Care Quality Commission

Todaywise Limited

Woodheyes

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 30 October 2014 and was unannounced.

Woodheyes is a care home without nursing for up to 38 people. The home specialises in caring for older people including those with physical disabilities or living with dementia. There were 33 people living at the home when we visited.

A registered manager was in post. 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 and associated Regulations about how the service is run.

Decisions were not always made that promoted people's human rights. The care records we viewed showed people's mental capacity had not been assessed. After our inspection visit the registered manager confirmed that they had consulted with individuals or their representatives and other healthcare professionals about any best interest decisions. The registered manager'

Summary of findings

knowledge of the Mental Capacity Act 2005, which is the legislation that protects people who lack capacity to make decisions about their care was not up to date but they had taken steps to refresh their knowledge and procedure.

People who used the service gave us positive feedback about the care provided. People's care needs had been assessed to ensure the care to be provided was appropriate. People told us that staff had the right skills to support them and that they felt safe and well cared for.

Staff were recruited in accordance with the provider's recruitment procedures that ensured staff were qualified and suitable to work. People's needs were met safely because there were enough trained staff available with the knowledge, qualifications and experience.

People received their medicines at the right time. There were safe arrangements for the storage, management and administration of medicines.

People lived in a comfortable, clean and a homely environment that promoted their safety and wellbeing. All areas of the home could be accessed safely including the outdoor space.

Staff were knowledgeable about people's needs and things that were important to them. Pre-admission assessments had sufficient information about the needs of people and showed that information was sought from the person as well as significant others such as relatives and health care professionals.

People told us they enjoyed their meals which were nutritionally balanced. Drinks and snacks were readily available. People's health and wellbeing was monitored and staff sought appropriate medical advice and support form health care professionals when people's health and needs changed. On the day of our inspection a doctor had been called to see one person at the home in an emergency.

Staff had a good understanding of the needs of people. Staff had access to care records which contained details of the care and support people needed. People had been involved in pre-admission assessment process. The plans of care referred to by staff included basic details about the care and support needs of each person although staff we spoke with were aware of people's individual preferences and daily routines.

People were supported to take part in hobbies and activities that were of interest to them, which helped to protect people from social isolation.

The provider's complaints procedure was accessible to people who used the service, relatives and other visitors to the home. Advocacy services were available to people if they needed them. People told us that staff treated them with dignity and respect and we had observed this to be the case. The provider took action in response to concerns or issues raised about any aspects of the care delivered.

The registered manager understood their responsibilities and demonstrated a commitment to provide quality care. They were open and welcomed feedback from people who used the service, relatives of people who used service, health and social care professionals and staff.

Staff knew they could make comments or raise concerns about the way the service was run with the management team and knew it would be acted on. There was a clear management structure and procedures in place to ensure concerns were address.

The provider had systems in place to ensure the service was managed and run properly. Procedures were in place to monitor and analyse the information to assess the quality of service provided.

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.

People told us that they received the care and support they needed. People felt safe with the staff that supported them. People's needs and risks had been assessed to ensure staff supported people safely.

Safe recruitment procedures were followed and staff had undertaken training to recognise, respond and protect people from avoidable harm or potential abuse. There were enough qualified and experienced staff on duty to support people.

People received their prescribed medicines correctly and at the right time. Medicines were stored and managed safely.

Good

Is the service effective?
The service was not consistently effective.

Staff understood the needs of people and delivered effective care which they were trained in.

Care plans identified people's needs. Although people's mental capacity had not been assessed, the person's representatives and other healthcare professionals had been consulted with regards to any best interest decisions.

People were supported to eat and drink sufficiently. People had access to support from health care professionals when required.

Requires Improvement

Is the service caring?
The service was caring.

People received support from kind, attentive and caring staff. People were involved the pre-admission assessment and had made decisions about the plan of care to ensure it was appropriate. However due to people's health needs not everyone was able to be actively involved in making decisions about all aspects of their care.

Staff treated people with respect and maintained their privacy and dignity. Staff provided the care and support people needed.

Good

Is the service responsive?
The service was responsive.

People's plans of care contained basic information as to their care and support needs. Although there was little guidance for staff to refer to in the plans of care they had a good understanding of how people wished to be supported.

Good

Summary of findings

People were encouraged to take pursue their hobbies and social activities that were of interest to them. People were able to receive visitors and maintain positive relationship with family and friends to prevent them from social isolation.

People had the opportunity to put forward suggestions to improve the service and were encouraged to express their views about the service with the management team. Procedures were in place to ensure complaints and concerns received were acted upon. Staff knew how to support people and responded quickly to any concerns.

Is the service well-led?

Good

The service was well led.

People were encouraged to be involved in developing their service and to make suggestions and comments about the improvements planned.

The registered manager understood their responsibilities and welcomed feedback. The provider had effective systems in place to assess and monitor the quality of care provided and ensure lessons were learnt from significant events.

Woodheyes

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 30 October 2014 and was unannounced.

The inspection was carried out by two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information that the provider had sent to us which included notification of significant events that affected the health and safety of people who used the service. We reviewed other information received from people who used the service, the relatives of people who used the service and health and social care professionals. We spoke with the local authority responsible for monitoring the care for some people that they supported.

During our inspection we spoke with eight people who used the service and the relatives of three people who used the service. We also spoke with six care staff, the cook the deputy manager, the registered manager and the registered provider. We also spoke with a doctor who was visiting the home. We 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 talk with us.

We looked at five people's care records, staff training matrix and rotas, minutes of staff meetings and maintenance records. We reviewed the results of the satisfaction survey and management information that showed us how the service was managed.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe at the home and were supported safely by the care staff. One person said "I feel safe and well looked after." Another person told us that they understood that staff were 'there to help keep them safe from harm and to call the doctor if needed'. Relatives we spoke with said they were confident that their family member received care that was safe and appropriate.

Staff told us they had received training about how to protect people, recognised the types of harm or abuse and how to report concerns. This was consistent with the provider's procedures for protecting people from harm and abuse. The registered manager had reported to both us and the local authority alleged incidents of neglect or abuse. Records showed the actions taken and any shortfalls in practice had been addressed by the registered manager to prevent it from happening again.

People were supported by staff to access different areas of the home. Risks to people's individual were managed that ensured people's safety and wellbeing Staff we spoke with knew how people liked to spend their time and supported people in a manner that promoted their rights. For example, staff recognised that one person could not recall where the quiet lounge was and walked to the lounge with them. We observed staff using the correct moving and handling techniques when they supported people when a hoist was used to transfer a person from the wheelchair into an armchair.

Staff told us that they understood their responsibility to alert senior staff when people's needs changed and in the reporting of any accidents, incidents and injuries. They knew how to use the provider's whistle-blowing procedure to report concerns about people's safety to ourselves and the police if the provider did not act. This showed that staff understood their responsibility and would use the provider's procedures to report any changes and any untoward events that affected people's health and wellbeing.

The premises and equipment were well maintained and kept clean which contributed to people's safety. The management team carried out regular safety checks and reviewed incidents, accidents and complaints. Improvements had been made as a result of those incidents to reduce the risk of similar incidents happening again and monitored by the provider. For example, people at risk of falls were referred to the falls clinic for advice and support.

People's care records we looked at showed that risks associated with people's personal care routines and mobility had been assessed and reviewed regularly. One person's plan of care recorded that they should use a walking frame and be observed when they walked around the home, which is what we saw. Another plan of care for a person who had behaviours that challenged did not contain information or guidance for staff about the most appropriate interventions and mechanism to support the person. Despite this staff did know how to support that person safely. This was shared with the registered manager who assured us the care plan would be updated with guidance for staff.

People who used the service and relatives told us that there were enough staff on duty. One person said "There's always staff around if you need them." Relatives also commented that staff greeted them when they arrived and knew where to find their family member.

The registered manager had a process for determining how many staff should be on duty. That process took into account people's dependency levels matched against the skill mix and experience of staff required. Staff told us that that staffing was adequate with a mix of trained and experienced staff. One care staff said, "There seems to be enough staff. We never have to rush around or feel you can't give people the time they want." The staff rota reflected the staff on duty and showed absences were managed to ensure staff were available to meet people's needs.

The provider's staff recruitment procedure was followed which ensured only staff that were suitable and qualified to work with people were employed. Pre-employment checks included checks on qualifications, references and a check with the Disclosures and Barring Service, known as 'DBS'. This is a check that assesses the applicant's suitability to work with people who used the service.

People told us they received their medicines at the right time. One person said, "I know exactly what I have to take [medicines] and just waiting for [staff member] to bring them over." A relative told us that their family member was supported well by staff in relation to their medicines. We

Good

Is the service safe?

observed staff administering medicines to people at lunchtime and followed the provider's procedures for the safe administration of medicines. People were consulted as to whether they wished to take their medication.

Medicines were stored safely; at the correct temperatures and managed by the trained staff. Medication administration records were completed accurately and monitored.

Requires Improvement

Is the service effective?

Our findings

People who used the service had various levels of capacity and understanding, which could vary throughout the day depending on the person. Care records we looked had no information about people's preferences and personal routines. Records contained no evidence that people's mental capacity had been assessed or best interest agreement in place. There was limited information about how people or their representatives had been involved in the care planning process. For example, one care plan placed a number of restrictions on the person as part of a risk assessment and another who received their medicines covertly (disguised in their food) without any evidence that consideration had been given about what was in their best interests.

The provider had reported in the information sent to us that they needed to make improvements to the MCA procedure and assess people's mental capacity. We found the provider's MCA procedure lacked sufficient guidance about what arrangements the service should take if people lacked capacity to make a decision about their care and support. The registered manager told us they had received training about the MCA, but we could see no evidence that this had been put into practice. Following our inspection the provider reported to us that they had carried out assessments of people's capacity. Where a person lacked capacity to make decisions, their representative and relevant health care professionals had been consulted with regards to any best interest decisions and their plans of care had been updated those.

People told us staff sought consent before they assisted people. Staff had a good understanding of the needs of people using the service and anticipated people's needs and were responsive when they made a request. One person said, "Staff are always polite and courteous and they always ask me before they do anything."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The provider had followed the requirements in the DoLS and submitted applications to a supervisory body for authority. An application under DoLS had been authorised and the person's records showed that staff supported the individual in line with the authorisation.

People told us they were happy with the care, attitude and approach of staff who knew how to help them. One person said, "The staff are kind and friendly and they know what they're doing." Relatives told us they felt staff had the right skills and knowledge to look after their family members.

Staff had a good understanding of the needs of people and knowledge to support people living with dementia and a physical disability. Staff told us they had received training for their job roles so that they had the knowledge and skills to meet people's needs. From our discussions with staff we found that they had a good understanding of their responsibilities and we observed the training put into practice. For example, we saw staff used equipment to move people safely and that they wore aprons and gloves when undertaking personal care tasks to reduce the potential for the spread of infection.

Records showed that staff were supported to develop and had undertaken training in caring for people living with dementia. Staff told us that the registered manager monitored their practice and competence. Staff had regular supervision meetings with the registered manager, which provided them with an opportunity to discuss any training needs and make suggestions that could improve the quality of care provided. The staff meeting records showed that the management team informed the staff team of any feedback from people who used the service and changes in staff responsibilities. However, those meetings were not used to reinforce good practice or used as a learning opportunity to explore staff's understanding of changes in legislation or procedures. This is despite shortfalls identified with regards to MCA. Following the inspection the provider confirmed that through staff meetings and supervisions staff received information about MCA and what that meant in practice for them.

People spoke positively about the meals and the menu choices. One person said, "The food is nice." Another person told us they were asked to comment on the meal provided and said, "The food is lovely, I never want a snack between meals, however if I wanted to then I would only have to ask." Relatives were complimentary about meals provided. One relative told us that their family member had

Requires Improvement

Is the service effective?

put on weight since they had moved to the service and said, "I have never had a complaint about the food, she [person who used the service] does enjoy her food now, which makes a change."

Throughout our inspection visit staff served hot drinks and biscuits. The dining experience at lunch time was calm and well managed. People who needed support were helped to eat their meal. Staff interacted with people well, offered encouragement and at a pace that was suitable to them. Staff were aware of people that took their time and ate their meal when they were ready to do so. One person was offered support by staff in the cutting up of the food, so that they could eat independently.

The cook developed menus from the comments and feedback received from people using the service. All the meals were freshly prepared which were healthy and nutritious to meet people's dietary needs. For example, the range of meals prepared included soft diets for people at risk of choking or had swallowing difficulties, fortified meals and drinks for people with poor appetite or at risk of weight loss, and meals suitable for people with specific food tolerances and health issues. The cook sought people's views during and after meals so that any requests could be acted on.

People's care records contained sufficient information about their dietary needs and preferences. Nutritional needs had been assessed and monitored. Staff monitored people's intake of food and drink if there were any changes in appetite or weight without any reason. Records showed that people were referred to the dietician when there were any concerns about people's weight, appetite or hydration, which helped to maintain their health and wellbeing.

People were supported to maintain good health and accessed health care services when required. One person said, "I've never needed a doctor, I'm pretty healthy." Another person told us that the home's staff had called the doctor out when they were unwell. Staff knew about medical conditions that people had and were able to identify changes in people's health. Care records showed that staff supported people to attend health care screenings and specialist treatment, such as the diabetic nurse supporting people with diabetes. This was consistent with what people using the service and staff, had told us.

We spoke with the doctor who visited a person at the time of our inspection. They were complimentary about the staff and the care provided. They said the staff were knowledgeable about the people who used the service and sought advice if people's health was of concern.

Good

Is the service caring?

Our findings

People we spoke with told us that they were happy with the care provided and the staff that supported them. Comments received from people included: "It's nice and pleasant; I wouldn't have stayed if I wasn't happy" and "Quite satisfactory, the staff are friendly and helpful." Visitors were seen throughout the day with their relatives. A relative told us that they saw staff showed care towards their family member and other people who used the service and said, "People are very lucky here to have good staff to look after them." Another relative said, "Staff are good and very sociable."

We saw lots of positive interactions between staff and people who used the service. Staff knew what was important to them including their visitors and their personal histories, which helped to stimulate conversation. Staff showed an interest in what people were doing or had done earlier in the day. We saw that staff explained what they were about to do when supporting people to stand and care was taken throughout this procedure.

People were supported to make daily decisions about their care and support. This was mostly about how people spent their time. Few people were able to be actively involved in making decisions about their care and support due to their health needs. Those that were able told us that staff respected and acted upon their views. One person was supported to use the telephone to speak with their relative. Another person told us that they had been involved in making decisions about their care and support. A relative told us that they provided information about their family member's life history because they were living with dementia. The information about their wishes and important aspects of their daily life was taken into account by the staff that support the individual.

Staff explained things in a manner that people could understand and gave them time to decide. For example, one person told us that told us that staff encouraged them to stay independence as possible as it was important to them. People also expressed their views, opinions and made suggestions at the 'residents meetings' and through surveys. People had access to information about independent advocacy services that support people to make comment or raise concerns. The details were included in the home's information pack and displayed. The recent survey showed that people were satisfied with the care and support they received and made suggestions about social events and activities that were of interest to them.

Care records did not always contain personalised information about people's individual preferences or daily routines even though staffed delivered care and support that were personalised. We discussed this with the registered manager and they assured us that they would develop the plans of care to reflect individual preferences and wishes.

We observed people were treated by staff with respect and dignity. People were dressed as they preferred and staff were seen commenting positively about people's presentation which promoted their wellbeing. We observed that staff were polite, respectful and addressed people by their preferred name and also showed respect towards their visitors. Relatives who visited their family members several times a week told us that they had seen staff treat people with dignity and respect. For example, when staff helped people into the dining room for lunch they showed care and respect for the person rather than simply carrying out a task. Staff did not interrupt people who had gone to one of the smaller lounges to spend time by themselves, or people who had chosen to sit in an area outside of the main lounge.

People told us that they like their bedrooms which were personalised, homely and comfortable for them. All the rooms had ensuite washroom facility and were lockable which helped to promote peoples' privacy.

Good

Is the service responsive?

Our findings

People who used the service told us they had been asked about the support they needed. One person told us they were supported by staff who respected their wishes to remain independent as far as practicable. A relative said the registered manager had contacted them to gain information about their family member's needs because they were living with dementia.

People's care records showed that people's needs had been assessed and additional information had been gathered from significant representatives such as family and health and social care professionals. This meant that steps were taken to ensure all relevant information was obtained and kept up to date to ensure people received the care and support they needed.

During the morning of our inspection visit we saw that people listened to music and were supported by different staff with percussion instruments. We saw people enjoyed this activity from the laughter and smiles exchanged. People had visitors without undue restrictions and we observed that there was a relaxed atmosphere in the home. Religious services were held for people who wished to observe their faith. Staff were attentive towards people and encouraged conversations that were of interest them. For example a member of staff walked with one person who appeared anxious and by the time they had walked to the small lounge the person was smiling and chatted.

People told us how they liked to spend their time, maintain contact with family and pursue their hobbies. One person said they visited their family member every Sunday. Other comments received included, "I'm not an activity person, too old for all that", "I've been to the Red Cow [local public house] in the past but not recently. I used to be able to walk that far but I can't anymore," and "I like sitting in this lounge as I can see the world go by through the window". A relative commented that trips out were organised in the past and had received letters about events held at the home such as the cheese and wine parties. This supported the information that the provider had sent to us, which included details of celebrations of important events and birthdays, which helped people to be included in life at the home.

From our observations it was evident that staff were interested in people and encouraged to take part in activities that people enjoyed. In one lounge some people were singing, tapping their feet and playing percussion instruments. Staff talked to people about the music and danced with them at intervals. Other people were seen pursuing their interests which included one person doing a jigsaw puzzle with a member of staff, and others read a newspaper independently, sat with their visitors and listened to the alternative music in the smaller lounge.

Staff demonstrated a good knowledge of how people wished to be supported, their life history, preferences, cultural and spiritual needs. We saw staff supported people and provided assurance if they saw someone was upset or became anxious. Staff were engaged in conversation that made people smile and relax. Although people's plans of care were task orientated staff were aware of people's preferred daily routines and expectations of care to be provided. We also found that where people's interest and hobbies had been identified such as reading or shopping, there was no information about how the person should be supported to do this. The registered manager assured us that they would update the plans of care to ensure those were personalised and staff had sufficient information to refer to.

People told us they would speak with the staff or the manager if they had any concerns. One person said, "If I wasn't happy I'd speak to Helen, the manager." Another person said "They didn't clean my room one day, I spoke with Helen [registered manager] and it was quickly sorted" and "Any issues I have raised have been dealt with effectively, however, I have no major concerns." Relatives expressed confidence in the management team and issues or concerns about aspects of the service and the care provided was acted on.

People had access to information about the provider's complaints procedure. The information was included in the home's brochure and on display. The service had received one complaint since our last inspection and this had been investigated. The provider had effective procedures for ensuring that learning from investigations of complaints and incidents took place, which included improvements made to the pre-admission assessment process.

People were encouraged to provide feedback on the quality of service through individual meetings, surveys and meetings with the management team. The survey results from April 2014 were positive and actions were taken to address individual comments. People shared their views

Good

Is the service responsive?

and made suggestions to the management team about improvements that could be made to the service. One relative we spoke with had attended the meeting and suggested places that people could visit. The records of those meetings detailed the people's views and suggestions made, for instance an outing in summer 2015 and the introduction of reminiscence activities. However there was no update as to what action had been taken as a result of people's views and suggestions made previously. The registered manager assured us that they did provide updates and would ensure any updates provided at future meetings would be recorded.

Good

Is the service well-led?

Our findings

People who used the service and relatives knew they could speak with the manager or the management team at any time. One relative who we asked for their views about the management of the service said, "Helen [manager] is approachable, listens and is always around if you need to speak with her."

Staff we spoke with felt there was an open culture and support amongst the staff team. Staff told us that they were motivated and made suggestions to improve people's quality of life. Staff knew how to use the provider's whistleblowing procedure and therefore, knew they could raise concerns if they had any. Staff communicated well with each other with regards to any change in people's needs.

The service had a registered manager in post and there was a clear management structure. They understood their responsibilities and knew how to access support from external organisations including referrals to health care professionals following incidents that affected people's health and wellbeing. We and the local authority that commissions and monitors the care provided for people they support had received timely notifications of incidents and actions taken.

Staff told us they were supported by the registered manager to develop their knowledge and improve their practices through planned training. Staff received support through staff meetings, which were primarily used by the provider and the register manager to communicate instructions with regards to staff work, conduct and feedback such as the survey results.

The registered manager had organised and facilitated meetings with relatives, people using the service and staff to discuss the improvements which needed to be made to ensure that people received appropriate care that was safe and met their needs. The provider visited the service to monitor improvements and provided people with an opportunity to make comments or raise concerns.

The provider had systems in place to regularly assess and monitor the service. These included the maintenance and safety checks of the building and equipment such as moving and handling hoists carried out by external contractors. Regular audits were completed on aspects of people's care and their records, medicines management and infection control. The registered manager monitored the effectiveness of actions taken following analysis of incidents and accidents. Staff competency and skills were monitored to ensure staff's practices in delivery of care was appropriate and respected people's dignity. All staff we spoke with shared a common understanding of the aims and objectives of the service and the importance of providing and the meeting of people's care and support needs safely, which was in accordance with the provider's vision.

The registered manager reported to the provider about the performance of the service. They monitored how the service was run and reviewed the complaints and notifications of any significant incident that were reported to us. Notifications are changes, events or incidents that affect the health, safety and wellbeing of people who use and others, which the provider must tell us about. The service worked with the commissioners who funded the packages of care people received action plans, which were in place in order that identified improvements were met and sustained. This supported what the provider had told us in the provider information request sent to us prior to the inspection visit.