

Lancashire County Council

Woodlands Home for Older People

Inspection report

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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

About the service:

Woodlands Home for Older People is a residential home registered to provide accommodation and personal care for 50 people aged 65 and over. At the time of the inspection 49 lived at the home. Some people were living with dementia. The home was split into three areas known as Cedar Grove, Ash Grove and Beech Grove. Cedar Grove provided care for people living with dementia. The service is also registered to provide personal care to people living in their own homes. This type of care was only provided in emergency circumstances and was not being provided at the time of the inspection.

People's experience of using this service:

People told us they felt safe and staff were kind and caring. Staff understood how to safeguard people from abuse and report any concerns.

Some people and their relatives raised concerns about the level of staff in the home, particularly during the night. We made a recommendation about reviewing the staffing levels to ensure people's needs were met in a timely way.

Appropriate recruitment procedures ensured prospective staff were suitable to work in the home. People were satisfied with the way they were supported to take their medicines. However, some topical creams were not being applied in line with the prescriber's instructions. Action was taken about this issue during the inspection. Staff had completed medicines training and had their competency checked. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. There were arrangements in place to protect people from the risks associated with the spread of infection. However, concerns were raised about people sharing slings used with the hoist. The registered manager ensured all people who required assistance with their mobility had their own sling during the visit.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the systems in the service did not always support this practice. An inappropriate form was completed in respect to people's capacity to consent to their care and there was limited information about the application of Deprivation of Liberty Safeguards in people's support plans. Following the inspection, the registered manager sent us an action plan which assured us action would be taken to address these issues. People's needs were assessed prior to them using the service. Arrangements were in place for new staff to receive induction training.

There was ongoing training for all staff. Staff were supported with regular supervisions and were given the opportunity to attend regular meetings to ensure they could deliver care effectively. People were supported to eat a nutritionally balanced diet. However, we observed staff focussed on tasks when supporting people with their meals on Cedar Grove. The registered manager told us that senior staff would work alongside the care staff to ensure people received personalised care during mealtimes. People were supported to

maintain their health and a visiting healthcare professional provided positive feedback about the service.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People's support plans reflected their likes and dislikes, and staff spoke with people in a friendly manner. People and/or their relatives had discussed their care needs with staff. Our observations during inspection, were of positive and warm interactions between staff and people who lived in the home.

People were aware of how they could raise a complaint or concern if they needed to and had access to a complaints procedure.

The quality assurance systems were not always effective in identifying shortfalls. However, the senior operations manager had carried out a comprehensive audit and had devised a detailed action plan. The registered manager was committed to making improvements to the service and sent us an action plan to address the findings of our inspection. We will assess the improvements on our next inspection of the home.

Rating at last inspection:

At the last inspection the home was rated good. (Published 13 October 2016).

Follow-up:

We will continue to monitor the service to ensure that people receive safe and high- quality care and re-inspect in line with the rating for the service. We may inspect sooner if we receive information of concern.

For more details, please see the full report which is on the CQC website at 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?

Requires Improvement ●

The service dropped to requires improvement.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service dropped to requires improvement.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained good.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service dropped to requires improvement.

Details are in our Well-led findings below.

Woodlands Home for Older People

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:

This inspection was carried out by an adult social care inspector and an Expert by Experience on the first day and an adult social care inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had specialist knowledge of supporting people living with dementia.

Service and service type:

Woodlands Home for Older People 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 accommodates up to 50 people. The service is also registered to provide personal care for people living in their own homes. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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:

Before the inspection, the provider completed a Provider Information Return. 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. This information helps support our inspections. We also reviewed other information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We used our planning tool to collate and analyse the information before we inspected.

During the inspection, we spoke with 10 people who lived in the home, four relatives, six members of staff and the registered manager. We also discussed our findings with the senior operations manager and spoke with a visiting healthcare professional. We looked at the care records of three people who used the service, looked around the premises and observed staff interaction with people, and activities that were taking place. We also examined a sample of records in relation to the management of the service such as staff files, quality assurance checks, staff training and supervision records and accidents and incidents.

Following our visit, the registered manager sent us an action plan to address the findings of the inspection.

Is the service safe?

Our findings

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

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.

Staffing and recruitment

- People spoken with told us the staffing levels did not always meet their needs in a timely way. One person said, "At night, there are not enough staff. A long wait is usual. I've also had to wait in the day when the staff have been dealing with everyone else." Another person commented, "It's a waiting game. The staffing levels cannot allow for meaningful personal choices."
- A relative also voiced concern about the staffing levels. They told us, "At night, there seems to be long waits and toileting accidents."
- We observed the staff were busy caring for people in their bedrooms, making them difficult to locate. In the afternoon on the first day, we heard one person calling for assistance and could not see any staff near their bedroom.
- We checked the staff rota and noted the level of staffing was consistent across the week. We noted the number of staff on duty during the night was usually two care assistants and one senior care assistant for 49 people. This meant if more than one person, who required the support of two staff, needed help, they would have to wait for assistance. The registered manager confirmed 17 people needed two members of staff to meet their needs.
- The registered manager completed a dependency assessment each week to monitor the staffing levels and had access to some flexible staff hours. However, she confirmed the staffing tool used indicated the home was over staffed. This was not reflective of people's experiences.

We recommend the service seeks guidance from a reputable source to review the level of staffing in the home, to ensure people's needs are met in a timely way.

- Following the inspection, the registered manager sent us an action plan which stated the Head of Service was reviewing the staffing levels. We will assess any improvements on our next visit to the home.
- The provider followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.
- On looking at a staff file, we noted there was a gap in the recruitment records. The registered manager addressed this issue during the inspection.

Using medicines safely

- Medicines were not always managed safely.
- People told us they were satisfied with the way staff managed their medicines.
- Staff had completed appropriate training and had their competency checked. However, staff had not always applied prescribed creams in line with the prescriber's instructions.

- We also saw there were two crushed tablets on one person's bedroom floor and their relative told us they had found a tablet on the floor of their family member's room, two days previously.
- The registered manager took immediate action to address these issues and sent us a copy of their action plan. This involved a robust daily check of records and reminding staff to report any missed medicines.
- The provider had suitable arrangements for the storage, recording, administering and disposing of controlled drugs. A random check of stocks corresponded accurately to the controlled drugs register.

Preventing and controlling infection

- People were not always protected from the risk of infection.
- Most areas of the home were clean and hygienic.
- However, one person's bedroom had not been cleaned at 3.30pm and the floor and table were noticeably unclean. This issue was attended to later the same afternoon.
- One person and two members of staff told us slings used with the hoists were shared. This meant people were at increased risk of cross infection. The registered manager assured us there were sufficient slings and these were clearly labelled with people's names during the inspection.
- Staff wore appropriate personal protective equipment, such as disposable gloves and aprons, when delivering personal care.

Assessing risk, safety monitoring and management

- Staff assessed, monitored and managed risks to keep people safe.
- Staff identified risks and followed guidance to manage any potential risks to people's health and safety. Staff reviewed and updated records to reflect people's current needs.
- The registered manager had carried out environmental risk assessments ensure the safety of people's living space. The premises and equipment were well maintained.
- Emergency plans were in place including information on the support people would need in the event of a fire.
- The provider had made appropriate arrangements to carry out safety checks on electrical and gas installations as well as equipment in use at the home. All safety certificates were within date.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People spoken with told us they felt safe and were satisfied with the care and support they received. For instance, one person said, "The best thing about living here is that I feel safe." Another person commented, "I feel happy and safe here."
- Staff understood their responsibilities to protect people from avoidable harm or abuse. The provider's procedures supported staff to report any concerns.
- Relatives spoken with had no concerns about the safety of their family members. One relative told us, "The family are happy that my [family member] feels settled here."
- One person and a relative raised concerns about the call system. The registered manager and senior manager assured us arrangements were being made to identify and install a new call system. In the meantime, checks would be made to ensure the current system was working properly.

Learning lessons when things go wrong

- The staff completed records in relation to any accidents or incidents that had occurred at the service, including falls. The registered manager checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to reduce the risk of incidents happening again.

- The registered manager carried out a monthly analysis of accidents and incidents to identify any patterns or trends.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 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. The application 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.

- We found staff had received training and had a basic understanding of the relevant requirements of the MCA. Staff spoken with said they always asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action.
- We observed staff spoke with people and gained their consent before providing support or assistance. One person told us, "The staff are courteous, and they always ask for my consent." Another person commented, "The staff listen to me and act on what I say."
- People's care files contained limited information about their capacity to make decisions about their care. We also saw staff had completed and signed best interest decision making forms for people to live in the home irrespective of their ability to consent to their care. This demonstrated a lack of understanding of the application of the MCA and people's rights.
- Following the inspection, the registered manager sent us an action plan which indicated additional training would be provided for staff and people with the capacity to consent to their care would be asked to sign an appropriate form.
- The registered manager understood when an application for a DoLS authorisation should be made and how to submit one. At the time of the inspection, 15 applications had been submitted to the local authority for consideration. However, there was limited information in people's care files about the reasons behind the application and how they should best be supported. This issue was addressed in the registered manager's action plan.

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

- People were provided with a varied nutritious diet.
- People told us they were satisfied with the food. One person said, "The meals are very good."
- The kitchen staff were aware of people's dietary needs and there was a formal handover of information once a week. However, we noted from looking at records the care staff did not always adhere to one person's specialist diet and did not always calculate the total amount of fluids people had drunk during the day. This is important to ensure people are receiving appropriate nutrition and hydration. The registered manager took immediate steps to address this issue during the inspection.
- We observed the breakfast and lunchtime arrangements for people living on Cedar Grove and the lunchtime arrangements on Ash Grove.
- Whilst people were supported to eat their meals, we noted on Cedar Grove both the television and music on at the same time. This made the atmosphere confusing and oppressive. We also noted staff had little communication with people and were task focussed. The registered manager sent us an action plan following the visit to indicate senior staff would be working alongside care staff to improve people's dining experiences.
- People who lived on Ash Grove had a positive experience and staff were attentive to their needs.

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

- People received appropriate support to ensure their healthcare needs were met.
- People's physical and mental healthcare needs were documented within the support planning process. This helped staff to recognise any signs of deteriorating health.
- Staff supported people to access health professionals when required. For example, district nurses and chiropodists visited the service regularly to support people with ongoing treatments.
- We spoke with a visiting healthcare professional during the visit who provided positive feedback about the service. They told us, "The staff are lovely. They carry out instructions straight away and are very knowledgeable about people's needs."
- The registered manager ensured joined up working with other agencies and professionals, so people received effective, timely care.

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

- A member of the management team assessed people's needs before they moved into the home. The assessment was used to form a written plan of care which was updated as the staff learnt more about the person.
- People were encouraged to visit the home prior to admission. This ensured people were able to sample life in the home before making the decision to move in.

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

- The adaptation of the premises was suitable for the people who lived there.
- There were communal areas for people to be together, appropriately adapted bathrooms and access to a garden.
- People's names were displayed on bedroom doors and there were memory boxes outside bedrooms on Cedar Grove. These included photographs and memorabilia, which had been chosen by the person as something they related to. We also saw adaptations had been made to support people's mobility, for instance the installation of handrails, ramps and grab rails.
- People had their own rooms and were able to personalise these as they wished. One person said, "I think the environment is good both inside and outside the home."
- At the time of our visit, the home was being redecorated and refurbished. This meant some signage and some wall displays had been removed. However, we noted there were several notice boards around the

home informing people about forthcoming events and other information.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training
- People told us they felt the staff were competent and knowledgeable. For instance, one person said, "The staff know what they're doing."
- Staff felt they were provided with a good range of training enabling them to fulfil their roles. They told us their training needs were discussed during their one to one meetings with their line manager and annual appraisals.
- The registered manager maintained individual staff training records and an overview of staff training. A training plan was in place to ensure staff received regular training updates.
- The provider had arrangements to provide all new staff with a structured induction programme, which included a period of shadowing experienced members of staff.

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 were treated well and their diverse needs were respected.
- People told us the staff always treated them with respect and kindness and they were complimentary of the support they received. Their comments included, "They are all kind and caring" and "I feel that the staff are kind, caring and respectful."
- Relatives spoken with also praised the approach taken by staff, for example one relative said, "The regular staff are lovely."
- We observed staff interacted with people in a warm and friendly manner and saw people were comfortable in the presence of staff who were supporting them.
- We looked at several messages of appreciation from people or their families, which highlighted the caring approach taken by staff and the positive relationships staff had established. For instance, one relative had written, "We cannot thank you enough for the love and care you have shown to our [family member]. You have given us peace of mind that they will be cared for to the highest standard."
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful of people's diverse needs and had built positive relationships to support them.
- Staff respected people's equality, diversity and human rights and recorded them as part of the support planning process.

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

- People were encouraged and supported to make decisions about their day to day routines, in line with their personal preferences.
- People told us they had been consulted about their care needs and had discussed their support plans with staff. However, the level of people's involvement in the support planning process was unclear and none of the support plans we saw had been signed by people who lived in the home. Following the inspection, the registered manager assured us everyone would be asked how they wish to participate in the planning process and this would be recorded and actioned.
- People were encouraged to express their views as part of daily conversations, residents' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings and noted a variety of topics had been discussed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.

- People could spend time alone in their rooms if they wished. People's bedrooms were fitted with appropriate locks and we observed staff knocking on doors and waiting to enter during the inspection.
- People told us, "The staff are respectful and treat me with dignity. For example, they ensure that I am covered to protect my modesty. They always close the door when they help me." Another person commented, "The carers respect my privacy and make sure they cover me up when bathing."
- People were encouraged and supported to maintain their independence whenever possible. For instance, people were encouraged to maintain their mobility.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

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's care and support was personalised to meet their needs.
- People told us they received the care they needed and staff responded to any requests made for assistance. One person told us, "The staff ask me how I am and if I am satisfied with things." And another person said, "The staff are so nice and treat me very well. I can't grumble at all."
- Each person's individual file contained information around their care and support needs to guide staff. The information included; support plans and risk assessments covering their daily living needs including health, social and emotional well-being. Information was also available about their life history and memories of their life and childhood. This enabled staff to understand each person's personality and history, and ensure that people were treated as individuals.
- Staff reviewed people's support plans monthly or sooner if a person's needs changed. This helped to make sure people received the correct level of care and support. However, we noted one person's plan had not been updated to include information about a medical condition. Staff reviewed and updated the plan during the inspection.
- Staff maintained daily records of care and completed appropriate monitoring charts. These provided information about changing needs and any recurring difficulties. We noted people's needs were described in respectful and sensitive terms.
- Staff understood the importance of promoting equality and diversity and respecting individual differences. This included arrangements that could be made if people wished to practice their religion.
- People were provided with a range of activities and details of forthcoming events were displayed on boards around the home. People had mixed views about the activities, with two people commenting on the age appropriateness of some activities, whilst other people told us they enjoyed the trips out and the entertainers who visited the home. Following the inspection, the registered manager told us she had met the activities care assistant and work was in progress to develop individual activity preference plans.
- The registered manager used technology to enhance the delivery of effective care and support. We noted where people were deemed at risk of falling they were supported by the use of sensor equipment. The home also had Wi-Fi available throughout the building and staff had access to a tele-medicines system. This enabled staff to speak with a healthcare professional at a hospital via a computer link.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints procedure.
- People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint.
- We saw the complaints procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. The provider had arrangements for investigating and resolving complaints.

- The registered manager confirmed there had been nine complaints over the last 12 months. We saw all complaints had been investigated and resolved.
- The registered manager understood her responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs.
- Staff understood people's communication needs and these were recorded in people's support plans.

End of life care and support

- People were supported to have comfortable, dignified and pain free end of life care.
- Wherever appropriate, people's end of life wishes and preferences were recorded and reviewed as part of the advanced care planning process. This included information about their DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) status.
- Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free.
- All members of the management team had completed training on the Six Steps to Success in End of Life Care and staff had completed end of life care training.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The quality assurance systems were not always effective.
- Although we saw evidence monitoring charts and topical cream charts had been checked by senior staff, gaps in the records had not always been identified for action. We also noted inappropriate forms had been completed in respect of people's capacity to consent to their care.
- The senior operations manager visited the home on a regular basis and had carried out a comprehensive audit in January 2019, which had identified shortfalls. This had resulted in a detailed action plan, which was being closely monitored to ensure progress was made on the actions. Following our visit, the registered manager also sent us an action plan based on the findings of the inspection detailing planned improvements to the service. We will assess any improvements on our next inspection of the home.
- The registered manager had a clear vision for the home and was committed to the ongoing development of the service. She explained she was studying for a higher-level management qualification and as part of this she hoped to establish an internet café in the home. This would enable people to socialise and learn how to use computers.
- Staff were aware of their roles and responsibilities. They were provided with job descriptions and a staff handbook. They also had access to a set of policies and procedures to guide them.
- Staff meetings were utilised to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings, and the registered manager was open to feedback.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider, registered manager and staff were all keen to promote the provision of high-quality, person-centred care.
- We observed a positive, welcoming and inclusive culture within the home. Staff told us they felt everyone was well supported and they all told us how much they enjoyed their work. For instance, a staff member commented, "I love it here. It feels like my second home. I like being with people and making a difference for the better."
- The registered manager knew the people who lived in the home well and was knowledgeable about their needs and preferences. We observed people responded positively to the registered manager throughout the day.
- The registered manager understood the requirements of the duty of candour and described an incident which involved a medicines error. No harm occurred and the registered manager ensured an apology was

given to the person concerned and measures were taken to minimise the risk of the incident happening again.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager encouraged feedback from people and acted on it to improve the service.
- People, their relatives and staff were complimentary about the leadership in the home. One person told us, "[The registered manager] is very approachable. I feel I can talk to her." A relative commented, "[The registered manager] is amazing. She has been so supportive. She completely understands all I want is the best for my [family member] and sorts out any problems."
- People were invited to complete an annual customer satisfaction questionnaire. The last survey was conducted in March 2018. We looked at the results and noted that whilst people had indicated they were satisfied with the service, they had also made suggestions for improvements. However, the action plan had not been completed until several months later and did not include all the themes from the survey.
- People were given the opportunity to attend residents' meetings and the minutes were written in the "You said, we did" format. However, people spoken with felt they were not fully informed about any actions from the meetings.
- The registered manager assured us all themes would be considered from the survey and the minutes from the last residents' meeting would be reviewed at the next meeting. She also explained family meetings had been planned for the year ahead.
- The registered manager told us the service had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the district nurses and the local GPs, as well as social care professionals such as the safeguarding and social work teams.