

Woodfield Care Home Limited

# Woodfield Care Home Limited

## 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?	Good ●

# Summary of findings

## Overall summary

About the service: Woodfield Care Home is a residential care home that was providing personal and nursing care to 29 people aged 65 and over at the time of the inspection.

People's experience of using this service:

People told us they liked living at Woodfield Care Home and were happy with the care provided. Staff were compassionate, kind and caring and treated people with respect. People were given choices and were able to make decisions about their daily lives.

People received personalised care and this was reflected in their care records. Staff were particularly good at caring for people who were approaching the end of their lives and supporting their families and friends.

There were enough staff to meet people's needs and keep them safe. Staff understood how to manage any risks to people and knew the processes to follow to manage any allegations of abuse.

Individual and group activities were available and people enjoyed spending time outside. People liked the meals and were provided with a varied choice of food and drinks. People's health care needs were well managed and they received their medicines when they needed them.

Recruitment processes ensured staff were suitable to work in the care service. Staff were well trained and supported by the management team.

The home was clean and well maintained. There was an ongoing refurbishment plan which was discussed with people and their relatives who had a say in any changes.

A complaints procedure was displayed. People and relatives knew how to raise concerns and were confident these would be dealt with appropriately.

People, relatives and staff praised the management of the home. The registered manager was committed to making the service the best it could be for the people who lived there. Effective audits and checks helped them in this process.

Rating at last inspection: At the last inspection the service was rated Good (report published 2 August 2016)

Why we inspected: This was a planned inspection to check this service remained Good.

For more details, please see the full report, which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained Good.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remained Good.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remained Good.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service remained Good.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remained Good.

Details are in our Well-Led findings below.

**Good** ●

# Woodfield Care Home Limited

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 two inspectors and an expert by experience with expertise in the care of older people. 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 Care Home provides accommodation, nursing and personal care for up to 36 older people, some of who may be living with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was unannounced.

**What we did:** We reviewed information we had received about the service since the last inspection in August 2016. This included details about incidents the provider must notify us about. We also sought feedback from the local authority and Healthwatch. The provider completed a Provider Information Return (PIR). This is information providers must send us at least to give us key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection we spoke with eight people living in the home and five relatives to gain their views on the care provided. We spoke with the cook, a nurse, the activity organiser, one care staff member, the deputy manager and the registered manager. We also spoke with a visiting health care professional.

We reviewed a range of records. These included four people's care records and four people's medication records. We also looked at one staff member's recruitment file and records relating to staff training and supervision. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Staffing and recruitment

- There were sufficient staff to meet people's needs. People said there were times when staff were busy but they usually responded promptly to any requests for help. One person said about the staff, "They come as fast as they can. They might be quick with one person but longer with the next person, you just need to be understanding."
- Staffing levels were calculated according to people's dependencies and the registered manager kept this under review.
- Staff worked well together as a team to ensure people's needs were met.
- Staff were recruited safely with all required checks completed before they started in post.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home. Comments included; "Yes I feel safe. I wouldn't have stopped here if I didn't" and "This is a safe place for me." One relative said, "I never doubt that [family member] is safe, not for a moment."
- Staff had received safeguarding training. They understood how to recognise abuse and protect people from the risk of abuse.
- A system was in place to record and monitor any incidents and appropriate referrals had been made to the local authority safeguarding team. Concerns and allegations were acted on to make sure people were protected from harm.

### Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and recorded with clear guidance for staff on how to manage and minimise the risks. Staff understood and followed risk management plans. For example, regularly repositioning people who were at risk of skin damage and making sure pressure relieving equipment was in place and working correctly.
- Technology and equipment was used appropriately. For example, one person who was at high risk of falling, had an adjustable height bed and crash mat in place to reduce the risk of injury.
- Equipment and the environment was safe and well maintained.
- The fire authority had issued an enforcement notice in December 2018 which identified improvement works the provider must complete by 1 April 2019. The registered manager told us the provider had taken action to ensure these works would be completed within this timescale.
- Staff had received fire safety training and taken part in fire drills so they knew how to respond in the event of a fire. Evacuation plans were in place to ensure people received the support they needed in an emergency situation.

### Using medicines safely

- Medicines were ordered, administered and disposed of safely.
- The majority of medicines were stored safely and securely. However, tins of prescribed thickener were on the drinks trolley where they could be accessed by people living in the home. The registered manager told us they would take immediate action to ensure these were stored securely when not in use.
- People told us they received their medicines when they needed them and this was confirmed in the medicine records we reviewed.
- Staff followed guidance when administering 'as required' medicines, ensuring people received these appropriately.
- One person sometimes refused their medicines. Clear protocols showed if the person continued to refuse, staff could administer their medicines covertly (hidden in food or drink). All the relevant information was in place including a mental capacity assessment and a best interest decision.
- Staff had completed training in medicines administration and the registered manager assessed their competency annually.
- The registered manager completed regular medicine audits; any issues identified were dealt with promptly.

#### Preventing and controlling infection

- Infection control was managed well.
- Staff had received infection control training and followed safe practices; washing hands and using gloves and aprons appropriately
- The home was clean and people told us good standards of cleanliness were maintained.

#### Learning lessons when things go wrong

- The registered manager analysed all accident and incident reports for themes or trends and we saw actions had been taken to reduce any risks and keep people safe.
- Where serious incidents had occurred we saw a root, cause, analysis had been completed which explored more deeply why the incident had occurred and what lessons could be learned to prevent it happening again.

# Is the service effective?

## 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The 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 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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service was working within the principles of the MCA.
- The registered manager had systems in place to monitor and keep track of DoLS applications and authorisations. Thirteen people had DoLS authorisations.
- One person had a condition on their DoLS authorisation and this was being met.
- Staff were aware of and had completed training in the MCA and DoLS.
- Where people lacked capacity to make a particular decision, capacity assessments and best interest decisions had been taken appropriately.

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

- The registered manager assessed people's needs before they moved into the home to ensure the service had the resources and skills to meet individual requirements.
- People's needs were continually reviewed to ensure the care they received met their choices and preferences.

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

- People told us they received regular visits from healthcare professionals such as the GP, chiropodist, dentist and optician and this was confirmed in care records we reviewed.
- Staff worked together as a team to provide consistent care to people. Handover meetings between shifts gave staff opportunities to discuss people's care and informed them of any changes.
- We spoke with a community matron who visited the home regularly. They said staff from the home were good at recognising illness early and arranged for visits from community services and the GP appropriately. They said staff worked with them well and acted on any advice given which they felt provided good continuity of care for people.
- Following the inspection the provider sent us feedback they had received from professionals involved in



the home including a GP, pharmacist and MCA and DoLS practitioner. All praised the staff for the consistent, competent and caring service they delivered.

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

- People were provided with a choice of food and drinks which met their needs and preferences.
- People liked the food and said there was always a choice available. Comments included; "The food is excellent, hot, enough of it and a choice" and "It's proper food, not mucked up."
- At lunch people were shown each of the meals available to help them make their choice. The food looked and smelt good with generous portions. Where people needed support with eating and drinking this was provided by staff patiently and on an individual basis.
- The cook had a good understanding of people's dietary needs and menus showed a choice and variety of meals. People were offered a choice of drinks and snacks throughout the day.
- People's weight was monitored for any changes. A relative told us their family member's weight had been very low when they were admitted to the home but they had put weight on since they had been there.

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

- People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in the adaptations or the environment.
- People's bedrooms were personalised and the registered manager told us people had chosen the décor and bed linen. People's names were on their bedroom doors and memory boxes outside each room had objects which were meaningful to the individual.
- The provider had an ongoing refurbishment plan and work was underway to create a dementia café and bar which was an idea put forward by people who lived in the home.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. The provider was committed to developing staff to their full potential through additional training for those identified as champions in specific areas of care and also a leadership and development programme for those wanting to develop management skills.
- Staff were given opportunities to review their individual work and development needs through regular supervision and appraisal. They said they felt well supported by the registered manager.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

People and relatives were happy with the care provided and praised the staff. Comments included; "Staff are absolutely wonderful, they're dedicated. It's a very happy home", "The staff are absolutely brilliant, their attitude to people and how they look after you", "They go the extra mile", "The staff are keen to do well, they have been kind and polite to me" and "It's very positive, everybody's happy, they have a right laugh, it feels very homely."

- One relative told us, "We took [family member] home a few times but [they] wouldn't settle and kept saying, "Take me to my home" as [they] wanted to come back here."
- Staff were gentle, patient and kind with people and were attentive to their needs.
- People were relaxed and at ease with staff. There was a happy atmosphere and we saw staff took every opportunity to engage with people who responded warmly with smiles and laughter.
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People were involved in making decisions about their care and daily lives.
- Relatives told us they were made to feel welcome when they visited and were kept informed.
- People and relatives told us they were involved in meetings where decisions about the service were discussed and they were encouraged to put forward ideas and suggestions. One relative said, "I went to the meeting last week, it was a positive meeting. I think they listen to you."
- 'You Said, We Did' feedback was displayed in the home which showed the action taken in response to people's ideas and requests. For example, themed meals had been suggested and these were being introduced on a monthly basis with the first one taking place in March 2019. A secure feedback box had been ordered for display in the home with cards available so people, relatives and any visitors could provide feedback at any time.

Respecting and promoting people's privacy, dignity and independence

- We saw staff treated people with respect and maintained their privacy and dignity.
- People were given choice and control in their daily lives. Staff offered people opportunities to spend time as they chose and where they wanted.
- People were supported to maintain relationships with friends and relatives. One person said, "They help me keep in touch with my family." Relatives told us they could visit at anytime and were always made to feel welcome.

- Following the inspection the provider told us people were enabled to vote in local and national elections, either in person or by proxy, as they wished.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care from staff who knew them well.
- Care records reflected people's care needs and preferences.
- Staff understood people's communication needs. These were identified, assessed and recorded in people's care plans and shared appropriately with other professionals involved in their care. One relative told us their family member was unable to communicate verbally and said, "Staff have helped [family member] a lot to communicate. [Family member] uses [their] eyes and winks." Another relative told us staff had learnt words and phrases of the language their family member used and also communicated successfully with signs. We saw this happening.
- People told us there were activities available which they could join in with if they wanted. Details of these were displayed in the home. One person mentioned how much they enjoyed the painting class. Another person told us, "I like to watch everything, I like taking part in activities on the edge."
- People enjoyed being out in the garden. The weather was warm when we visited and patio doors were open out onto the gardens where some people sat having lunch.
- A regular multi-denominational church service was held which several people told us they liked attending.
- The service employed two activities organisers providing support for activities and occupation over six days a week. We saw the activity organiser spent one to one time with people in the morning, reading and chatting. In the afternoon people took part in a craft session which was held outside. The activity organiser told us there were plans to improve the garden space with some raised beds so that people could get involved in planting.
- Following the inspection the provider told us of relationships they had established within the local community to benefit people living in the home. This included a link with a local supermarket whose staff visited the home and also supported fundraising events with donations. Children from local schools had also visited the home and student work placements were offered.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed in the home and included in a welcome pack that people were given when they moved in.
- People and relatives said they had no complaints but were confident if they raised any issues these would be dealt with appropriately by the registered manager.
- Records showed complaints received had been investigated and the complainants informed of the outcome.

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.

- The registered manager told us many of the people who were admitted to the home needed palliative or end of life care. Some staff had been appointed end of life champions and were receiving additional training to develop expertise in this area. The deputy manager had recently updated her skills in the use of syringe drivers, for pain management, and shared this learning with the other nursing staff.
- The service had developed good links with the local palliative care hospice teams and was well supported by the community matron. The community matron told us staff provided a high standard of care to people who were approaching the end of their life and also supported the person's families and friends very well. They said staff used anticipatory medicines appropriately to ease people's pain and nausea.
- Following the inspection the provider told us about the positive relationships staff had developed with local funeral directors which helped to ensure dignified care and support continued to be provided following a person's death.

# Is the service well-led?

## 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager who started in post in December 2018. They were supported by a deputy manager. People, relatives and staff spoke highly of both managers and said they thought the home was well run.
- Quality assurance systems were effective. Audits we reviewed identified areas for improvement and action plans showed these were acted upon.
- Senior managers visited the service regularly to assess the quality of service provision and provide support to the registered manager. We saw visit reports were thorough and identified any actions required.
- The provider had submitted notifications about events they are required to inform CQC about. However, we found notifications had not been sent for some safeguarding incidents and accidents. We discussed these with the registered manager who took immediate action and submitted the notifications retrospectively.

Working in partnership with others

- The provider and registered manager continued to work in close partnership with other agencies, such as the local authority and clinical commissioning group (CCG), to secure improvements for people living in the home. Links had also been forged with visiting health and social care professionals.
- Following the inspection the provider told us about a research project the home had taken part in with Bradford Teaching Hospitals in 2018. The project focussed on people's mobility and posture and considered the positive differences that could be made to improve their wellbeing and lives. Staff received training to increase their awareness and skills in these areas.

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

- The provider held regular meetings with people and relatives to keep them informed of any developments and to gain their feedback on all aspects of the service.
- Surveys were sent out annually to people, relatives, staff and health and social care professionals to gain their views of the service. Any issues raised were addressed and used to inform the home's continuous improvement plan.
- Since the last inspection 14 reviews had been posted by relatives on the website Carehome.co.uk, one relative had posted a Google Review and another relative had posted a review on Facebook. All gave positive feedback about the care and support provided to people.

- The registered manager held regular staff meetings and minutes showed the focus was on improving the quality of care for people.

#### Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change and keen to listen to other professionals and seek advice when necessary.
- The provider had plans to involve people and relatives in the recruitment process to ensure their comments and views were taken into consideration when appointing new staff.
- The provider had an ongoing action plan to improve the quality of the service.