in identifying areas for improvement. Audits had not been completed consistently.