

Miss Satwant Chahal

Woodthorne Care Home

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Woodthorne Care Home provides accommodation and personal care for a maximum of 21 older people, some of whom may be living with dementia. At the time of our inspection there were 20 people living at the location

People's experience of using this service:

The provider had auditing systems in place to monitor the effectiveness and quality of service provision. Although significant improvements had been made since the last inspection, there was still room for improvement in some areas.

People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training, so they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness and compassion. People's right to privacy was respected by the staff who supported them and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.

There is a positive emphasis on continually striving to improve the service and maintain high sustainable standards of care. The vision and values of the service are embedded in a person-centred culture which places people firmly at the heart of the service.

People using the service were confident about approaching the manager if they needed to. The views of people on the quality of the service was gathered and used to support service development.

The provider works in partnership with other organisations to ensure they are following current practice and providing high quality care.

Rating at last inspection:

The last rating for the service was requires improvement {published November 2018}. At this inspection we found the service had improved to good

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service has improved to good

Details are in our Safe findings below

Is the service effective?

Good ●

The service remains good

Details are in our Effective findings below

Is the service caring?

Good ●

The service remains good

Details are in our Caring findings below

Is the service responsive?

Good ●

The service has improved to good

Details are in our Responsive findings below

Is the service well-led?

Requires Improvement ●

The service remains requires improvement

Details are in our Well-Led findings below

Woodthorne Care Home

Detailed findings

Background to this inspection

The Inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Woodthorne Care Home provides accommodation and personal care for a maximum of 21 older people, some living with dementia. On the day of our visit there were 20 people living at the home.

The service is registered as a sole trader and as such is not required to have a manager registered with the Care Quality Commission.

Inspection site visit activity started on 20 November 2019.

What we did:

When planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. We also contacted the Local Authority commissioning service and the local Healthwatch for any relevant information they may have to support our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our visit we discussed the care provided with five people who used the service, two relatives, a day visitor, three members of care staff and the provider. 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 the care records of three people who used the service and three staff files, as well as the medicine management processes and records maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection, this key question was rated as 'requires improvement'. At this inspection this key question had improved to 'Good'. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they were confident care staff kept them safe and secure. One person we spoke with told us, "They [staff] look after me well, I get my medicines on time".
- We saw the provider had effective processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
- Staff received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents if they suspected that someone was at risk of harm or abuse.
- The provider had an effective recruitment policy in place. We reviewed the recruitment process and saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Assessing risk, safety monitoring and management

- We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. At the last inspection we identified concerns regarding people's risk assessments. These included; Risk assessments not always reflecting people's needs accurately. At this inspection we saw that these issues had been responded to. Action plans had been implemented by the provider and concerns had been dealt with effectively.
- The manager told us, and we saw that people's risk assessments were reviewed regularly, depending on the level of identified risk. In addition, staff would carry out informal risk assessments whenever they were supporting people and any changes are added to people's care plans.

Staffing and recruitment

- A person we spoke with told us there were enough staff to support them if needed, they said, "The girls [staff] are great and there's always plenty of them around".
- We saw the provider had processes in place to cover staff absences. They also had systems in place to ensure there were enough members of staff on duty with the appropriate skills and knowledge to ensure people were cared for safely.
- During our visit we saw there were sufficient numbers of staff to respond to people's needs when required.

Using medicines safely

- At our last inspection we identified concerns regarding; Stock control and the recording of administering medicines to people. At this inspection we saw that these issues were no longer a concern.
- People received their medicines safely and as prescribed. A person told us, and we observed, that staff

gave them their medicines safely

- Staff had received training on how to manage and administer medicines.
- The provider had systems in place to ensure that medicines were managed appropriately. We saw daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.
- We saw that following our last inspection, the provider had implemented medicine administration competency checks and auditing systems.

Preventing and controlling infection

- A person told us, "The place is nice and clean, I'm not worried about anything".
- Staff understood how to protect people by the prevention and control of infection. A member of staff told us that they mitigated the risk of cross contamination by ensuring that aprons, gloves and hand gel were used when required.
- We saw the provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection.
- We saw the location was clean and tidy.

Learning lessons when things go wrong

- The provider demonstrated they assessed and learnt from mistakes.
- We saw that following on from our last inspection the provider had been working to an agreed action plan to develop areas of concern, including; Risk assessments, medicine management and recording.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People and staff were consulted throughout and informed of any actions.

Is the service effective?

Our findings

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

At the last inspection, this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received appropriate training and had the skills they required to meet people's needs. We saw the provider had training plans in place which were reviewed and updated on a regular basis. A staff member we spoke with told us there was sufficient training provided to meet the needs of the people, and they also said, "[Providers name] observes us while we're working too".
- Staff told us they had regular supervision meetings with the manager to support their development. The provider told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.
- We saw that the provider was available for support and guidance when required and staff development plans showed how staff were supported with their training and supervision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We saw the provider had processes in place which involved people in how they received personalised care and support.
- We saw that assessments of people's needs were supported and informed by advice from other professionals.
- From looking at people's care plans we saw their care needs were supported and they or a designated relative were involved in the assessment process. A relative told us, "They [provider] have consulted us on her care plan, she's only been there about [time period] so we're up for a review soon, but staff are always updating us on how things are going and we are fully involved in how she is supported at the home".
- Staff could explain people's needs and how they supported them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

- We saw that the provider had recognised that DoLS applications would be applicable for some people using the service. For example; we saw that some people did not have capacity to leave the home unsupervised. The manager understood the DoLS process and we saw applications that had been made to

the Local Authority..

- Staff understood the principles of the MCA and followed in terms of people's care and support needs. Staff were able to assess capacity and they recognised when and how to make decisions in the best interest of the people using the service. All best interest decisions by staff were recorded in people's records.
- Staff explained, and we observed, how they gained consent from people when supporting their care needs.
- Members of staff we spoke with told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the support they received from care staff with meals and drinks. One person we spoke with told us, "The food's bostin".
- Staff were aware of how to ensure people maintained a healthy weight by eating a nutritious, healthy and balanced diet.
- People were encouraged to eat healthily and we saw a menu planner identifying people's individual preferences.

Staff working with other agencies to provide consistent, effective, timely care, and Supporting people to live healthier lives, access healthcare services and support

- The provider supported people with their health care needs.
- Care staff understood people's health needs and the importance of raising concerns if they noticed any significant changes.
- A relative told us, "If [person] needs the doctor or anything like that they're [staff] very responsive and make sure she gets whatever medical support she needs".
- We saw people's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians.

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

- People's individual needs were met by the adaptation and design of the premises.
- The provider had worked with specialist dementia advisors and was continually working towards updating the location to support the needs of the people living at the home. A variety of improvements had been made, for example; The conservatory had been converted into a garden room, which was used for themed events and social meetings. The provider showed us plans for introducing further improvements, including a kitchen area for people to use.
- People had their own rooms which were decorated to their individual tastes.

Is the service caring?

Our findings

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

At the last inspection, this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We observed a very homely atmosphere in the home which was reinforced by comments made by people, relatives and staff. From talking to the provider and staff we saw that they were all passionate about providing high quality, person centred care.
- People and relatives told us staff treated them with kindness and compassion. A relative told us, "The staff are very kind. It's not like a care home, it's their [people's] home and they are the important ones. They have their own rooms with their own front doors. We're happy with the way it's run and the way the staff are".
- People were encouraged to express their views on how they preferred to receive their care and support. We saw staff talking to people about how the preferred their daily care needs to be met.
- We saw caring interactions between people and staff throughout our visit.
- People and their relatives were complimentary about the staff and their caring and compassionate nature. A person told us, "The girls [staff] are lovely and they all work so hard". A relative said, "They're [staff] lovely girls, they treat [person] like their own mum and I know she gets on well with them, you can see it when we visit".

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

- The provider supported people to express their views and they were involved in making decisions on how their care was delivered. There were regular meetings with people using the service and personalised care plans with people's input documented.
- We saw people making decisions about their daily lives, for example; when they wanted a drink or snack, if they wanted to go out of the home, or whether they spent time in communal areas or in their own rooms. A person told us, "They ask me what I want to do, what I want to eat, they get me a few cans when I want them".
- Care plans were reviewed and updated on a regular basis to ensure people's care and support was specific to the person's needs.
- A relative told us, "We're very much involved in [person's] care plan and any things associated with mums care. We are informed of any changes in her condition and we discuss them regularly with them. Any reviews etc are all signed off".

Respecting and promoting people's privacy, dignity and independence

- Care staff knew the importance of respecting people's privacy and dignity. A member of staff explained how they protect people's dignity when providing personal care, by ensuring it is done in privacy and that people are kept covered up as much as possible. A person told us, "When they [staff] wash me they're very good, I don't feel awkward".

- People were encouraged to be as independent as practicable. A member of care staff told us how they tried to encourage people to do things for themselves rather than step in with immediate support, with things such as personal care.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question had improved to 'good'. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. A person told us, "If I need a doctor, they're [staff] soon on the phone".
- Staff told us how they got to know the people they supported by talking to them, reading their care plans and by taking an interest in their lives.
- We found staff knew people well and were focussed on providing personalised care.
- Staff had received training on equality and diversity and understood the importance of relating this to people they supported.
- A relative told us how the cultural dietary needs of their family member were considered and that food was prepared the way the liked it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection it was noted that more emphasis was needed regarding activities, especially on an individual 'one to one' basis. At this inspection we saw that the provider had responded to this and had implemented a more structured approach. The provider had allocated times for quizzes, musical events and games as well as individual activities such as pamper sessions, shopping and social trips.
- We saw that people were involved in deciding what activities and social events took place at the home or for their individual purposes. A relative told us, "Staff really put themselves out for the people there, nothing's too much trouble for them, they're good people. They do all sorts of activities with them".
- There were no restrictions on when friends and family could visit the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans were designed in line with the Accessible Information Standards (AIS). The standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support, so they can communicate easily with health and social care services.

Improving care quality in response to complaints or concerns

- We found the provider had procedures in place which outlined a structured approach to dealing with

complaints in the event of one being raised. These were used to improve and develop the service. Complaints were assessed and information from them was used to inform training and staff working practice.

- A relative told us, "We've never had any complaints, and [person's] been there for [time period] now, but we can talk to them about anything if we need to."

End of life care and support

- There were people living at the home that required this level of support and effective systems were in place to support them appropriately. The manager explained how staff had received appropriate training and support in end of life care. The manager informed us how they worked closely with the district nurse to support a person at end of life and that their health had improved and moved from red to amber on the Gold Standards Framework. The Gold Standards Framework (GSF) is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. It is a way of raising the level of care to the standard of the best.

- Care plans included information about people's plans and wishes should they require end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- At the last inspection it was noted that medicine audits were not completely effective, there were concerns regarding recording errors and staff competency checks. We also found staff were not always following the moving and handling protocol effectively. At this inspection we saw that significant improvement had been made. However, we saw that there were still some areas for improvement, for example; there was an auditing process for CQC notifications, and although these had been submitted to us correctly, they had not been recorded in the auditing file. Recording of call bell response times were also not consistently recorded. This meant that the provider did not always have consistent oversight of service activity and inaccuracies could when auditing service performance issues. We discussed these issues with the provider who said that recent changes to senior staff members meant some were still getting used to systems at the location. This demonstrated that although the impact on people living at the home was negligible, the provider still needed to ensure that staff were working effectively in line with the protocols and procedures of the home.
- Other quality assurance and audit systems were in place for monitoring service provision and were being used effectively. The provider also carries out regular environmental audits.
- The provider was working in line with an improvement action plan based upon the findings from previous inspections and there was evidence during this site visit that they were striving to implement the plan thoroughly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a culture and ethos that was based on supporting people in a person-centred way and to help staff to be the best they could, so that people received an excellent, personalised, quality service. People and relatives were continually complimentary about the staff and provider about how the service was run. A relative told us, "They're [provider] very approachable, they listen to you and we work together to provide the best care we can for mum. The door's always open if we need a chat".
- A relative we spoke with told us how they were able to feedback their opinions on the service via questionnaires. They told us, "We've just completed the annual questionnaire, it's nice to be asked your opinion on the way things are going. We talk to staff and the manager all the time though, so there's plenty of opportunities to discuss things and generally chat about how mum is. There's no problem talking to the manager, she's very approachable, she listens and takes your views on board".
- We saw copies of meetings with people, relatives and staff showing how they were consulted on how the service ran.
- The provider promoted an open and inclusive culture, sharing relevant information and feedback to

people as and when required. Actions from meetings were shared with people and relatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff said they were listened to by the manager. They were clear about their roles and responsibilities towards people living at the home. They felt confident about raising any issues or concerns with the registered manager at staff meetings or during supervision.
- The provider had a history of meeting legal requirements and had notified us about events they were required to by law.
- Staff understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.
- The provider was displaying the rating from our last inspection in a prominent place for people to see.

Engaging and involving people using the service, the public and staff fully considering their equality characteristics

- We saw the provider regularly engaged with people, relatives and staff members for their views on the service. Feedback was collated from meetings and informal discussion and was used to develop service provision.
- Staff were confident to make any suggestions for improving people's care through staff meetings and regular meetings with their managers.

Working in partnership with others

- The provider informed us they worked closely with partner organisations to develop the service they provide. For example, there had been support from an NHS representative to develop management systems for medicines, as outline in their improvement action plan.
- They told us they attended meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future.
- Plans were in place for future engagement with a local school to develop a 'pen pal' project between the people at Woodthorne and local students.