

Stowcare Limited

Woodfield Court

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 well-led?	Good ●

Summary of findings

Overall summary

Woodfield Court is a residential care home registered for 29 people, providing personal care and support to older people and people living with dementia. The home is over 2 levels and there were dining and communal areas and adapted bathrooms. At the time of our inspection there were 22 people living at the service.

People's experience of using this service and what we found

There was a warm and friendly atmosphere within the home. People described being happy living at Woodfield Court and spoke positively about the care they received and the running of the home.

Systems were in place to reduce the risks of avoidable harm and abuse. Staff understood their responsibilities to report any concerns about people's care and safety. Risks to people were regularly monitored and assessed with appropriate management plans in place to mitigate. This included timely referrals to healthcare services.

People were provided with their medicines safely. The home was visibly clean and good infection control processes followed. Relatives told us they could visit their family members when they chose to.

Processes were in place to learn lessons when things had gone wrong with actions taken to reduce future incidents happening.

There were enough staff to meet people's needs and recruitment was done safely. Staff were encouraged to professionally develop and were supported through an induction, ongoing training, and supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Governance systems were in place to assess the safety and quality of care in the home. The provider was committed to the continual development of the home and was strengthening their oversight processes to support the new manager in their role. They were also implementing improved feedback systems to capture and reflect how the input of people, relatives and staff were used to shape home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodfield Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Woodfield Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Woodfield Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Woodfield Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the registered manager had left the service and had not submitted their registration cancellation forms. The provider had appointed a new manager and they planned to apply to be the registered manager.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 22 March 2023 when we visited the service and ended on 28 March 2023 when we gave feedback.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 25 January 2023 to help us plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

During our visit we spoke with 5 people who used the service. We spoke with the provider's nominated individual, the provider's head of care, a manager, 1 senior carer, 2 care staff, 1 kitchen assistant and the receptionist. We spoke briefly to the activities lead, 1 domestic and 1 care staff member. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We undertook a tour of the service and observed the interactions between staff and people using the service to help us understand the experience of people who could not talk with us. We reviewed records relating to health and safety, including fire safety checks and audits.

We also reviewed records remotely, away from the service, including 4 people's care records including, where applicable, their care plans, risk assessments and medicine administration records. We looked at 2 staff personnel files, training records and records relating to the governance of the service.

We fed back our findings of the inspection on 28 March 2023 to the provider's nominated individual, their head of care and the manager.

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People said they felt safe living in the home and relatives told us they were confident that their family members were well protected. One person said, "I feel safe, I am looked after well." Another person shared how the visibility of staff when they were mobilising around made them feel better, "I like to walk around up here, I feel safer if staff are with me and it's nice to have the company."
- Comments from relatives included, "They [staff] are attentive and alert to any safety risks." And "I do not worry about [family member's] safety anymore. Since moving in there has been less falls and accidents, big weight off my mind, staff are aware of needs."
- People were kept safe from the risk of abuse and avoidable harm because the provider's safeguarding and risk management policies and procedures were understood and followed by management and staff.
- People's care plans and risk assessments were clear and detailed, and provided appropriate guidance to staff to help them mitigate risks to people.
- People had a personal emergency evacuation plan which showed the support they would need in the event they needed to leave the building in a fire or other emergency.
- The environment was safe because systems and equipment were maintained and serviced to make sure they remained in good working order and were safe to use.

Staffing and recruitment

- The management team told us how recruitment was ongoing and several new care staff had started working in the home and were settling in well. Reliance on agency staff had decreased as the provider had looked to recruit bank staff to provide cover. There was a dependency tool in place used to assist the manager to calculate the numbers of staff required to meet people's needs.
- People, relatives, and staff told us they felt there were enough staff numbers in the home. During our inspection visit, we saw staff were visible and responded to people's requests for assistance promptly. One person commented, "I think that there are enough staff I have not found any fault." A relative said, "It is so friendly and helpful, [family member] rings their bell and the staff come, their electric system works, they come and help sort [family member] out." Another relative added, "I don't hear ringing bells, the staff are

pretty quick on that."

- Staff records showed checks were undertaken prior to staff starting to work in the service, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- We observed part of the morning medicine administration round and noted this was done safely by the staff member responsible for supporting people with their medicines.
- Medicines were stored safely, and checks undertaken to ensure they were stored at recommended temperatures. Where people were prescribed medicines to be given as required (PRN), protocols were in place to guide staff when these should be administered.
- Medicine administration records showed people received their medicines as required.
- Where staff were responsible for supporting people with their medicines, they had received training and their competency checked.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was supported by the provider in line with current government guidelines.
- People told us their relatives could come to the home when they wished to, which was confirmed by people's relatives. During our visit, we saw relatives visiting their family members. One person said, "I am waiting for [relative] to come, they come several times a week."

Learning lessons when things go wrong

- The management team had systems in place to learn lessons and these were disseminated to staff in meetings and in daily shift handover, where required.
- Analysis of falls and incidents were undertaken to assist the management team to identify, for example, trends and put measures in place such as referrals for specialist equipment to mitigate future concerns.

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before they were admitted to the home. This included the input from people and their representatives, where required, such as their relatives and relevant professionals. This was to help determine if the home was suitable and could meet people's individual care needs and preferences.
- The policies and procedures in place referred to legislation and recommended best practice guidelines, such as National Institute for Health and Care Excellence guidelines.
- People were supported with their healthcare needs and where they needed the involvement of relevant professionals this was documented in their care records. For example, timely referrals were made to the dietician if there were concerns around a person's weight loss. The care records reflected the outcomes and guidance staff were to follow to ensure people received consistent care.

Staff support: induction, training, skills and experience

- Staff told us they felt they were provided with the training they needed to meet people's needs. Those new to the service described their induction period which included training and shadowing more experienced colleagues.
- A staff member told us as well as their induction, "I will be doing the Care Certificate, the last place I worked at didn't offer that." The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Records showed staff were provided with 1 to 1 supervision meetings, which provided an opportunity to discuss their work, receive feedback and identify any training needs.

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

- We observed the lunch time meal which was a positive experience for people. The food looked appetising and was served in a timely manner. There was little wastage and people said they enjoyed their food. One

person said, "I had soup, cottage pie and crumble and custard today. I like my breakfast in my room, and lunch and tea in the dining room. I'm happy with that."

- Staff were attentive and respectful to people's needs. Where people needed assistance, this was done sensitively. People were encouraged to be independent with a range of adaptive cutlery and coloured plates.
- People had a choice of where they wanted to eat their meals within the home. Some people preferred to eat their meals in the dining room and others in their bedroom. One person said, "I have my breakfast in my room with lunch and my evening meal in the dining room. There are good choices of home cooked nourishing food. I enjoy a varied diet."
- People were supported to eat a healthy balanced diet and to stay hydrated. Their nutritional support needs were documented in their care records. The menu was varied with alternatives available on request. People were offered snacks in between the 3 main meals.
- Catering staff were knowledgeable about people's nutritional needs, they told us about people's allergies, specific needs, and individual food preferences.
- People were assessed regularly for the risk of malnutrition and referred to the GP or other healthcare specialists if necessary.

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

- People's care and support was provided in a safe, clean, well equipped, and well-maintained environment. There were handrails along the walls to help people mobilise safely.
- There were several communal spaces for people to meet with friends and family, have their meals and take part in activities should they have wish to.
- People's bedrooms were spacious and bright, and personalised with their own belongings.
- There was a passenger lift, which people were able to use to move between the floors. People could also access the garden, which was secure and maintained.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The management team were working within the principles of the MCA and any conditions relating to DoLS authorisations were being met.
- Mental capacity assessments and best interest's decision-making for people where this was appropriate had been carried out.
- People and relatives confirmed staff obtained consent before giving care. Comments included, "Staff

always ask me first before they help me," and "I wash and dress myself once I get to the bathroom, but need their help to get there, I think they are helping to keep me independent."

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since our last inspection the management of the service had changed several times. The current manager had worked in the provider's other service so was familiar with their systems and ways of working and feedback about their approach was complimentary. With 1 person describing them as a "Easy to talk to, a calm influence and someone who gets things done." A relative shared that, "Previous management caused a lot of upset, staff were not happy and it was stressful atmosphere. Now it is settled and everyone seems happy. You can ask any member of staff how [family member] is and they know. They all take an interest."
- Staff told us about the positive working relationships they had with the manager and nominated individual, where they felt supported, encouraged to professionally develop and any concerns they had were addressed. A staff member told us, "The management team are visible in the home always there if you need them. They are supportive and open to suggestions or ideas for improvement, they welcome feedback and act on it."

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

- There was a duty of candour in place, which was understood by the manager and nominated individual.
- We saw records of responses sent to relatives where they had raised a concern, where they were provided with an explanation and apology, in line with the duty of candour policy.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was supported by the nominated individual and the provider's head of care. They understood their roles and responsibilities in managing the home, including sending us the required notifications of specific incidents.

- The management team undertook a system of audits and checks to monitor and review the safety and quality of the service. These helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. To support continual development of the home the management were working on strengthening the analysis of the audits and checks to enhance their oversight systems.

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

- The management team had recently improved their satisfaction surveys for people and relatives to share their experiences. They advised that the returns would be analysed, with any actions arising addressed and fed back to people so they knew their comments were valued.
- Relatives told us they had met with the management team, and they were kept informed with any changes in the home.
- Staff were kept updated in any changes in the service and requirements of their role in staff meetings. They were provided with the opportunity to make suggestions on any improvements that could be made in the service.

Continuous learning and improving care; Working in partnership with others

- Audits and monitoring systems supported the management team in identifying any shortfalls. Where areas requiring improvement were noted from the audits, the nominated individual had developed an action plan, which was kept updated and provided oversight of the actions taken.
- Feedback from the local authority commissioning team cited positive working relationships with the home. One professional said, "Woodfield Court has a lovely, homely feel and calm atmosphere. The home and the provider engages well with the [local authority]."