The Taylor-Dening Partnership

Woodeaves Residential Care Home

Inspection report

9 Park Road
Nantwich
Cheshire
CW5 7AQ

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection tool place on 20 June 2016 and was unannounced.

The home was last inspected on 14 January 2014 and was meeting the required standard.

Woodeaves is a large detached Victorian house and is registered to provide accommodation for 22 people who require nursing or personal care. The home is located in a residential area on the outskirts of Nantwich. The home has twenty bedrooms. Communal facilities include two lounges and a dining room which are located on the ground floor. There is a small secluded garden area to the rear of the home. The home has a passenger lift to access the first and second floor and the majority of the bedrooms, four ground floor bedrooms are available.

The home had a Registered Manager. 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.

People's needs were assessed and care plans identified people's needs whilst fostering and maintaining independence where possible.

Some people who used the service did not have the ability to make decisions about some aspects of their care and support. Staff had an understanding of the systems in place to protect people who lacked capacity to make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with people who lived at the home and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

Staff were knowledgeable about the risks of abuse and the reporting processes.

We found that the storage, administration and disposal of medications was safe.

The organisation had thorough recruitment practices so that suitable staff were employed.

Staff received suitable induction and training to meet the needs of people living at the home. Staff were well supported by the manager. This meant people were being cared for by suitably qualified, supported and trained staff.

There were systems and processes in place to monitor the quality of the service and address shortfalls.

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 were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

People were protected by safe and robust recruitment practices and there were sufficient numbers of staff to meet people's needs and keep them safe.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

People were supported by motivated and well trained staff. Induction for new staff was robust and appropriate and all staff received effective supervision and support.

People's rights were protected. Staff and management had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the capacity to make decisions for themselves had their legal rights protected.

People were supported to have their health and dietary needs met.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion. People told us that the staff were caring and supportive.

Staff knew and understood people's history, likes, dislikes, needs and wishes.

Is the service responsive?

Good

The service was responsive.

Complaints were taken seriously, monitored and action taken when required.

Risks were assessed and measures in place to support people in the least restrictive way.

People were actively encouraged to maintain relationships that were important to them.

Is the service well-led?

Good

The service was well-led.

The manager provided strong leadership.

There was a registered manager in place. People living in the home, relatives and staff told us that they could raise any concerns and they were confident they would be dealt with.

There were systems in place to assess and monitor the quality of the service. The quality assurance system helped to develop and drive improvement.

Woodeaves Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 20 June 2016 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we already held on the service. We looked at any notifications received and reviewed any other information held about the service. We saw that the local authority contract and monitoring team had visited the home. We saw reports completed in relation to hygiene standards, and a recent inspection by the Cheshire fire and rescue service prevention and protection department.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed two care records, staff training records, and records relating to the management of the service such as surveys and policies and procedures. We spoke with six people who used the service and a relative visiting the home on the day of our visit. We also spoke with the registered manager, four care staff and the housekeeper.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate with us because they were living

with dementia.

Good

Is the service safe?

Our findings

People who lived at the home and the relatives we spoke with told us they felt the care was safe. When people were asked what they would do in the event that they felt threatened by anything, they told us that they felt confident to speak with staff who would sort it out..

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that staff undertook training in how to safeguard adults and this was confirmed by staff that we spoke with. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where the relevant guidance was.

We saw that the provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to the manager. All staff confirmed that they were aware of the need to report concerns internally and report externally where they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

We saw that staff acted in an appropriate manner and that people were comfortable with staff.

During our inspection we observed a senior carer administer medication to people. This was done safely. We looked at the medication records for two people; these indicated people received their medication as prescribed. Records showed that all staff who administered medication had been trained to do so. They also underwent regular competency assessments and supervised medication rounds to ensure that medication was administered correctly and safely. We looked at the medication storage facilities and found that they were stored safely and recorded properly. We inspected the controlled drugs (CDs) register in the home (CDs are classified (by law) based on their benefit when used in medical treatment and their harm if misused.) We found these were managed appropriately.

People said that staff met their needs and came promptly when called. Staff said that there were enough staff to provide a good standard of care. The registered manager told us that staff rotas were planned in advance according to people's support needs. We looked at the staff rotas and saw that, as well as the registered manager who was present in the home most days, there were always at least one senior and two care assistants on duty from 8am to 8pm and usually one senior and one care assistant from 8pm to 8am. In addition the home employed a cook and a housekeeper, who was also responsible for the laundry every day.

The registered manager told us that all new employees were appropriately checked through robust recruitment processes. These included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). We checked the staff files, which confirmed that all the necessary checks had been implemented before they had commenced working in the home. This helped to

reduce the risk of unsuitable staff being employed.

Individual risk assessments were completed for people who used the service and staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk. Staff were familiar with the risks and knew what steps needed to be taken to manage them. Records showed that staff took appropriate action following accidents or incidents.

Staff received fire instruction on their induction and had regular fire safety training. There were personal evacuation plans in the event of an emergency for all of the people who used the service.

The home was very clean and staff had received training in infection prevention and control. Anti-bacterial hand cleanser was available in the bathrooms. Liquid soap and paper towels were also available at all wash handbasins. One relative said the home was always clean, fresh and tidy no matter what time of day she came.

Good

Is the service effective?

Our findings

People told us that the food was good and that they had plenty to eat whenever they wanted it. We observed people having late breakfasts during our inspection, when we ask the individuals they told us it was because they had wanted a lie-in bed. This demonstrated that people had choices. A relative told us they had no concerns about the quality or quantity of food, drinks and snacks available.

We observed lunch being served and saw that people were offered choices and were supported to have sufficient amounts to eat and drink. Staff helped people to eat and we observed staff taking time to talk with people and join in with conversations at the meal tables. Staff we spoke with had a good understanding of each person's dietary needs and their preferences. Anyone identified at an increased risk of malnutrition, dehydration, or who had significant weight loss had their diet and fluid intake monitored and recorded through the completion of the relevant monitoring charts. Monitoring charts could provide clearer information on the potions size the individual had eaten. We found fortified diets were provided where appropriate. Everyone was encouraged to have their weight recorded at least monthly and those identified at an increased risk of malnutrition were encouraged to have their weights recorded fortnightly. The manager completed a monthly weights audit to ensure all actions had been completed and the appropriate professional involvement arranged when necessary.

The provider had policies and procedures to provide guidance to staff on how to safeguard the care and welfare of people using the service. This included guidance on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

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 so that they can 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people in the home were subject to DoLS applications and we were able to view the paperwork in relation to these. We saw that the manager had set up a system to record the dates DoLS had been applied for, date of authorisation, any conditions and expiry date.

During our visit we saw that staff obtained people's consent before providing them with support. Staff we spoke with during our visit were aware of DoLS and had received the relevant training.

New staff followed an induction programme in line with the Care Certificate. This is awarded to staff who completed a learning programme designed to enable them to provide safe and compassionate care to

people. A number of new staff were doing or had completed the Care Certificate. New staff told us that they spent time working with more experienced staff, until they got to know people and were confident and competent to work unsupervised.

Staff told us that they felt supported, we saw from records that all staff received supervision and appraisal, staff told us that they found this useful. Staff meetings were held regularly and covered topics such as staffing levels, training and safeguarding, where the manager checked people's knowledge and understanding. We saw that staff were encouraged to be involved with the planning and running of the home at these meetings.

Records showed that people received support with their health care. People had access to GPs, district nurses, dentists, opticians and chiropodists. Referrals were also made to other health care professionals, such as physiotherapist or occupational therapists and orthotic services as required.

The dining room area had doors which led to an enclosed side and rear garden, which contained a patio area with seating, a small lawn with flowerbeds and storage units. We spoke with staff who told us that during nice weather patio doors were unlocked to give those people who wanted it access to the garden. The area to the side and rear of the property was secure and prevented people from wandering off. However we saw that rubbish was collecting which included broken furniture, a mattress, a mobility aid and a broken dishwasher. These posed climbing and trip hazards. We also found in the area used for staff breaks packets of cigarettes and lighters. We felt people who may wish to access the garden were exposed to unnecessary risk. We spoke with the manager regarding this and she confirmed that these matters would be dealt with as a priority.

Good

Is the service caring?

Our findings

People who used the service and the relative we spoke with were complimentary about the staff. Comments included: "I wouldn't have mum anywhere else"; "Oh they do look after me here"; "All the staff are lovely, they are perfect."

People told us that friends and relatives were able to visit at any time without restrictions. The relative we spoke with confirmed this and told us they were always made to feel welcome. One relative told us that sometimes they visited a couple of times a day and at all different times in the day.

We saw that people who lived at the home and their family members were involved in planning their care. One relative told us that she was kept well informed regarding her relatives well-being.

People's life history was recorded in their care records, together with their interests and preferences in relation to daily living. People's bedrooms were personalised and contained photographs, pictures and personal effects each person wanted in their bedroom.

We observed throughout our visit that staff assisted and supported people in a friendly and respectful way. For example, staff consulted people who needed assistance with their mobility in regard to their comfort when seated. We saw that staff were respectful, friendly, supportive and used people's preferred names. They continually interacted with the people in their care, either sitting and chatting or offering support and encouragement. People were comfortable and relaxed with the staff who supported them.

People's right to privacy and dignity was respected. Staff explained to people who the inspector was and asked people's permission to enter their rooms. People were able to spend some time alone in their bedrooms. One person who used the service said "There's plenty going on if you want to join in". The relative told us their mother was selective regarding the activities she would involve herself in and this was respected. We saw that individuals views regarding activities, outings, entertainers visiting the home and menus were gathered from the "residents meetings" and in general day to day conversation.

End of life care could be provided at the service with the support of other professionals including the GP, community nurses and palliative care team. So that the people's care needs could continue to be met and dignity and comfort maintained.

Good

Is the service responsive?

Our findings

We reviewed people's records and saw that they had plans specific to their needs. The care plans we inspected contained assessment documents which had been completed before the person came to the home to make sure that their needs could be met. The plans of care outlined people's abilities, identified needs, risks and action required by staff. Records had been kept under regular review. People and their relatives had been involved in the assessment process. The relative we spoke with confirmed this.

The staff we spoke with were familiar with people's needs. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen.

We saw that visitors were welcomed and staff greeted them by name. The relative we spoke with told us they could visit at any time and they were always made to feel welcome. They said they were consulted about their relative's care and the staff were responsive to requests.

People were encouraged to maintain and develop relationships. People told us how they had made friends with other people who lived in the home. People were also encouraged to visit their family members and to keep in touch.

Staff maintained records of the support that people received each day. Any changes or updates were shared at a shift handover. We saw that some people had records in place to enable staff to record when support had been carried out. We reviewed two people's positioning charts and saw that staff recorded the time that they had supported the person to change their position to help in the prevention of skin damage. We saw that suitable equipment was in place to support them when they were in bed with bedrails to prevent fails and pressure relieving mattresses. We visited these two people in their rooms and they were well presented and looked comfortable, listening to music.

People said that they felt able to raise any concerns with staff. They told us that they could speak to the managers if they had any complaints. One person commented "If you want to complain you can." The provider had a complaints procedure in place, which was on display in the entrance area of the home. No complaints had been received.

Regular "resident's meetings" were also held. These were attended by people living at the home, their relative's and staff. We saw from the minutes of these meetings that people were able to raise and discuss any concerns or ideas for improvements with the management team. We saw that suggestions were tested and implemented.

Good

Is the service well-led?

Our findings

A positive culture was evident in the service, where people who used the service came first and staff knew and respected that it was their home.

The home had a registered manager. In conversation with the inspector she demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and her responsibilities as manager. The home also had a deputy manager to assist in the running of the home.

People's views on the quality of the service were regularly sought. Satisfaction surveys were carried out each August. The manager had tried various ways to involve relatives in discussion about the running of the home, including holding meetings and inviting them to events, which had been well attended. The relatives we spoke with said they knew who the manager was and felt they could approach them at any time.

All care staff attended daily handovers to ensure effective communication was maintained.

The registered manager said she regularly walked around the service checking the environment, staff interactions and behaviours and resident care and welfare. Senior staff work alongside staff to monitor and evaluate staff values and performance. Regular quality assurance audits were also completed to assess the safety and performance of the service; these audits included medication, care plans, infection control and complaints.

Accidents and incidents were audited monthly to identify any trends. Where a person who used the service had had a number of falls we could see that their falls risk assessment had been updated.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. These included the fire alarm system and water temperatures. We saw that there were up to date certificates covering the gas and electrical installations as well as any lifting equipment such as hoists.

Periodic monitoring of the standard of care provided to people funded via the local authority contract monitoring team was carried out. This was an external monitoring process to ensure the service met its contractual obligations to the council.

We saw that a survey had been conducted in January 2016, regarding the quality of the service involving people living in the home, their relatives and health professionals. We reviewed the summary and saw that 95% of the responses where either excellent or good. We saw where shortfalls had been identified the manager had reported on an action plan to address these.

The staff we talked to spoke positively about the current leadership of the home. Staff told us that the registered manager and the deputy manager listened and took action when they made suggestions or raised concerns, and they could approach the manager at any time for help and advice. Staff said they were well supported and had lots of opportunity to develop. When asked whether they liked working in the home,

one person said "I love it", and "It's the best place I have worked, you get support professionally and personally".

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.