

Cornwall Care Limited

Woodland

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

We carried out this unannounced inspection of Woodland on 8 August 2017. The last comprehensive inspection took place in 27 July 2016 when we identified two breaches of regulations. Not enough was done to protect people and staff, from identified risks and monitoring records were inconsistently completed. The service sent us an action plan telling us what they were doing to meet the breaches. At this inspection we found people's risks were being identified and responded to so they were protected. Records to ensure people's needs were being responded to, were complete and demonstrated how they were being met.

Woodland is part of Cornwall Care and is a care home which offers care and support for up to 38 predominantly older people. At the time of the inspection there were 38 people living at the service. Some of these people were living with dementia. The accommodation is spread across four wings. There are several lounge areas where people can choose to spend their time. There was a large garden to the rear of the building.

On the day of the inspection visit there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. People told us, "They (staff) are always careful about our privacy and dignity" and "They (staff) are very nice here."

Details in care plans included the level of risk and how it was going to be managed. This had improved since the previous inspection when there was little evidence of how individual risks were being managed safely and effectively. There were examples of when people were at risk, for example from falls. Guidance for staff contained detailed information on the action staff could take to minimise the risk. All records relating to the care and support of people were complete and provided staff with current information about the needs of the person. This had improved since the previous inspection when gaps were noted in a number of records relating to the care and welfare of people.

Some people told us they thought the levels of staff could be improved on. The registered manager acknowledged there had been a period of instability when agency staff had and were continuing to be used, but far less than earlier in the year. On the day of the inspection there were suitable numbers of staff on duty to meet the needs of people using the service. There was one agency staff member who had worked at the service on a regular basis and knew people's needs. Staff told us, "It's been difficult at times but things have got a lot better. Comments were mixed and included, "The staff are pretty good, although there is never enough of them" and "When I ring my call bell I find that as a rule they respond quite soon."

People and relatives told us they thought Woodland was a safe place to live and that staff were kind, friendly and treated people well. They told us that the registered manager was always available and approachable. Comments included, "Always there if I need to speak about anything" and "I have every confidence in the manager and staff. There have been some changes but I think they have improved the home."

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge for their role. Staff had received safeguarding training and knew how to recognise and report the signs of abuse. They were confident any concerns would be dealt with.

The registered manager used effective systems to record and report on, accidents and incidents and take action when required.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were provided with choices and their wishes were respected.

People received their medicines on time. Medicines administration records were accurate and consistently completed. Staff supported people to access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Staff were supported by a system of induction, training, supervision and appraisals. Staff received training relevant for their role and there were good opportunities for on-going training support and development. More specialised training specific to the needs of people using the service was being provided. For example, dementia care and clinical nutrition support.

There were a range of activities available to people which were being extended by a newly appointed activity coordinator. Visitors were made to feel welcome at the service and staff recognised the value of these relationships to people.

The environment supported people living with dementia. For example signage was throughout the service with pictorial images to indicate the rooms function. An activity board was pictorial to support people and the daily menu board showed pictures of the food available each day.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

There were effective quality assurance systems in place and appropriate action had been taken to address and resolve issues identified during previous inspections. People's feedback was valued and the results of the service's most recent quality assurance survey had been consistently positive and complimentary. Overall satisfaction with the service was seen to be positive.

Equipment and supply services including electricity, fire systems and gas were being maintained.

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. People's risks were being identified and met.

Action had been taken to ensure there were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good ●

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

Management and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People saw health professionals when they needed to so their health needs were met.

Is the service caring?

Good ●

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. Records to monitor people's needs were complete and showed how individual needs were being met.

People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of group and individual activities of their choice.

Information about how to complain was readily available.

Is the service well-led?

The service was well-led. There were clear lines of responsibility and accountability at the service.

Quality assurance systems were robust. The service was being maintained.

Staff were well supported by the management team.

Good ●

Woodland

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8 August 2017 and was unannounced. The inspection team consisted of two adult social care inspectors 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We used a range of different methods to help us understand people's experiences. We spoke with 10 people who used the service; they were able to tell us their experiences with the service. We spoke with other people but due to their communication needs they were unable to provide us with detailed information about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around the premises and observed care practices. We spoke with 8 staff and 3 visitors. During the inspection we spoke with a GP and district nurse. Prior to the inspection we received feedback from the local authority quality assurance team. Everyone we spoke with were positive about the quality of the service provided at Woodland.

We looked at three records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, staff training records and other records relating to the running of the service.

Is the service safe?

Our findings

Some people told us there had been issues around the levels but this had recently improved. The registered manager acknowledged there had been a period of instability when agency staff had and were continuing to be used but far less than earlier in the year. On the day of the inspection there were suitable numbers of staff on duty to meet the needs of people using the service. There was one agency staff member who had worked at the service on a regular basis and knew people's needs. Staff told us the levels had improved and there was now less reliance on agency staff although some were continuing to support the services own staff team. A staff member told us, "There have been times when there were more agency staff than our own, but that's not the case now. It's much better." Staffing rotas showed there was a good skills mix on each shift with senior staff always on duty.

During the previous inspection we found there was not always clear guidance for staff on the action they should take to minimise the risk. For example, where people were at risk of falls or how people needed to be observed at regular intervals in order to keep them and others safe. The provider had taken action to address this by including control measures in order to minimise risk. These covered issues such as risk of falls, poor nutrition and hydration, skin integrity and pressure sores. The assessments were specific to the care needs of the person. For example, there was clear guidance that directed staff to know which equipment was needed to move a person safely. Risk assessments were being reviewed monthly or where required should there be a change of risk level. This meant peoples risks were being safely managed.

Recruitment records showed staff had been recruited safely. All necessary checks were in place to ensure people were safe to work with those who may be vulnerable. The registered manager informed us nine staff had recently been recruited. They were qualified to Health Care Assistant level 2 (HCA2) which meant they had the knowledge and skills in caring for people who lived at Woodland. The recently recruited staff were currently in induction but would soon be available to work in the service which meant it would be less reliant on the use of agency staff.

People were observed receiving care and support in a timely manner and staff were not rushed. Where people had chosen to stay in their rooms, staff regularly checked on those people to ensure they were safe and to reduce social isolation. Call bells were being answered in a timely way. Staff said, "Not everyone is aware of their call bell but we make sure we make regular checks" and "We work really well as a team."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial training programme and this was updated as required, so staff had the current knowledge and skills to protect people. Staff told us if they had any concerns they would report them to the registered manager and were confident they would be followed up appropriately.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were regularly audited by the registered manager and senior management within the organisation Cornwall Care. This meant that any patterns or trends would be recognised, addressed and the risk of re-

occurrence was reduced.

We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. Medicines had been checked on receipt into the service, administered as prescribed and stored and disposed of correctly. The medicine administration records for two people had been accurately recorded as seen following the morning administration round. This meant people had received their medicine as prescribed and at the right time.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. Topical cream records were stored in a folder in the office. Most of the records were complete but in two instances there were gaps where application should have been recorded. Two staff members told us that if the office was occupied they may not be able to complete the record immediately after applying creams. This was discussed with the registered manager who agreed to take immediate action by ensuring these records were in the person's own room which would enable staff to complete after application of creams.

The service held medicines that required stricter controls by law. We checked the stock held against the records and they were correct. Regular audits of all aspects of medicines management were carried out to check medicines were managed safely.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use.

There was documentation to record maintenance and service of equipment as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use. Fire systems had been serviced and checked regularly.

Is the service effective?

Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service. For example. Staff were asking people if they had had enough to eat, would they like another drink or sit in a lounge following breakfast. Staff were giving people time to answer and consider the questions put to them. A relative told us, "I come here a lot and all the staff make time for the residents as you can see here. It's like this everyday." A person using the service said, "My carer helps me to have a bath every Wednesday, she's been my carer for some years." This showed it was clear staff understood people's needs and could effectively respond to them.

People were cared for by staff who had a good understanding of their needs and were skilled in delivering care. A relative told us; "The staff are wonderful. Very knowledgeable." Newly employed staff were required to complete an induction before starting work. This included familiarising themselves with the organisation's policies and procedures as well as working alongside more experienced staff.

Staff told us and records demonstrated, that there was good support with the range of training and development available to all levels of staff. This gave staff the necessary skills to be able to effectively provide the necessary support and care to people. All levels of staff received regular support and supervision to give them the opportunity to talk about their roles and look at what training opportunities were available to them. A staff member told us, "We (staff) are all encouraged to do training and get more qualifications. I have taken every opportunity when it comes along." Another staff member told us: "I have supervision with a manager regularly." All the staff we observed worked professionally and effectively in their roles, following care plans, administering medications safely and interacting with people, each other and us in a positive, professional, friendly manner.

New staff without previous experience completed the care certificate. The care certificate is a government backed training scheme for staff in social care which it is recommended that all staff new to care complete.

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's capacity was assessed and considered in decision making processes. Best interest meetings were held to share decision making with family and healthcare professionals.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. The registered manager had applied for a DoLS authorisation for all people living at Woodland due to restrictions in movement with key pad locks to the building and the use of pressure mat alarms for

some people. There were two authorisations in place at the time of this inspection.

People told us that staff respected their rights to make their own decisions. Where possible people had been involved with planning their care and making decisions about how it should be delivered. Some records showed relatives had also been involved in this. Where possible, people had given written and verbal consent to their care and support. Two relatives said they had been closely involved in the care planning and review process. One said, "(Registered manager) always lets me know when (Person) is having a review. It's good that I can contribute and comment in it."

Staff had all received training in the MCA and DoLS. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where families or representative held a lasting power of attorney for care and welfare they had signed consent for care and welfare. However, some consent to care forms had been signed by family members who did not have the legal power to do this. The registered manager was aware of the need to make the necessary changes so consent was only authorised by people who had the legal powers to do this.

People had access to healthcare professionals including doctors', dentists, chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. Two visiting health professionals told us they thought staff followed any guidance they may provide and felt staff were competent in their skills and knowledge. Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. A relative said, "They [staff] are very good at keeping me up to date with any appointments or changes in (Person) health. I have every confidence in them (staff)."

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. People told us, "They will provide an alternative if we don't like anything on the menu, for example an omelette or ham egg and chip," "(Name) wasn't eating before she came here, now she's eating well" and "The food, I would say it's pretty varied, there's plenty of it and it's hot."

The premises were all ground floor and had a range of aids and adaptations to meet people's needs. There were a range of bathrooms and showers and toilets available to people with limited mobility.

There was a rear enclosed garden area which people could use but was to be redeveloped to improve the area in the coming months. A fenced garden area with seating was available to use at the front of the service, but staff were needed to support people due to the close proximity to a major road outside the service.

People's bedrooms had their names on and a photo of the person. This helped some people to find their own rooms without support from staff. Bedrooms were decorated to reflect people's personal tastes and preferences. One person had a number of personal furniture items and ornaments which had been very special to them. This showed people were encouraged to have things in their rooms which were important to them. A staff member said this would often 'spark' a conversation.

Is the service caring?

Our findings

People and families told us they or their relatives were happy living at Woodland. They said it was a good place to live, where staff knew what people's needs were and responded to them in a kind and caring way. They told us, "I need assistance to get in and out of bed but there is no pressure to get up or go to bed at certain time,". "When I ring my call bell I find that as a rule they respond quite soon," and "We can't complain about being looked after." A relative told us, "Living here has given (Person's name) much better quality of life. Staff are wonderful and very caring. Nothing is too much trouble" and "(Person's name) wasn't eating before she came here, now she's eating well."

People's choices were respected and staff were sensitive and caring. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with them as they provided supported and we observed many positive interactions that supported people's wellbeing. For example, one person was frequently moving around the lounge areas. Two staff members were regularly checking on the person's welfare in a discreet but purposeful way. Staff knocked on doors before entering people's bedrooms and spoke with the person whilst entering the room so they knew who was there. When supporting people with personal care we observed staff ensured the door was shut for privacy.

Where people required more support staff asked for consent to carry out care and support. They explained what they were going to do before doing it. It was evidence by the way people responded to staff that they had built relationships with them and staff knew people well and supported them in a respectful and dignified way. One person was supported to move from a wheelchair to a lounge chair. Staff constantly reassured the person and engaged with them throughout. This showed people were at the centre of the service provision. By offering choices and options it demonstrated staff respected and supported people with their choices. People's dignity was protected and their rights to privacy were upheld.

Staff told us they regularly reviewed the care and support needs of people and updated the relevant documents. Staff had a formal handover at the beginning of each shift to ensure they were aware of any significant changes to the care and support needs of people.

People moved freely around the service without restriction where they were able to. Staff were available to support people when they needed it. For example throughout the morning period staff were frequently moving between areas of the service and took time to speak with people and sit down with them. A staff member said, "It's important we have the time to be with people when they need it. It's got better now we have more staff."

Care plans included details of past life event and family histories wherever possible. This helped staff understand more about the person. A staff member said it helped them have meaningful discussions with people. They said, "Everyone has an interesting story to tell. It helps us understand people's behaviours and habits sometimes."

Staff supported people to maintain contact with friends and family. Visitors told us they were always made

welcome and were able to visit at any time. Visitors were coming and going throughout the inspection. Staff made them all feel welcome. People were able to see their visitors in the various lounges or in their own rooms. Visitors told us, "I come a lot and whenever I do arrive I am made to feel welcome" and "I spent last Christmas here it was just wonderful and meant a lot to me and (Person)."

Is the service responsive?

Our findings

People told us they felt their needs were being well met at Woodland. People told us, "I need assistance to get in and out of bed but there is no pressure to get up or go to bed at certain time" and "They (staff) get the doctor for me if I am feeling unwell." "Relatives comments included, "I never leave here without knowing if anything has changed for (Person)" and "I think the care here is second to none. Everybody (staff) has time for the residents. I see it all the time."

At the previous inspection the service was not recording information consistently, the impact of which might affect the level of detail staff needed to respond to people's needs. The registered manager had addressed these issues with all records seen being complete and providing staff with the necessary information in order to meet people's needs. For example one person's mobility had deteriorated in recent months. This was identified through review with the level of risk being clearly escalated. Additional systems had been put in place including a pressure mat to monitor when the person may get out of bed, as this was a time when risk was most relevant. In another instance a person was gradually losing weight. The food and fluid chart had been introduced following GP review to monitor the amount of food and fluid the person was taking. These records were accurate and provided staff with a clear guide.

The care plans covered people's care needs as well as their social support needs and wishes. Examples of records completed regularly included daily notes and various care interventions which took place to monitor individual needs. Reviews were held monthly or where required should there be a change of risk level. Staff were supported with advice from health professionals to ensure the people's medical and care needs were being managed. Reviews to check that the care plan was still accurate were taking place by senior staff. This was important to make sure important information about the person that might have impacted upon the delivery of care, remained up to date.

The care plans we observed were detailed and were clear about the support needs of people and how their care was being delivered. They had been developed where possible with each person and family members, identifying what support they required. Two people and relatives told us they had been consulted about support that was provided for them. One relative said, "I have been involved all the way along and I know when there are any changes made."

Handovers took place between shifts to help keep staff informed if people's needs changed. Staff kept daily records detailing the care and support provided each day and how people had spent their time. These were completed consistently at various points throughout the day and were detailed, providing a good overview of people's health and emotional well-being. Staff told us the daily records were informative and gave them the guidance they needed to respond to people's needs. A staff member said, "It's important that we write everything down so staff following on have the information. If something specific has happened I write it down there and then so I won't forget to include it."

A new activity coordinator was in post but not on duty on the day of the inspection. People told us they thought there was a good range of activities available to them. They said, "There are activities if you want to

join in, there is a singer and keep fit" and "Yes, we have plenty of activities and I join in, we have skittles, quizzes and keep fit". On the day of the inspection a staff member was holding a discussion group about school memories as well as singing a number of Cornish folk songs. It was well attended and generated a lot of laughter and discussion. A staff member said these sort of groups were very popular and were always well attended. The service had developed a garden area which was safe so people with dementia or with an interest in gardening could use it independently. People told us Bingo sessions were always popular and a relative said they were made to feel welcome and join in if they chose to. The service was continuing to look at ways of engaging more with the community for example forging links with a local memory group. These activity developments demonstrated the service was providing a range of activities that met people's needs, including those living with dementia.

Many people living at Woodland were living with dementia or limited memory and their ability to make daily decisions could vary. Staff had a good understanding of people's needs and used this knowledge to help people to make their own decisions about their daily lives wherever possible. For example, one person liked to stay in their room and did not want to be involved in activities. Another person liked to eat their meals in their room. Staff respected these decisions but always gave people the choice

People and their families were provided with information about how to make a complaint. Details of the complaints procedure were displayed at the entrance to the service. People told us they would speak with the manager or staff if they had any concerns. The service responded to concerns and complaints in accordance with their own policy and procedure. There were no outstanding concerns or complaints at the time of the inspection. People told us, "If I had any concerns I would talk to (The manager)." A relative told us they felt confident the manager would act on any issues they might raise with the service. They said, "Would and have discussed anything that bother me with the staff and manager. I have every confidence in them (staff) and things get sorted out."

Is the service well-led?

Our findings

There were clear lines of accountability and responsibility within the service. The registered manager and deputy manager were actively involved in the day to day operation of Woodland. Staff were effectively deployed throughout the service and had clearly defined duties and areas of responsibility. Comments received from staff members, relatives and people who lived at the service were positive about the registered manager's organisation and leadership. People told us they had no issues or worries about how the service was run. Relatives said, "I'm very confident the manager has a handle on things. It has improved for the better" and "There have been some staff issues but they seem to be getting better." Staff said, "We (staff) get all the support we need. Now the staffing has increased it has got better and we have more time to spend with residents."

Woodland is a location which is part of the larger organisation Cornwall Care. Since the previous inspection there had been some changes to the management structure. The service had an operational director overseeing the running of this and other services within the organisation. In addition an assistant operational director was assigned to this service and regularly visited to support the registered manager. This meant they were more visible at services and it helped them to engage with the service more effectively. The assistant operational director was available throughout the inspection. It was clear there was a positive working relationship between the registered manager and the assistant operational director.

Woodland had systems in place to engage with all stakeholders of the service including, staff, people using the service, relatives and professionals. Staff felt that in addition to group meetings, there was regular staff engagement taking place between the registered and deputy managers and staff members on each shift. A recent staff meeting informed staff of the increase in staffing levels following a recent recruitment drive. A staff member said, "Getting that information made me feel much better about the job." The registered manager provided staff with positive relative feedback following a residents meeting. They were told relatives felt their relatives were safe and well cared for living at Woodland. Visiting professionals told us they thought the service was well managed and that staff always engaged with them on any visits to the service. This demonstrated the management and professionals valued the staff team.

Quality assurance systems were used to measure the effectiveness of the service. They included audits in areas such as care plans, medicines, accidents and incidents. Audit results fed into a monthly monitoring plan completed by the registered manager and monitored by the assistant operational director as well as clinical leads. Management overview included analysis of information about the quality and safety of the service. The service also engaged with external quality assurance organisations to independently measure its effectiveness and quality of care.

There was a current quality assurance survey taking place. It included seeking the views of people using the service and relatives. The results were still being collated so there was not outcome to report on. However, all the people we spoke with were generally satisfied with the level of service they received at Woodland. Comments included, "The care is excellent," "It's as close to home as you can make it" and "Overall, very satisfied with this home." There were a number of testimonials from people whose relatives had lived at

Woodland. Comments included, "We really appreciate all the love and attention given" and "Can't thank the staff enough."

The maintenance of the building was being kept under review. General decoration and upgrading of the service was reviewed as part of the business plan to focus on areas which required more immediate attention. Any defects were reported and addressed where required by individual contractors. There were regular checks of equipment used at the service including wheelchairs and hoists to ensure they were safe.