Kodali Enterprise Limited

Woodside Care 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?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

The service provides care and support for up to 42 people. When we undertook our inspection there were 32 people living at the service.

People in the home were mainly older people. They had varying degrees of mobility needs, with some requiring wheelchairs and some assistance from staff to walk. A small number of people preferred to stay in their bedrooms each day. A number of people were at different stages of dementia.

We inspected Woodside Care Home on 15 and 18 May 2015. This was an unannounced inspection. Our last inspection took place on 27 October 2014 during which we found the home was meeting all the required standards.

There was no registered manager in post. The home had been without a registered manager for three months. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. There were no people living at the home that were subject to any such restrictions. Staff were unaware of mental capacity and DoLS processes.

People had not been consulted about the development of the home and quality checks had not been completed. Some areas of the home and some equipment required refurbishment and there was no plan in place to ensure the environment and equipment was updated and kept clean.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the number of staff available at times and a lack of quality assurance systems. You can see what action we told the provider to take at the back of the full report.

People were not involved in the planning of their care. We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. The information was clearly written and risks identified. However, these had not been consistently reviewed and people were not involved in that process.

The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home.

People had a choice of meals, snacks and drinks. Meals could be taken in a dining room, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it.

The provider used safe systems when new staff were recruited. All new staff completed training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual. There were sufficient staff to meet people's needs.

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?

Requires Improvement

The service was not consistently safe.

Checks were not made to ensure the home was a safe and clean place to live.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse.

Medicines were stored and administered safely but no auditing system was in place to ensure medicines were safely received, given, stored and disposed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing but there was poor record keeping.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were not fully understood by staff.

Is the service caring?

Good

The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible

Is the service responsive?

Good

The service was responsive.

Staff responded to people's needs in a calm way.

People were supported to develop their own interests and hobbies.

People knew how to make concerns known and felt assured anything would be investigated in a confidential manner.

Staff ensured other health and social care professionals were aware of people's needs when they moved between services.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People were relaxed in the company of staff and told us staff were approachable.

Summary of findings

Checks were not made to ensure the quality of the service was being maintained.

People's opinions were not sought on the services provided and they felt those opinions were not valued.

Records were kept securely.

Woodside 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 15 and 18 May 2015 and was unannounced.

The inspection team consisted of three inspectors.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We did not ask the provider to complete a provider information return on this occasion.

We also spoke with the local authority who commissioned services from the provider and other health professionals, both before and during the site visit. This was in order to obtain their view on the quality of care provided by the service.

During our inspection, we spoke with seven people who lived at the service, a relative, six members of the care staff, a cook, an activities organiser and the acting manager. We also observed how care and support was provided to people.

We looked at nine people's care plan records and other records related to the running of and the quality of the service. These included medicine records, accident and incident forms, staff training records, complaints logs, staff recruitment files and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

People had been supported to take risks. To ensure people's safety was maintained a number of risk assessments were completed for each person. For example, a person had new slippers that had more grip to help prevent the person from slipping. Another person had a history of falling and staff knew how to keep the person under close observation when walking so assistance could be provided if required.

There were items of equipment in use to ensure people could be looked after safely. For example standard bed rail assessments for people were in place. A set of bed rails were examined and found to be correctly installed. Raised toilet sets enabled people to exercise their independence when needing to use a toilet.

Stairs leading to the first floor were key pad protected. Some people who were able and who were safe to use the stairs knew the code. They were seen to safely access the stairwell. There was also a passenger lift which we observed people who had capacity using safely.

We observed staff tending to the needs of people who had dementia. They ensured they were sitting safely in chairs and a member of staff was always in the sitting room where people sat to observe them. This ensured if those with poor mobility attempted to walk they could be assisted safely to move. We observed staff ensuring people were safe when one person's behaviour became challenging to others. They distracted the person to calm them down.

Staff were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies. Staff said they had received training in how to maintain the safety of people who spent time in the service. However, we did not find any records of that training.

Plans were in place for each person in the event of an evacuation of the building. The assessments included how people might respond when knowing that there was a fire in the building and if people required one or two people to help them evacuate the building. This ensured people could leave the building quickly in the event of a fire. A business continuity plan identified to staff what they should do if utilities and other equipment failed. We saw that some fire doors were not closing properly which could be a danger in the event of a fire.

When an incident or accident happened in the home the acting manager let the Care Quality Commission (CQC) know. They made appropriate referrals, when necessary, if they felt events needed to be escalated to the safeguarding adults' team at the local authority. The records showed that the occurrence of accidents had been analysed and action taken to prevent a recurrence. This ensured people were protected against harm coming to them.

Staff said there were sufficient numbers of staff to enable them to meet people's needs. They said that most shifts were filled in the way set out on the day of our inspection. Staff told us they were now a more stable workforce and most people lived close to the home. The staff rota confirmed what staff had told us. There were six staff vacancies, but records showed recruitment of new staff was at an advanced stage. We observed staff were busy throughout the day but did attend to people's needs. Calls bells were heard but answered promptly.

We looked at three staff files which showed security checks had been made prior to their commencement of employment to ensure they were safe to work with people. These included information on their past career history, qualifications and references from other employers and character references. Safety checks had been made with the disclosure and barring service, which checks whether staff are suitable to work with people in this environment. These measures helped to ensure only suitable staff were employed.

People told us they received their medicines at the same time each day. One person said, "I get my medicines at the same time each day. I never had any problems in getting them. Basically I am in control."

Medicines were kept in a safe, clean but cluttered environment. We looked at people's medicine records and found they had been completed consistently, with the exception of two records. There had been errors in the counting of medicines for those two people, which were corrected during the inspection. The records did not contain photographs of people. This meant new staff could not easily identify people when administering medicines. This had been highlighted on the last independent pharmacy audit in January 2015 but not actioned. We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed.

Requires Improvement

Is the service safe?

Staff who administered medicines had received training, which was confirmed on the training planner. Guidance for medicines prescribed was available and staff told us this helped them to administer medicines safely. There were no internal medicine audits being carried out for medicines received, administered or disposed. This meant there was no method of identifying if there were any concerns or issues and did not protect people against the unsafe use of medicines.

We had been notified prior to our visit about concerns other health professionals had about how people were being protected from the risk of infection. Concerns had been raised about staff training, the cleanliness of the building and equipment. We found the provider had taken action to address these concerns.

We looked at eight bedrooms, with people's permission. Items of furniture were mismatched and in a poor condition with damaged surfaces and handles. In four bedrooms furniture was broken such as wardrobe doors.

The rooms were free from significant odour. Carpets and other floor coverings were worn and stained in places but did not constitute a trip hazard. Elsewhere in the home the bathrooms and toilets were clean but there was some damage to walls. Washbasins and baths did not have plugs to retain water. Toilet seats and commodes were old but clean. The main sitting rooms were clean and odour free. The provider gave us an action plan giving details of when items of furniture would be renewed.

There was a cleaning company at the service during the inspection that had commenced a deep clean programme. There was protective clothing available for staff to use. We observed staff changing their protective aprons and gloves as they went from one task to another. Staff were employed to clean the home and cleaning schedules were being put in place for them to follow during our visit. Staff only recently had guidance to follow to ensure the service was kept clean and people were protected from acquiring infections.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions themselves. Deprivation of Liberty Safeguards (DoLS) is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to treatment or care. The safeguards legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty. There was no one subject to a DoLS authorisation during our visit.

We discussed this with the acting manager and other staff. They showed that they were not knowledgeable about mental capacity or DoLS provisions. All staff we spoke with told us that they had undertaken training in the Mental Capacity Act 2005. The training records showed very few staff had undertaken that training.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They were dated in March 2014 and did not refer to a particular decision and had not been reviewed. In each case people had not been involved in the decisions. Staff told us each of the people we asked about required a high level of supervision and were unable to leave the service on their own. They were effectively prevented from doing so by the locked doors. In the case of one person, their liberty had been restricted despite them having the capacity to make decisions for themselves.

Staff only spoke about consent in very practical terms for people. Such as, choices about wearing different clothes each day, if they wanted to use the toilet and where they would like to sit in the communal areas. Staff did not understand any other aspect of gaining consent, for example for the use of bed rails or to not accept treatment when they were capable of making those decisions. The manager was also not aware of the broader aspects of consent to care and treatment. This could deprive people of their liberty and not recognise the capabilities of people to make their own choices.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the food was good and they had access to meals, snacks and drinks throughout the day and night. One person said, “The food is excellent and I eat what I want and get more if I ask for it.” Another person said, “I think the meals give us enough of what we like and I never been disappointed in the meals.” One person said they would like to see a menu but also said, “It doesn’t mean the food isn’t good and there is always plenty to drink.”

During the lunch period we observed good support being provided. There were enough staff to enable people to eat and drink as much as they wanted. Six people were being supported to have meals in their rooms.

The staff we talked with knew which people were on special diets and those who needed support with eating and drinking. However staff did not understand how to calculate food and fluid intakes and to recognise signs of malnutrition and dehydration. Staff had recorded people’s dietary needs in the care plans such as a problem a person was having controlling their weight, but had not updated those care plans. Staff had not always sought assistance from the NHS dietary team, when a person was losing weight and could not eat or drink. There were inadequate arrangements to monitor food and fluid intake and to ensure the care plans were updated. Staff were unaware of when people required supplements to their diet. This could put people at risk of having a suitable diet to ensure their health and wellbeing.

These matters were a breach of Regulation 14 of the Health and Social Care act 2008 (Regulated Activities) Regulation 2014.

Staff told us that they received regular supervision sessions from the acting manager but not regularly. This monitored their performance. Staff said they were given opportunity to express their own views about their performance and this had helped staff to identify training needs and career progression. Supervision records showed staff had received supervision last in April 2015.

Staff said they had completed training in topics such as basic food hygiene and manual handling. They told us training was always on offer. The training records supported their comments. Some staff had completed training in particular topics such as team building and falls prevention. They said this helped them understand the

Requires Improvement

Is the service effective?

needs of people better. However, there was no training planner in place to show topics being offered to staff in the future and to update mandatory topics such as manual handling and fire safety.

The provider had links with a local college where staff could access face to face training and on line training. Staff records showed which training staff had completed, such as dementia awareness. The provider had just made links with other health organisations that had commenced training in topics such as infection control.

People told us they liked being looked after by the staff. They said staff knew what they were doing to help them. Staff had recorded when they had asked for other health professionals' help with a person's problem. For example, when an occupational therapist had been called to assess the needs of a person for a special chair to make them comfortable.

We observed staff dealing with people's behaviour which was challenging to others. Staff ensured each person was in a safe environment and others were safe around them. They calmly dealt with each situation by talking and moving the person away from hazards and preventing them touching others. However one person told us, "I do wish I could use another dining room. I find [named service user] behaviour upsetting when I eat but I like to eat with my friends." Staff told us they were looking at dividing the sitting rooms and dining space into two separate units to accommodate those who required more assistance each day.

We heard staff speaking with relatives, after obtaining people's permission, about hospital visits and GP appointments. We observed staff writing about discussions with other health and social care professionals in people's care plans and liaising by telephone. The staff gave an over view about people's care before describing the recent problem.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and kind.

The staff were all caring and kind towards people. They were patient with people when they were attending to their needs. We observed staff ensuring people understood what care and treatment was going to be delivered before commencing a task, such as helping with a bath and meals.

Staff described the actions they took to preserve people's privacy and dignity. They said they would knock on their bedroom doors before entering. We observed staff knocking on doors before entering a room. Staff spoke quietly to people and were unhurried in their approach, always giving time for people to respond to questions and walking with them at the person's own pace. When people required personal care they were assisted from the sitting rooms to their bedroom or a bathroom. This was carried out in a discreet manner and the person's dignity maintained.

We observed many positive actions and saw that these supported people's well-being. Staff were aware of the importance of verbal and non-verbal communication and how this determined whether a person was happy with the care they received. For example, one staff member was observed holding the hand of a person who was distressed and talked calmly about the person's problems. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made.

Staff had taken time to ensure people were included in everyday tasks such as laying the dining room cutlery out. One person was seen being approached by staff to help with folding refuse sacks for the domestic staff use. The person said they enjoyed doing what they described as their daily chore. We heard staff explaining to people how they could access other health care professionals and asking whether they required assistance to attend appointments.

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Staff recognised the importance of not intruding into people's personal private space. Each bedroom had been personalised to meet people's needs. One person told us they liked their room being disorganised, which staff respected.

People had access to several sitting room areas, a dining room, quiet areas in corridors and a garden area. We observed staff asking people where they would like to be if they required assistance to move about the building. Staff ensured each person was comfortable, had a call bell to hand and had all they required for a while. This was sometimes a book, magazine or watching the television. Other people we observed walked or used a wheelchair to access various parts of the home and grounds.

Good

Is the service responsive?

Our findings

Each person had a written care plan that described the support they needed and wanted to receive. We looked at nine care plans and found they contained detailed information that enabled staff to know people's needs. The care plans had not always been updated monthly but the daily logs showed how staff had responded to people's needs.

People's care plans provided details of people's personal care needs, mobility and their night time requirements. One person was using specialist medical aids which staff helped them with, but the person was capable of stating when they required assistance, which was in the care plan. Some people liked to go shopping with an escort and the details of those trips out were recorded.

We observed staff attending to the needs of people throughout the day and testing out the effectiveness of treatment. For example, where people could only use non-verbal methods of communicating staff had recorded this and were observed using hands and facial expressions to ensure people were comfortable and free from pain. To ensure the treatment and care being given was being effective the care plans had not been reviewed since October 2014. Staff were unaware when the reviews should take place. However, the daily logs showed the delivery of care to people which followed the care plans. Every resident at the home was currently undergoing a review of their needs.

Food preferences and diets were documented in the care plans. Such as when a person required food they could eat with their fingers and soft, easily digestible diets. However, staff were not aware of the needs of everyone and the records did not record updated actions taken by staff.

Staff responded quickly when people said they had physical pain or discomfort. When someone said they had a headache, staff gently asked questions and the person was taken to one side and given some medication.

People said there was always an opportunity to join in group events but staff would respect their wishes if they wanted to stay in their bedrooms or not join in. People told us about the bingo sessions, quizzes and an art class. We saw in a sitting room, alongside jigsaws, books on various topics and music cassettes. Photographs were on display of events which had taken place, such as the Easter bonnet parade at the home. Posters were on display of forthcoming events such as the next Holy Communion service. The newsletter was dated February 2015 but gave a list of forthcoming events, people's birthdays and anecdotes to read and a crossword to complete. This was not available in other formats other than written English yet, which staff told us they were working towards.

Staff told us they had started to encourage people to develop their own interests. This included painting, singing, shopping and an interest in the Second World War. We saw evidence in people's rooms of the hobbies commenced. One person was drawing during our visit. They said they enjoyed expressing themselves and said, "It's probably rubbish I draw but it pleases me."

There was an activities planner on display but it was small print and hard to read and out of date. It was removed during our visit. The care plans stated the type of interests' people had been interested in prior to admission and how they would like to spend their days now. When people joined in activities which took place this was recorded and noted if people had been observers, declined or if they had enjoyed the sessions.

People told us they were happy to make a complaint if necessary and felt their views would be respected. People felt any complaint would be thoroughly investigated. There had been one formal complaint since the last visit. We saw this had been investigated and responded to in line with the provider's policy. We saw the complaints procedure on display which had been reviewed in March 2015. However, they did not have access to the information in different formats. This could mean people with a visual impairment for example may not be able to access that information. The acting manager told us they would rectify this.

Requires Improvement

Is the service well-led?

Our findings

There was insufficient evidence to show the acting manager had completed audits to test the quality of the service. These had not been completed since October 2014. Previous audits had been carried out on care plans, medicines and the environment. These had been completed by an outside agency who no longer visited the home. This meant there was no system in place to test the quality of the services being provided and whether staff maintained safe practices.

There was no system in place to pass on information quickly to staff if an incident had occurred and practices required to be altered. Staff told us information was given to whoever was on duty and they had to rely on each other to pass on information.

The leadership in the home was reactive rather than proactive. There were no methods in place to explore options for people and staff to enhance the services being provided. Innovation was not recognised within the home and staff, although feeling their opinions were valued, did not have any other incentive to give good practice.

The nominated individual for the provider organisation had put an acting manager in place, but there was no support for this person. They had not ensured that systems were in place to test the quality of the service or if the acting manager was aware of those systems.

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

People described the management of the service as open and approachable. One person said, "[Named staff member] is lovely they really listen." Another person said, "I love them all."

The yearly questionnaire was not due to be repeated yet and we saw the last one at our previous visit in October 2014. People told us they talked with staff each day to express their own wishes and needs.

Staff told us they worked well as a team. One staff member said, "There have been so many changes in such a short while, but it will be for the good of all." Another staff member said, "I can voice an opinion and yes it's valued."

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Staff told us they worked well as a team. One staff member said, "There have been so many changes in such a short while, but it will be for the good of all." Another staff member said, "I can voice an opinion and yes it's valued."

Staff said the acting manager was available and walked around the home each day. They said the acting manager and provider were approachable. One staff member said, "I can speak to them."

Staff told us staff meetings were held when required. They said the meetings were used to keep them informed of the

Requires Improvement

Is the service well-led?

plans for the home and new ways of working. They said they received feedback and were encouraged to put their views and issues forward at meetings. We saw the minutes of staff meetings. This ensured staff were kept up to date with different events.

We observed staff handing over between shifts. They ensured the staff coming on duty were aware of everyone's needs and what treatments were left to complete. Staff were given the opportunity to ask questions. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten.

All the staff we spoke with told us they felt people were well cared for in this home. They said they would challenge their colleagues if they observed any poor practice. One staff member said, "We all know about the whistleblowing process and would use it if necessary. Staff told us they knew about the whistle-blowing policy which was in place.

Records were kept in a safe and secure area. These were accessed on a need to know basis only. Staff told us which records they had access to, which followed the provider's policy.

The home had been without a registered manager for three months. The provider had appointed a new manager who was spending occasional days in the home to support the staff. They would commence duty at the beginning of July 2015. We met with them during our visit and they confirmed the arrangements in place.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent People who use services were not being included in the decision making process of their care plans. Those without capacity were not assessed to ensure the requirements of the Mental Capacity Act 2005 were being fulfilled. Regulation 11. 1

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems were not in place to test the quality of the services being used and whether staff were working safely. Regulation 17.2 (a) (b)