

Heatherland Health Care Limited

Woodlands Care Home

Inspection report

19-23 Lovedean Lane
Lovedean
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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 

Summary of findings

Overall summary

What life is like for people using this service:

- The provider did not consistently ensure that all confidential staff records were appropriately stored and secured.
- We could not be assured people were assisted to eat and drink sufficient amounts.
- We could not be assured the provider had assessed and implemented sufficient numbers of staff at night.
- Quality assurance systems were not consistently effective in driving improvement in all aspects of care delivery.
- Arrangements and the administration and management of medicines had improved since our last inspection.
- Staff provided compassionate care and interacted with people in a person centred manner.
- People had access to a number of activities.
- People were supported to access healthcare
- Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 and had applied their knowledge appropriately.
- There is more information about this in the full report.

Rating at last inspection:

At our last inspection we rated the service as Good, however, we issued a requirement as we found a breach of Regulation 12, safe care and treatment. The report was published on 15 July 2016. Following the inspection, we asked the provider to tell us the actions they would take in response to the one breach of Regulations found during this inspection.

About the service:

Woodlands Care Home is a residential care home providing personal care for up to 31 older people, some of whom were living with dementia. At the time of our inspection 26 people were living in the home.

Why we inspected:

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

Follow up: We will ask the registered provider for an action plan to address the requirements we found during the inspection. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not safe.	Requires Improvement ●
Is the service effective? The service was not effective.	Requires Improvement ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not well-led	Requires Improvement ●

Woodlands 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 checked 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:

One inspector carried out the inspection.

Service and service type:

Woodlands Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a registered manager. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided. Woodlands did have a manager who was in the process of applying to become the registered manager.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection we reviewed information, we had received about the service. This included notifications. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke to six people and we observed staff with people in communal areas of the service. We spoke with the nominated individual for the provider, the manager, the administrator and six care staff members. We looked at four people's care records, records of accidents, incidents and complaints, audits and quality assurance reports. We also looked at staff training records for all staff, the recruitment

records of three staff and the supervision and appraisal records of three staff.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were not always safe or protected from avoidable harm. Requirements were not met.

Staffing:

- At the time of our inspection 26 people lived at Woodlands. During the first day of our visit there were three carers, one senior carer, a deputy manager, a manager, an activities coordinator and an administration assistant. There was also a chef, a kitchen assistant, two domestic workers, one maintenance worker and one visiting maintenance worker.
- A member of staff told us, "There are times that we feel this service is not safe. I requested extra staff because there are not enough bodies [staff] in the building to meet people's needs" and "We have had issues where residents have asked for a bath and staff have had to say they didn't have enough time so it was handed over to the next shift".
- The provider responded to some of the concerns raised about staff deployment by approving an additional member of staff for the morning and an additional member of staff to support the safe administration and management of medicines. However, we could not be assured people were provided with safe care at night. Comments from staff included, "(Staff member) will finish a night shift and will want to cry because she has had to rush everything" and "There are only two carers working at night and at least eight people have moving and handling needs. If we need to help someone to use the toilet, change their pad or deal with a fall then it means there are no other staff around to help the other residents". Another member of staff told us, "How can two staff deal with 26 residents. Eight of them need two to one care so if there was an emergency or a fire then how is that safe? It's dangerous". An environmental record stated, "In the event of an emergency I will require the assistance of two members of staff and a full hoist with a large sling". This meant if there was a fire and two members of staff were supporting this one person, 25 other people would not receive prompt support.

Using medicines safely:

- At our previous inspection we found the administration of medicine was not always managed safely. At this inspection improvements had been made. The provider had complied with the requirements of the regulation and was no longer in breach.
- A member of staff told us the home previously had issues regarding the management of medicines. They told us, "We had a safeguarding in March about medication. We had a lady from CCG (Clinical Commissioning Group) and a pharmacist visit the home to help and give us guidance. We have made a lot of changes". Another member of staff said, "The directors have approved another member of staff to be employed to share the meds round. One will do upstairs and one will do downstairs. This should cut the time by half and stop any meds errors".
- The service had an effective medicines procedure; Records of the safe management of medicines included checks of temperature of storage, disposal of medicines and records of medicines administration.

- Staff were trained to administer medicines safely and competency assessments were completed to ensure staff had learnt from the training.
- Medicines records were accurately maintained where errors occurred appropriate action was taken to address these and learn from them.

Systems and processes:

- The service had effective safeguarding policies in place. People were supported by staff who had been trained and who understood safeguarding, what to look for and how to report concerns.
- Records confirmed the manager reported concerns to the relevant agencies and undertook investigations where these were required.

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and staff were aware of these. These were based on individual needs, for example, specific health conditions and behaviours that could pose risks to people and others.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Learning lessons when things go wrong:

- The provider had a system to record and log all accidents, incidents, complaints and compliments. Where these required further investigation, this took place and the manager identified further learning for staff. For example, in the past there had been a number of medicines errors across the services. The provider and manager had obtained support and guidance to ensure learning. In addition to the formalised medicines training to provide more frequent refresher training for staff.

Preventing and controlling infection:

- Staff received infection control training.
- Staff had access to and used appropriate personal protective equipment.
- The home was clean, tidy and free from bad odours.

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.

People were not consistently provided with effective care. Requirements were not met.

Eating and drinking:

- People living with dementia can often experience problems eating and drinking. This can lead to weight loss and other problems including fatigue, increased risk of infection and loss of muscle strength. People living with dementia are generally more likely to eat smaller meals and snacks that are in clear view.
- One person's care plan stated, "Small appetite often eats small portions but eats often during the day".
- People did not always receive appropriate support to eat and drink. For example, at 12.20, we observed a member of staff placing a hot meal in two separate bedrooms. Upon placing the food by the side of the bed, we could see both people were sleeping. We returned to the bedrooms on four occasions during a 14 minute period to check whether assistance to eat had been provided. At each stage we did not observe any staff interaction and found very little food had been eaten. When we last checked, we found both people were asleep and their food had been removed. We could not be assured the two people concerned had received sufficient amounts of food.
- In the dining area we observed people enjoying their meals, however, the meals were big and large amounts of food were placed in the bin.
- The monitoring of people's intake required improvement. One member of staff told us, "Things like food and fluid charts not being filled in properly".
- Staff were knowledgeable about people's dietary needs. One care record stated, "I need a low fibre diet as I have lazy bowels, I also have type 2 diabetes and this is medication controlled" and "I am lactose intolerant, I would like carers to support me with a healthy diet".
- We observed patient and compassionate care being delivered to one person at lunch time. The staff member smiled, positioned themselves in an appropriate and dignified manner and communicated with the person using various hand gestures, tone of voice and humour. The person was calm, understood and enjoyed their meal experience.

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

- Prior to people joining the service, assessments of people's needs took place. The person and where appropriate, their relatives were involved.
- Assessments took account of both people's needs and wishes. They ensured people's protected characteristics were considered and where needed, support was planned to meet these.

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 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 make 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People confirmed that their rights to make their own decisions were respected.
- People were supported by staff that knew the principles of The Mental Capacity Act 2005 and staff understood the need to gain consent before providing care. One member of staff told us, "We have to assume people have capacity".
- Records demonstrated capacity had been appropriately assessed and where required, best interest decisions had taken place.

Staff skills, knowledge and experience:

- People were supported by staff who had received appropriate training and supervision to enable them to deliver effective care.
- A variety of training was available for all staff to complete and this was determined based on the people they supported. For example, where a person had a particular health need, those staff completed the training to support their understanding. Staff were trained to understand and work with people who could display challenging behaviour.
- Staff said they felt supported and could talk to a member of the management team whenever they needed to.
- The manager recognised that formal supervisions had not been carried out as frequently as the provider's policy suggested. However, informal supervisions with staff were carried out as regularly as staff needed these. The manager had a plan in place to capture these supervisions more clearly. Appraisals were in the process of being completed.

Healthcare support:

- Where people required support from external healthcare professionals this was organised and staff followed guidance provided. Information was handed to other agencies if people needed to access other services such as hospital.

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

- People were involved in decisions about the premises and environment. For example, they chose how they wanted their rooms.
- Appropriate equipment was available where needed to ensure staff could deliver care and support.

Is the service caring?

Our findings

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

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

Ensuring people are well supported:

- A relative told us, "Mum's been here almost nine years. It is excellent now. The manager has motivated the staff and they work as a team. I would recommend the home. I've never eaten the meals but they always look well presented. I think they have gone the extra mile to look after her and the manager is very approachable".
- People told us they liked living at Woodlands and they were well looked after, one person told us, "I like it here, I have visitors and sometimes we sing songs".
- We observed positive and compassionate interaction between people and staff who consistently took care to ask permission before intervening or assisting.
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. One person said, "If you were here ten minutes ago you would have heard [staff member] asking me about the jobs I used to do. They do remember things about me and they know what I enjoy talking about".
- Staff were responsive to people's needs and addressed them promptly and courteously.
- It was evident all staff knew all people well; for example, staff knew people's daily routines without referring to documentation. A member of staff told us, "I know [person] likes to read the paper in the morning so we always ask him if he wants a cup of tea at that time".
- Where people were unable to communicate their needs and choices verbally staff observed body language, eye contact and simple sign language to interpret what people needed.

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

- Staff supported people to make decisions about their care, for example, when they wanted to get up, what they wanted to wear, how they wanted to spend their time.
- Staff understood people's communication needs and the manager assured us that information would be provided in a format that people needed to help them understand.
- We consistently observed respectful interaction between staff and people. A relative told us, "I couldn't be any happier. There were issues with the home some time ago but they have been fixed now and I think the new manager is doing an excellent job. Mum always get what she needs so I have no concerns and yes the staff are respectful and they do promote her choice".

Supporting dignity and respect:

- Staff understood the need to maintain people's privacy and dignity. One staff member said, "I will ask if it's alright to give personal care and then I will talk to them whilst I am doing it so they feel in control".

- People told us staff treated them as individuals and expressed no concerns about their privacy and dignity needs not being met.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care:

- Although not everyone could recall being involved in the care plans we saw that these were based on knowledge gained about people; Relatives were also involved where they chose to be and where people wanted that. One relative told us, "I have been involved in the first assessment and any ongoing care reviews. I have seen the paperwork and I have given my thoughts".
- Although people's needs were identified, the pre-admission assessment process did not always ensure people's protected equality characteristics were identified. The manager told us they would amend the document used to ensure this was covered. Despite this the manager and staff were confident any needs associated with people's protected characteristics would be met and were able to provide examples of how they had previously met specific relationship needs for people.
- Staff knew people's likes, dislikes and preferences. This information was gathered before people moved in and developed during their stay. Staff used this information to provide care for people in the way they wanted.
- Care plans were personalised and contained important information about how to meet people's needs.
- People participated in a variety of activities. We observed the activities coordinator engaging with people playing memory games. The coordinator was enthusiastic about their role and was proud to tell us about the opportunities people had in the home.

End of life care and support:

- Three people were receiving end of life care.
- The provider had a policy in place to guide staff about their expectations when a person reached the end of their life.
- For one person we saw their wishes had been discussed with them and the manager told us this was an area they needed to develop further.
- The manager engaged with external healthcare professionals effectively to ensure people's end of life care needs were met.

Improving care quality in response to complaints or concerns:

- The provider had systems to manage complaints and the records reflected any complaints received were recorded, investigated and responded to in line with the provider's policy.
- People knew how to make a complaint and were confident to do so. One person said they would talk to staff if they were worried about anything. A relative told us of a complaint they had raised which they said had been dealt with appropriately.

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.

The service was not consistently well managed and well-led. Requirements were not met.

- The provider did not always support, maintain and respect staff confidentiality. For example, the provider had a list of personal staff phone numbers located on a notice board in the manager's office. Whilst the office door was kept locked, we observed various healthcare professionals, staff members, people's relatives, training staff and maintenance workers accessing the office regularly. A member of staff told us, "I don't want my personal number being used but I have been told it has to be that way in case the home needs cover".
- Upon reviewing the staff rotas and the emergency on call arrangements, we found another record of staff personal phone numbers. This file was not kept securely and was located in the dining area of the home. A member of staff described how their personal phone number had been obtained and used inappropriately. Comments from staff included, "I don't want my number being branded around the home" and "We have to use our private phones when we are on call so God knows who else has my number".
- We fed these concerns back to the provider and the manager and they took immediate action and removed the contact lists. The provider told us they would review the emergency on call arrangements to ensure the safety and confidentiality of staff.

Continuous learning and improving care; Quality performance, risks and regulatory requirements:

- Governance systems were not consistently effective in recognising and driving improvement. Assessing staff deployment, General Data Protection Regulation (GDPR) and people's daily eating and drinking intake were not to the required standard. The manager told us, "We have record keeping training tomorrow but that needs to improve and although staffing seems to be getting better we still need to sort the night cover out".
- A member of staff told us, "We raise issues at team meetings, supervisions and we have told the manager and the directors what we need but it always feels like a battle". The failure to ensure records were appropriately maintained and secured was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Records sent to us by the manager did demonstrate systems were in place to monitor the management of medicines, supervision, training and infection control.

Leadership and management:

- Although the manager had not been in this role very long at the time of our inspection, they had developed a good understanding of the service, people being supported and the staff.
- People, relatives and staff told us they felt the service was well run. Everyone said they were satisfied with

the care they received and that they would recommend the service to others. A staff member said, "The manager is lovely, she cares, easy to talk to. Ask to change a shift she doesn't it and there are less safeguarding issues". A relative told us, "The staff we are the bread and butter of the place, they really care about the residents and what they are doing. They are a good supportive bunch. Some of them have worked here an awful long time. They want this home to succeed, they have been really supportive with me and very honest".

- There was a clear staffing structure in place and everyone understood their roles and responsibilities.
- Staff told us they felt respected, valued and supported by the registered manager.
- Staff at all levels understood their roles and responsibilities and were confident in the manager.
- Staff told us the culture was positive and said they would speak with the manager if they had any concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not consistently effective in recognising and driving improvement. The provider failed to ensure confidential records were appropriately stored and secured.