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Woodlands Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

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

Woodlands Lodge Care Home is a residential care home providing personal care to 35 people at the time of the inspection. The service can support up to 54 people. There are three units; one of these units specialises in providing care to people living with dementia.

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

There was an open and inclusive culture within the home. There was a governance framework in place however this was limited to the last 10 months. Not all audits had identified the issues we found.

We have made a recommendation about the checks and audits in the home.

Plans were in place to engage and involve people and relatives in the service. People had been asked about the new visual menu that had been put in place. The service carried out reviews to consider improvements and the manager is involved in other research to improve the service.

People were receiving medicines when they should. However, protocols for 'as and when' medication and body maps were not always used consistently. Risks were assessed and people supported safely, although one person did not have their up-to-date risks assessed. People were protected from infection by good use of personal protective equipment. However, access to handwashing facilities in some toilets was restricted. Systems and processes safeguarded people from abuse and the risk of harm. People's needs were reviewed regularly and used to inform staffing levels. Lessons learnt were considered after incidents.

Some staff had not received all the training the provider had identified they needed to do their job. Staff were supported through supervisions and appraisals. People's rooms were personalised and some dementia signage was in place. People's needs and choices were assessed and considered. People were offered a good choice of food and their support needs were known. Staff were vigilant about people's health needs and sought appropriate access to professional advice. Staff worked alongside health professionals. Consent to care was sought appropriately. 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.

People were treated with kindness and compassion by staff. People were supported to express their views and decisions. People's privacy and dignity was respected.

People's social histories were known and people received activities, although these were limited. Staff knew people well and supported people with person-centred care. Complaints and concerns were monitored and responded to. People were asked about their end of life care and received care as they wished.

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 requires improvement (published 4 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Woodlands Lodge 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 (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 Care Act 2014.

Inspection team

The inspection team was carried out by one inspector, an assistant 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

Woodlands Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager who had applied to be 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 before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service including Healthwatch (Barnsley).

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the manager, deputy manager, care manager, senior care workers, care workers and the cook.

We reviewed a range of records. This included five people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at training data.

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 has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People who were prescribed topical creams and transdermal patches did not always have appropriate records in place to monitor their application and so did not follow best practice guidance. We discussed this with the manager who confirmed these were in place the day following our inspection.
- Some people who were prescribed medicine on an 'as and when' basis did not have appropriate protocols in place to explain to staff when these should be administered. We discussed this with the manager who confirmed these were in place the day following our inspection.
- Medicines systems were well-organised and people were receiving their medicines when they should. Safe protocols for the receipt, storage, and disposal of medicines were in place.
- Staff administering medicines were trained and had their competence checked regularly.

Assessing risk, safety monitoring and management

- The care plans for one person, who was new to the home, had not been updated to record all their risks and not all staff were aware of these. We discussed this with the manager who confirmed all risk assessments were in place the day following our inspection, and staff had been informed.
- Checks on fridge temperatures in the kitchenette and medicines rooms had not always been undertaken daily. We discussed this with the manager who gave assurances these would take place every day. External contractors undertook regular servicing of the premises and equipment. Internal checks also took place to ensure the environment was safe.
- Risks to people's safety were assessed and action taken to reduce risks. Records showed how staff considered the least restrictive option when doing so and that these were reviewed regularly.
- Managers completed a pre-admission assessment which identified and recorded key areas of managing the risks to people's safety. This was used to inform their care plan.

Preventing and controlling infection

- People were not offered to have their hands washed or wiped before eating their meals.
- Staff had good access to personal protective equipment, such as disposable gloves and aprons. These were used appropriately.
- Cleaning schedules were in place and the home was generally clean and tidy. Some areas of the home had an odour, which we discussed with the manager who explained how areas were deep-cleaned regularly.

Staffing and recruitment

- Recruitment processes were in place to ensure staff were recruited safely. In some instances, appropriate references had not been sought. The manager was aware of this, as this recruitment had been undertaken before the manager had started work at the service. The manager was taking steps to review recruitment and ensure appropriate records were in place. Criminal history checks were reviewed annually.
- People were supported in an unhurried and calm manner. The manager used a dependency assessment tool to consider how many staff were deployed. A staff member confirmed, "Staffing levels is spot on, not short staffed, only use agency over the night but more often it is covered by staff, no agency through the day."

Systems and processes to safeguard people from the risk of abuse

- People were supported to keep safe and to raise concerns. Staff knew how to recognise and protect people from abuse.
- Staff spoke with confidence about discussing and reporting areas of concern to managers. The manager had reported abuse to local authority safeguarding when appropriate.
- People felt safe. One person commented, "I am safe here because there are staff here to help me."

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. Each incident was reviewed by the manager and actions taken, where appropriate to reduce future risks.
- The management team reviewed the incident log each month and produced a detailed analysis to identify themes and trends and take action where needed.
- Staff were encouraged to report accidents and incidents, these were dealt with promptly and lessons learnt were discussed with staff during meets. Action plans were produced and progress tracked.

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.

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

- People were supported by staff who had ongoing training. However, not all staff had completed aspects of the training package. The manager was aware of this and had commenced a programme of training to ensure this was completed in the next three months.
- Staff were given opportunities to review their individual work and development needs through regular supervisions and appraisals.
- Staff told us they felt supported by managers. New staff completed an induction programme and managers checked their competency to support people effectively.

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

- Some areas of the home had signage suitable for people living with dementia although this hadn't been implemented in all areas of the home. Equipment in two toilets was not suitable for people living with dementia. We brought this to the attention of the manager who made plans to rectify this.
- The home was undertaking a programme of refurbishment and the manager explained how they planned to involve people in this.
- There were colourful murals on corridors, each with a different theme.
- People's bedrooms contained personal items, such as photographs, paintings, and plants.

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

- Care plans contained detailed information about people's care and support needs. A staff member confirmed, "Information is in the care plan, you get to know them, which (people) have which needs."
- The manager recognised the importance of ensuring people's care and support was delivered in line with legislation and guidance. A programme of reviewing care plans to check against this was underway.
- People's care and support needs were reviewed monthly or when people's needs changed. This information was shared at staff handovers.

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

- People were encouraged and supported to eat and drink and maintain a healthy diet. Food was freshly prepared and cooked and catered for people's individual preferences. One person, who told us they were "quite faddy" about their food, said the cook catered for their individual preferences.
- The dining experience was monitored regularly and people were very positive about the food. Comments included, "The cook's very good", and, "As soon as I came in they asked what I preferred [food]".

- The cook was knowledgeable about people's allergies, likes and dislikes and any dietary requirements.

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

- People's records showed communication with health professionals was effective and timely. Advice was documented and followed.
- People were involved when working with other services and their care plans recorded this.

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

- MCA and DoLS applications were submitted to the appropriate authority as required.
- Staff were able to give examples of how people were supported within MCA requirements and where they involved people in decisions about their day to day lives.

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.

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; respecting equality and diversity

- People provided consistently positive feedback about staff and the service. Comments included, "The staff are nice, especially [pointed at staff member]", "They (staff) are friendly", "It's lovely here", and, "On the whole very nice". A relative said, "They're marvellous are the staff here."
- Staff spoke about people with kindness and compassion. A staff member said, "[The home has a] homely, relaxed atmosphere, (people) are happy, we sit and sing along with them."
- Warm and positive relationships between people and staff were evident during our inspection visit. Staff always spoke to people at eye-level and there was good use of gentle touch to acknowledge and encourage people.

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 support needs. A person told us, "I would say I feel comfortable, they don't force me to do things I don't want to do." Other comments about staff included "very attentive" and "very good".
- Staff knew how to support people to make decisions and knew people well.
- People were provided details about advocacy services. An advocate is a 'professional' or a relative or friend people trust to speak up for them.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. A person said, "On the whole, I am satisfied with the care and attention I get." Another person said staff were "very responsive".
- People received consistent and timely care from regular and familiar staff. The service ensured staff were dedicated to one area to provide familiarity for people. Each person had a dedicated key worker who discussed their care reviews with them.
- People were cared for 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. Staff ensured any requirements from these were met and people's independence supported and maintained.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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

- There was a timetable for group activities and people told us they were happy with these. However, we observed people were sat for long periods of time without any interaction in one of the lounges. We discussed this with the manager who told us one of the activity co-ordinators was not at work and a replacement staff member had recently been recruited.
- People were supported to develop and maintain relationships with friends and family. Staff had supported people to access the community and take part in religious services, which were important to them.
- People who chose to stay in their rooms received one-to-one activities based on their interests. One person told us the activities co-ordinator was buying them some arts and crafts items for their hobby.

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

- People were involved in developing their care plans. People's needs, including those related to any protected characteristics were recorded and reviewed regularly.
- Staff were knowledgeable about people's likes and dislikes. Staff used this knowledge to support people in a personalised way. A staff member said, "I love work working here, I love the (people), I love getting to know them, I know (people) well."
- Care plans were person-centred and were specific about the outcomes for each person.

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 communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- People had been supported with their communication needs by the provision of translators, and, in one instance, by the use of communication cards. The person's key worker had worked with the person to agree phrases which the person wanted to use. This meant the person was able to communicate with staff and family. This had made a significant difference to the day to day life of that person and had supported their independence.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain and felt confident to do so.
- There was an appropriate complaints management system in place. There had been one complaint in the last 12 months. Managers had responded appropriately, had considered how the service could improve and had changed their processes to reduce the risk of a recurrence.

End of life care and support

- People were asked about their preferences for end of life care. Staff ensured people's loved ones and those who were important to them were involved, where appropriate.
- Staff worked closely with health professionals to ensure people received the right level of care at their end of life.
- People's beliefs and preferences were considered and respected.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has 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.

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

- A governance framework was in place and followed. Legal requirements were understood and met.
- The manager and deputy manager undertook a daily walkround. The provider undertook a monthly check on the service and audits. Although, not all the issues we identified during our inspection had been identified, the manager was very responsive to our discussions with them and confirmed completion of actions the day after the inspection visit.

We recommend the provider reviews checks and audits across the home to ensure they cover all aspects of performance and risks.

- The manager explained the home had undergone different changes in managers over the previous 12 months and meetings recorded how the manager had discussed the changes and impacts with people and staff. Staff were positive about the future and the stability of the manager.
- The manager understood their duty of candour responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff told us the service was well-led. Staff comments included, "Management are good, very approachable, very supportive", "[I] would recommend it (the home), it's a lovely place to work", and, "Morale is good, I believe it (the management) is good".
- Staff told us they knew the provider well.
- Feedback was sought from people, relatives and staff. Ideas and issues were discussed and resolved at planned, regular meetings and minutes shared.

Continuous learning and improving care; Working in partnership with others

- Managers had introduced a folder where learning and improvements were recorded. Staff had recently won awards for their work to improve care at the home.
- Managers sought advice and guidance from external partners, such as the local authority and health and

social care charitable organisations, such as The King's Fund.