

## Woodcrofts Residential Homes Limited

# Woodcrofts Residential Home







### Inspection report

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Cheshire.  
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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	

### Overall summary

The inspection was unannounced and took place on 16 September 2015. This location was last inspected in July 2014 when it was found to be compliant with all the regulations which apply to a service of this type.

Woodcrofts Residential Home (Woodcrofts) is a residential care home providing accommodation and support for up to 20 people with mental health needs. It

is owned by Woodcrofts Residential Homes Limited. The service is situated in a residential area of Widnes close to local amenities. The home is a two storey building which includes a dining room, three lounge areas and 19 bedrooms, none of which have en suite facilities. Parking is available on the main road outside the premises.

# Summary of findings

There is a registered manager at Woodcrofts. 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.

We found that care was provided by a long term staff group in an environment which was friendly and homely. People who lived in Woodcrofts spoke of it as their home.

Staff knew about the need to safeguard people and were provided with the right information they needed to do this. They knew what to do if they had a concern. There were sufficient staff to meet the needs of the people who lived in the home.

The home was well-decorated and maintained and adapted where required. People had their own bedrooms which they could personalise as they wished.

The registered manager is also the registered provider of the home. He has been registered as manager with CQC since 2013 and was fully conversant with the policies and practices of the home. Staff told us that the management team were transparent, knowledgeable and reliable and that the home was run in the very best interests of the people who lived there.

# 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.

Staff told us they understood how to recognise abuse or potential abuse and knew to whom to report concerns.

There were enough staff to meet people's needs.

There were effective systems in place to provide people with their medicines as prescribed and in a safe manner.

People were provided with a clean and hygienic environment to live in.

Good



### Is the service effective?

The service is effective.

Staff were trained and supported to meet the needs of the people who used the service. The principles of the Mental Capacity Act 2005 (MCA) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good



### Is the service caring?

The service was caring.

People had their privacy and dignity respected and staff supported them to maintain their independence.

People experienced positive, caring relationships with staff.

People were involved in making decisions about their care and these were respected.

Good



### Is the service responsive?

The service was responsive.

People were provided with personalised care that was responsive to their needs.

People had access to a clear complaints procedure and had the opportunity to talk about their experiences of care and/or concerns about the service.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

There was an established registered manager in post and staff told us the registered manager and his deputy were supportive.

The procedures in place to monitor and improve the quality of the service were effective and actions were taken to address any issues that were found.

# Woodcrofts Residential Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection was unannounced and took place on 16 September 2015.

The inspection was undertaken by one adult social care inspector.

Before the inspection we checked with the local authority safeguarding and commissioning teams and the local branch of Halton Mental Health services for any

information they held about the service. We considered this together with any information held by the Care Quality Commission (CQC) such as notifications of important incidents or changes to registration.

During the inspection we talked with seven of the people who used the service. People were not always able to communicate verbally with us but expressed themselves in other ways such as by gesture or expression. We talked with three staff members as well as the registered manager and deputy manager.

We looked at records including three care files as well as two staff files and audit reports.

We looked around the building and facilities and by invitation, looked in some people's bedrooms.

# Is the service safe?

## Our findings

People told us that they felt safe and at home in Woodcroft's. Comments included: "I always feel safe here because staff make sure I am alright", "The staff keep this place safe and we know they keep it clean and check everything works properly" and "This is my home and the staff keep me safe and make sure we don't get hurt or anything".

Staffing rotas identified that two care staff and one senior were on duty from 8am until 10pm. One waking night carer and one sleep in staff member were on duty from 10pm until 8am. The rota identified that the registered manager and his deputy worked flexible hours to ensure management support was available. People told us that there was always enough staff on duty to provide care and support.

We saw that staff responded quickly to call bells and to any unexpected events such as people becoming anxious or upset. We observed that staff took appropriate action to minimise the risk of avoidable harm. Discussions with staff identified they knew the importance of keeping people safe, including from abuse and harassment. There were posters on display to remind staff and visitors how to report any suspicion of abuse. Staff told us, and records showed, that the home had signed up to 'No Secrets'. This is a document produced by the Department of Health which helps people to understand the safeguarding and whistle blowing process. No Secrets' has now been repealed by the Care Act 2014. The act contains replacement and mandatory requirements around adult safeguarding which all staff of Woodcrofts are aware of. We saw the home's whistle blowing policy and staff spoken with demonstrated their understanding of the process involved. One staff member said "We all know what to do if we saw or suspected something was not right". Discussions with staff demonstrated that they understood the process to follow in alerting external organisations if necessary.

The two staff files looked at identified that recruitment procedures ensured that applicants were checked for their suitability, skills and experience. Suitability checks included a robust interview, checks for criminal histories and following up references prior to a job offer being made. We saw records that showed arrangements were in place to monitor staff performance and carry out formal disciplinary procedures if required. In all the files we looked at we saw

that either a Disclosure and Barring Service (DBS) check, or the authorisation number, which confirmed a check had been undertaken, was present. These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Two references were also seen on each file, in line with the provider's policy. We looked at the dates on references and DBS checks and they confirmed that no new employee had started work before all the required security checks were completed. Application forms and interview questions were also seen. The interview included questions related to safeguarding of vulnerable people. Staff were provided with a copy of the staff handbook and an induction log.

The registered manager had completed individual risk assessments for each person living at the home in respect of evacuation in the event of a fire. Risk assessments had also been completed in respect of responding to accidents and near misses, the control of substances hazardous to health, electrical appliances, office safety and manual handling for staff. A detailed contingency plan was in place, providing staff with access to phone numbers to ring in the event of foreseeable emergencies. This showed us that actions were undertaken to ensure the service was maintained, and equipment used in ways that were intended to keep people safe.

Medicines were kept safely in a lockable trolley within a locked room. There were no controlled drugs currently prescribed to any of the people living in the home. However, the registered manager told us that in the event of any controlled drugs being prescribed a special cabinet would be used. Controlled drugs are prescribed medicines that are controlled under the Misuse of Drugs Act 1971. They require specific storage, recording and administration procedures. There were appropriate arrangements to store medicines within their recommended temperature ranges and the expiry dates of medicines were checked. The administration of medicines was recorded safely including the administration of creams as part of people's personal care. Records showed that a local pharmacy supplied the medications for the home and medication training had been provided for all the staff who were responsible for the management of medication. We spoke with a senior care staff member who was responsible for the medication administration at the time of our inspection. She was able to demonstrate clear knowledge and understanding of all aspects of medication management. We looked at the

## Is the service safe?

administration and recording of medicines. We looked at a sample of the medicines and checked them against the Medication Administration Records sheets (MARs). We saw that medicines had been administered and recorded correctly. Staff spoken with knew the importance of giving medicines at the prescribed time, for example, some medicines were given once a week and others were required an hour before food.

Effective infection prevention and control measures were in place to minimise the risk of the spread of infections. Systems were in place for managing cleaning materials and laundry. The home was visually clean and we noted that care staff also had responsibility for maintaining hygiene standards and for the laundry and some food preparation. We saw staff using disposable aprons and gloves as appropriate. There were adequate supplies of gloves and aprons available to ensure they could be disposed of between specific tasks.

The home employed a handyman who carried out all essential service checks and dealt with any maintenance issues.

We saw that signage around the home was minimal and staff told us that because Woodcrofts was a small home which accommodated and supported people with mental health issues they tried to make the environment as homely as possible as people thought of it as their home. People we spoke with told us that they knew the layout of the building to include fire exits and did not need any more signs put up in their home. We saw that signage was provided in respect of fire exits and bathroom and toilet facilities. We noted however that the door to the downstairs office opened onto steep steps without warning. We discussed this with the registered manager who agreed that a warning notice should be placed on the door. He told us he would act upon this with immediate effect.

# Is the service effective?

## Our findings

People told us that they liked the food and were looked after by staff who understood their needs. Comments included; “There is never a problem with the food, they always give you something you like”, “They [staff] understand my needs and just give me what I can eat, like salad and they know it” and “Food is fine. We are not allowed to go into the kitchen because the staff do the cooking but it is always tasty”.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone is deprived of their liberty, the least restrictive option is taken. We discussed the requirements of the MCA and the associated DoLS, with the registered manager and senior carer. They were fully aware of the legislation and had received training to ensure they were fully up to date with all requirements. We saw staff had taken appropriate advice about individuals to make sure that they did not place unlawful restrictions on them. At the time of our visit the registered manager told us there were no people needing to be subject to a DoLS authorisation.

We looked at the records for the staff training for the home. We saw that training was available and relevant to staff roles and responsibilities. This included keeping people safe including MCA and DoLS, moving and handling, challenging behaviour, mental health awareness, food safety, health and safety, infection control, emergency procedures and fire safety. The staff training matrix identified that all staff had been provided with training to help to ensure they were able to be effective in their various roles. However the registered manager told us that access to training had become more difficult as training providers, including the local authorities, had drastically cut down on their training provision. He showed us information in relation to staff having accessed Bradford College Distance Learning Courses which provided distance learning in a number of subjects. These included principles of dementia

care, mental health and dignity and safeguarding. Staff told us that the training was good, all work was marked by tutors and they felt the training was an excellent way to build on their knowledge.

We found that the registered manager had an induction training programme that was designed to ensure any new staff members had the skills and knowledge they needed to do their jobs effectively and competently. Following this initial induction and when the person actually started to work, they shadowed existing staff members and were not allowed to work unsupervised until they felt comfortable working on their own. Shadowing is where a new staff member works alongside either a senior or experienced staff member until they are competent and confident enough to work on their own. Staff spoken with told us that that had completed their induction and shadowed a senior member of staff until they were confident to work alone. Staff were able to tell us about the individual needs of people they were supporting. For example, what time of day people preferred to shower or have a bath, how they liked to be dressed and what they enjoyed doing during the day.

We spoke with three staff and asked them about staff supervisions and annual appraisals. Staff told us that supervisions were conducted by a senior carer or registered manager or the deputy manager. These meetings were arranged six monthly, more often if required, and provided staff with the opportunity to discuss any issues or concerns they may have and any further training or development they may wish to undertake. We saw evidence of these meetings in one of the two staff files we looked at. We noted that the file which did not hold information about any supervision meetings was for a part time member of staff who had only been employed by the service for the past six months. This was brought to the attention of the registered manager who advised that a meeting would be arranged before the end of September 2015. Other supervision records looked at showed that structured supervision sessions took place at least twice per year.

We looked at three care records, which provided evidence that people had access to health care professionals such as GPs, podiatrists, dieticians, community psychiatric nurses and the district nursing team. We saw that staff monitored people’s nutrition and hydration and if any concerns were identified food and fluid charts would be implemented to monitor food and fluid intake.



## Is the service effective?

People we spoke with told us the food was good. The menus were displayed in written form in the dining room, choices were available. Most of the people dined in the dining areas; however people if they wished, could dine in the privacy of their own room as was their choice. One person told us, "Drinks and snacks are always available and you can generally get anything you like at any time you want it". Staff told us that the dining experience was flexible to suit the needs of the people who lived in the home. They said that most of the people ate what they wanted, when they wanted it. However, they also said that the lunchtime and evening mealtimes were served at a given time to enable people to have a structured approach to dining if they choose to do so.

Staff understood people's dietary preferences and people's dietary needs were assessed so people were offered a suitable diet. For example, people's likes and dislikes were requested on admission as well as any allergies or special dietary needs. This information was held on the care files and in the kitchen.

We saw evidence of MUST (Malnutrition Universal Screening Tool) assessments and monitoring, which included regular checks on nutritional requirements, BMI (Body Mass Index) checks and weight recording on a monthly basis

We looked around the home and found the environment to be conducive to the needs of the people who lived at Woodcrofts. Rooms were bright and decorated to a good standard. People had been encouraged to bring in personal items from home to personalise their room to their own tastes. One room we visited had pictures which had been hand painted by the person who used the service. Already said this in other domain: The home was spacious and free from clutter to allow people to move freely around the home. We observed people walking around the premises and sitting in the communal areas chatting with staff and residents. Some people were in their rooms reading or watching television. We noted there was a relaxed and friendly atmosphere within the home. People told us that this was their home and they liked to think of it as a family home, one in which they could do what they liked, within reason.

There was a choice of communal toilet and bathing facilities. None of the bedrooms had en-suite facilities.

# Is the service caring?

## Our findings

People told us that staff provided good quality care. Comments included “We don’t need a lot of care but we do need support and guidance, we get it here”, “I know all the staff and the manager well. They are a good lot and treat me with respect” and “The staff do care about us, they stay in the background but are always around when you need them”.

Staff told us that their general approach was to stay in the background and provide support when required. They said they tried to act as enablers with a view to maximising people’s involvement in their activities of daily life.

Staff said they used respectful language to promote dignity in relation to interactions, communication and record keeping. Notes from team meetings showed respect, dignity and person centred support was frequently discussed.

We saw that staff spoke gently with people, smiled, encouraged and provided reassurance when needed. Staff consistently supported people throughout the day to be as independent as possible in a calming, friendly and reassuring way. People were provided with information and staff also spoke with them to ensure they were able to make choices about how they spent their time.

Relationships between staff and people were friendly and supportive. People told us they were treated with kindness and were supported to maintain their independence. We observed that staff assisted people in a kind and positive way and offered reassurance. We noted that one person became a little agitated and a member of staff was talking to them, continually offering support and encouragement by asking: “Are you ok? Would you like a drink?” They then engaged the person in meaningful conversation about how they felt and gave reassurances that staff were around to make sure everything was alright.

People’s privacy was respected. People had freedom to move around the home and spend time in their rooms. Some people chose to spend quiet time alone. Bedrooms were personalised with people’s belongings, such as photographs and other small personal effects to assist people to feel at home. Staff told us that most of the

people who lived at Woodcrofts were able to attend to their own personal care needs but staff were always mindful of the need for privacy in respect of all areas relating to personal care.

Staff spoke with people about their personal interests and took time to ask questions about their hobbies. People responded positively and were relaxed during conversations with staff. Staff listened to people in a friendly and relaxed way. We noted that the rapport was good and staff understood people’s care preferences and treated people accordingly.

Records showed that residents meetings had been held on a monthly basis but they were not well attended. It was decided by the people who lived in the home that meetings would be held twice yearly with options for them to be held more often if required. People living in the home told us that this suited them as they found meetings to be boring. They said that open discussion was encouraged at any time and they could speak with staff about anything at any time they wished.

Records showed that verbal and written staff handovers happened at the end of each shift and staff told us this assisted to ensure continuity of care.

Feedback from visiting health care professionals was positive about the caring attitude of the staff of Woodcrofts. Comments received provided evidence that people living in the home were treated with respect and staff acted very positively to ensure that people’s wellbeing was maintained. We were told that feedback to healthcare professionals from people who lived in the home was also very positive about how they felt very much cared for and supported.

Staff told us that the people who lived in the home did not wish to talk about end of life care and as a consequence no staff training had been undertaken in end of life care. Staff said that in the event of someone currently needing nursing care they would be moved to a service which could provide nursing/end of life care. However the registered manager told us that end of life care training was being discussed and would be added to the training plan for the future.

# Is the service responsive?

## Our findings

People told us that they were happy living at Woodcrofts. They said they were treated as individuals with individual needs. Comments include “I love going on bus trips and staff help me to arrange my trips”, “I used to like going to the day centre but they have closed it now. Sometimes I got a bit confused as to where I was so staff got me a mobile phone to make sure I was able to talk to them when this happened”, “I can go out to the shops and pub when I want and staff help me to do the things I want to do”, “Staff don’t mind what you do as long as you tell them and they think it is ok. They encourage us to have activities and interests. They play board games with us and stuff when they have finished doing the housework” and “Andrew [registered manager] knows how much I love the TV and he got me Sky, its great”.

We saw that when a person was admitted to the home a care plan was developed. We saw records to show that everyone had a care plan which identified people’s choices, needs and abilities. The plans were used to guide staff as to how to involve people in their care and how they could support them to achieve a good quality of life.

We looked at people’s care records which provided evidence that their needs were assessed prior to admission to the home. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate, responsive care. We saw information had been added to plans of care as appropriate, indicating that as people’s needs changed the care plans were updated so that staff would have information about the most up to date care needed.

Care plans held details of background, external agencies who had been consulted, specific needs, meaningful events, family social contact, relationships, personal care, physical and mental health and emotional support.

Staff demonstrated a good understanding of the people they supported in relation to their changing behaviours and changing needs. Records and discussions with staff demonstrated that people who use the service had access to a variety of health services such as local GPs; dieticians, community mental health workers, speech and language therapists (SALT teams) opticians, social workers, hospital consultants and clinical specialists.

Staff told us that most of the people who lived at Woodcrofts were able to enjoy community activities such as local clubs, shopping, walks in the park etc. They told us that people were in control of how they spent their time and most of them went out during the day. However, staff told us that they had lots of interaction with the people who lived in the home and enjoyed playing board games, watching television or just chatting.

Arrangements were in place to encourage feedback from people using the service. Informal meetings were held with people on a regular basis. Records showed that issues discussed included the food and activities. People told us they were encouraged to make any suggestions which may improve the home.

We saw that the home’s complaints policy was on the notice board in the foyer of the home and people told us they knew all about how to complain. However the people we spoke with told us that they had never needed to complain as the home was a good place to be. Records identified that the home had not received any formal complaints since the last inspection. Staff told us that they had daily open discussion with the people who lived at Woodcrofts to check that everything was OK.

# Is the service well-led?

## Our findings

People who lived at Woodcrofts said it was a very nice place and they thought of it as their home. Comments included “If I had to score it I would give it ten out of ten” and “Staff work hard to make this place a nice place to live in. I love it here, it is well managed to make sure we are all happy”.

The registered manager and staff were very visible throughout the home and we observed people approaching them and chatting and enjoying banter. It was apparent that people felt relaxed in the company of the staff and were used to spending time with them.

We spoke with staff who said they felt the registered manager was supportive and approachable, and that they were confident about discussing anything with him. Staff told us the morale was good and that they were kept informed about matters that affected the service. One person said, “I have been here for many years and it is a nice homely place to work in”. Staff told us that team meetings took place regularly and that they were encouraged to speak their minds. We saw minutes of the meetings which were circulated to all staff members.

We looked at the arrangements in place for quality assurance. Quality assurance are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The

registered manager was able to show us numerous checks which were carried out on a monthly basis to ensure that the service was run in the best interest of people who used the service. Areas audited included: medication; nutrition; and personal care plans. All action plans and follow-ups required were recorded.

We looked at records of ‘notifications’. A notification is information about certain important events which the service is required to send to the Care Quality Commission (CQC) by law, in a timely way. We noted that only one notification had been sent to CQC since the last inspection. However, discussion with the registered manager showed that he was knowledgeable of these requirements and was transparent in ensuring the Care Quality Commission was kept up to date with any notifiable events.

Staff confirmed that they received supervision. We saw that there was a supervision policy for the home and that this provided for supervision every six months. Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the home was being managed and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner.

Staff said that because it was a small care home that only employed ten staff they were able to work very well together and share ideas and information. They said they worked well as a staff team and that the happy atmosphere permeated throughout the home.