

Woodland Care Home Limited

Woodland Care Home

Inspection report

69 Queens Road
Oldham
Lancashire
OL8 2BA

Tel: 01616249344

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14 December 2017

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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

The inspection took place on 14 December 2017 and was unannounced.

Woodland Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Woodland accommodates up to 18 people in one adapted building.

Woodland Care Home is registered to provide 24 hour care and support for adults who have physical and or mental health needs. The home is a large detached property overlooking Alexandra Park in Oldham, Lancashire and is located approximately one mile from the town centre. At the time of our inspection 17 people were living at the home but two were currently in hospital.

The previous inspection had been carried out on 01 February 2017 and was a focused inspection due to concerns we had received that there was no manager in place; staff were not recruited safely; there were not enough staff to meet people's needs; there was no hot water and that the new registered provider had installed obtrusive CCTV cameras in the home which breached the confidentiality and privacy of the people who used the service. At that inspection these concerns were looked into and found to be unsubstantiated.

There was a registered manager in place. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was on annual leave on the day of the inspection, so this was facilitated by the team leader.

There was a policy and procedure for safeguarding, staff had received training in safeguarding adults and were confident to report any poor practice they might observe. Staff had been safely recruited and there were sufficient numbers of staff to meet the needs of the people who used the service.

Safe systems were in place for the management of medicines at the service. General and individual risk assessments were in place and were regularly reviewed and updated. Health and safety records were complete and up to date.

The premises were safe and secure, with key pad locks on the doors and CCTV cameras were in place outside the home to help ensure the safety of the people who used the service. There was also an internal camera which looked into the office. We have made a recommendation about consulting CQC guidance around the use of CCTV in care homes.

Staff had a thorough induction programme and training was on-going to help keep their skills and knowledge current. We have made a recommendation about implementing a staff supervision programme.

People's nutritional and hydration needs were addressed and the food was plentiful and nutritious. People's health needs were clearly documented and people were supported to access health care services as required.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People told us staff were kind and caring. We observed staff throughout the day and saw interactions between staff and people who used the service were warm and friendly. People's dignity and privacy were respected.

People were involved with care planning, reviews and meetings about their care delivery. Residents' meetings were held on a regular basis and there was a service user guide with information about the service.

People were given choices in all aspects of their lives. Care plans were person-centred and included people's goals and aspirations. Reviews of care and support were undertaken regularly.

People who used the service were supported to undertake activities both within the home and in the local community. People had advance care plans in place, setting out how they wished to be supported at the end of their lives.

There were opportunities for people who used the service and relatives to offer feedback. Some concerns had been raised around the time of a change of ownership and these had been fully investigated and appropriate responses made. Complaints were dealt with in an appropriate and timely manner.

The registered manager had sent notifications to CQC as required. Staff we spoke with told us the management were very supportive and approachable.

There were records of regular annual appraisals, but regular one to one staff supervisions were not taking place. Regular monthly staff meetings took place and offered an opportunity for staff to raise any concerns, make suggestions for improvement and discuss good practice.

There was a system of audits and quality checks in place. Accidents and incidents were monitored and reviewed to see what lessons could be learned to help improve the service.

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.

There was a policy for safeguarding adults, staff had received training and were confident to report any poor practice they might observe. Staff had been safely recruited and there were sufficient numbers of staff to meet the needs of the people who used the service.

Safe systems were in place for the management of medicines. General and individual risk assessments were in place and were regularly reviewed and updated. Health and safety records were complete and up to date.

The premises were safe and secure, with key pad locks on the doors.

Is the service effective?

Good ●

The service was effective.

Staff had a thorough induction programme and training was on-going to help keep their skills and knowledge current.

People's nutritional and hydration needs were addressed and the food was plentiful and nutritious. People's health needs were clearly documented and people were supported to access health care services as required.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring. We saw interactions between staff and people who used the service were warm and friendly. People's dignity and privacy were respected.

People were involved with care planning, reviews and meetings

about their care delivery. Residents' meetings were held on a regular basis and there was a service user guide with information about the service.

Is the service responsive?

The service was responsive.

People were given choices in all aspects of their lives. Care plans were person-centred and included people's goals and aspirations. Reviews of care and support were undertaken regularly.

People who used the service were supported to undertake activities both within the home and in the local community. People had advance care plans in place, setting out how they wished to be supported at the end of their lives.

There were opportunities for people who used the service and relatives to offer feedback. Complaints were dealt with in an appropriate and timely manner.

Good ●

Is the service well-led?

The service was well-led.

The registered manager had sent notifications to CQC as required. Staff we spoke with told us the management were very supportive and approachable.

There were records of regular annual appraisals, but regular one to one staff supervisions were not taking place. Regular monthly staff meetings took place and offered an opportunity for staff to raise any concerns, make suggestions for improvement and discuss good practice.

There was a system of audits and quality checks in place. Accidents and incidents were monitored and reviewed to see what lessons could be learned to help improve the service.

Good ●

Woodland Care Home

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 December 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make. We also contacted the Local Authority safeguarding team and the local commissioning team to gain their views on the service. We received no negative comments about the service

During the inspection we spoke with the provider by telephone, we also spoke with the team leader, two members of care staff, the cook, four people who used the service and one relative.

We looked at four care files, three staff personnel files, training records, staff supervision records, meeting minutes and audits.

Is the service safe?

Our findings

There was a comprehensive policy and procedure for safeguarding and staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service to report any poor practice they might observe. There was a safeguarding log where any incidents were detailed and actions taken were documented. Some whistle blowing concerns had been received when a change of ownership took place. These were fully investigated and CQC were happy with the response provided.

We checked to see that staff had been safely recruited. We reviewed three staff personnel files and saw that each file contained an application form with included a full employment history, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We observed staffing levels on the day of the inspection. There was a senior carer and three other carers who worked until 3 pm, then a senior and a carer for the late shift, with a manager and team leader on call. The staffing numbers were sufficient to meet the needs of the people currently using the service. Our examination of the staff rotas confirmed staffing levels were provided at consistent levels, with two care staff on overnight and a member of the management team on call.

We reviewed the systems in place for the safe handling of medicines. We saw that medicines were stored safely within a locked trolley, which was chained to the wall as required. Only senior staff were responsible for administering medicines and all had received appropriate training. We looked at the Medicines Administration Record (MAR) sheets and saw that they were complete and up to date. Controlled Drugs, which are some prescription medicines are controlled under the Misuse of Drugs legislation, were stored within a locked box inside the locked trolley and the administration record book was counter signed as required. Medicines were audited monthly by management and twice yearly by the pharmacy.

General and individual risk assessments were in place and were regularly reviewed and updated. These were designed to protect people who used the service and staff from risks, including those associated with cross infection, the handling of medicines, moving and handling, falls and the use of equipment. Accidents and incidents were recorded on individual forms and a log which was then analysed for any patterns or trends occurring. This helped the service ensure action was taken to minimise further risks. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in

There were personal emergency evacuation plans (PEEPS) in the care files of all those who used the service and copies of these in a 'grab' bag in the office to ensure they would be easily accessible in the event of an emergency.

There was an up to date policy regarding infection prevention and control, which staff were aware of. There was also an infection control file with guidance for staff on the different types of infection and how to deal with any outbreaks. A domestic member of staff was employed daily to keep the building clean. We found on our inspection of the premises that all areas were clean and tidy and there were no malodours.

Inspection of records showed that a fire risk assessment was in place and regular checks had been carried out to confirm that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear.

The premises were safe and secure, with key pad locks on the doors. People who used the service who had been assessed as having full capacity had the codes for the doors and were able to go out as they wished, providing staff were aware of their whereabouts. There were CCTV cameras outside the home to help ensure the safety of the people who used the service. There was also an internal camera which looked into the office to ensure data protection. We discussed with the provider the need to include this information in the statement of purpose and the service user guide so that people were aware. The provider updated the documents immediately to include this information and sent an electronic copy to CQC for information.

We recommend the provider consults CQC guidance around the use of CCTV in care homes.

There was a health and safety file which included records of daily health and safety checks of the premises with actions recorded. Kitchen fridge and freezer temperatures were recorded daily and records were up to date and showed the temperatures were in line with the manufacturers' recommendations. This helped ensure food was stored safely.

Is the service effective?

Our findings

We looked at three staff files and saw records of a thorough induction, including mandatory training and completion of the Care Certificate within three months. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. Staff we spoke with told us they felt the training they received, reading the policies; being shown around the premise and introduced to people who used the service helped them be prepared for their role as a care worker. There was a 12 week probationary period, which could be extended if necessary, after which a supervision meeting took place to iron out any issues on the side of the worker or management prior to commencement of employment.

Records we viewed showed training was on-going and mandatory training regularly refreshed. Staff felt the training courses were appropriate to their work. Annual appraisals took place and gave staff the opportunity to reflect on the previous year, identify training needs and set any personal development goals for the year to come. Staff told us they did not have regular supervision meetings in between appraisals, but they could talk to management at any time if they had issues to discuss. Good practice indicates that regular one to one staff meetings are helpful in offering an opportunity for regular communication. The team leader took this information on board and agreed to implement a regular supervision programme for staff to begin immediately.

We recommend that the service looks at current guidance around staff supervision programmes.

We found the kitchen was clean and well organised and there were plentiful supplies of fresh produce. We spoke with the cook who was aware of people's dietary needs and preferences. People told us the food was good and we saw menus which offered a varied and nutritious diet, with options available. People were able to have a cooked breakfast if they wished and staff told us a small number of people enjoyed a cooked option on a daily basis. There was a lighter lunch, which consisted of sandwiches, soup or snack meals, then a main meal in the evening. Snacks and suppers were available and drinks were served throughout the day. We saw that the dining room tables were set nicely with festive decorations and condiments and people were given the choice of where they wanted to sit. Support was given to individuals as required and interaction between staff and people who used the service was friendly and respectful.

One person who used the service said, "The food is OK thanks". Another told us, "The food is alright, you can choose and there is plenty to eat". A third person commented, "The food is good, I am very happy, especially with the food, you get a choice and anything you don't like, just tell them [staff]". A staff member told us, "It is good, decent food that people enjoy".

We looked at care records for four people and saw people's health needs were clearly documented and allergies recorded prominently within the care files. Records showed that people were supported to access health care services in relation to their mental and physical health needs. This included appointments with dentists, opticians and GPs. Where necessary physical health care plans were in place to identify people's needs and included the action staff should take to support people to meet these needs. People's support needs, goals and actions to achieve these goals were discussed and agreed with each individual. There were appropriate referrals to other professionals, such as dieticians and Speech and Language Therapy (SALT)

and files contained a front sheet with all relevant information, which was sent with each person if they were admitted to hospital to help make the transition occur smoothly.

Staff explained how they made information accessible to all the people who used the service. For example, an interpreter was used for one person whose first language was not English. Explanations were given verbally to a person living with dementia, and repeated as often as required to help ensure they understood as much as possible.

We looked around the premises and saw that people's rooms were clean and bright and all communal areas were pleasant. There was appropriate signage on bathrooms and toilets to help people orientate around the home.

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 so that they can 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 saw that people who used the service had signed consent forms, where they were able to, for issues such as the use of photographs. We saw staff seeking consent throughout the day when offering support to people. People had signed and agreed the content of their care plans where they were able to do so. Staff we spoke with were able to explain how they supported people with decision making in line with MCA.

We saw evidence of best interests meetings, for issues such as where someone should reside. Records showed that people were involved in best interests meetings to the level that they were able and their views listened to and considered. Records we reviewed showed that, where necessary, staff supported people to access independent advocacy services and to exercise their right to challenge their detention under the Mental Health Act (1983) (MHA) in accordance with statutory timescales. Records we reviewed showed restrictions on people's freedom were minimised as much as possible in order to support people to access community resources and to maintain contact with family and friends.

There was documentation in care files for people who were subject to DoLS and these authorisations were reviewed and renewed as required. Staff we spoke with were aware of who was subject to DoLS and what this meant in day to day practice.

Is the service caring?

Our findings

We spoke with people who used the service about their experience of care at the home. One person said, "[The staff] are kind and caring. I have a good relationship with them. No complaints at all about staff". Another told us, "It's alright. They [staff] are nice and look after me. They are kind and always polite. If you have anything on your mind they are good listeners and it makes you feel better". A third person commented, "It is very good. They [staff] are lovely. I love it here and the care is beyond explanation". A fourth person said, "I like it here and the staff all look after me very well".

Staff we spoke with told us they enjoyed working in the service and felt valued by the management and the team they worked with. One staff member said, "I love it here". Another told us, "I love it really; I love the feeling I have made a difference and made someone smile". A third staff member commented, "It doesn't feel like coming to work, staff are nice, residents are nice, the day goes so fast. It's the best job I've had and I feel appreciated by service users. They are like another family".

We observed staff throughout the day and saw warm and friendly interactions between staff and people who used the service. We saw staff knock to gain entry to people's bedrooms in order to respect their dignity and privacy. People were able to have a key to their bedroom doors if they wished to and could have privacy whenever they wanted it.

We saw people had signed care plans to indicate their agreement with the level of support which they were to receive. Records showed that people were involved with meetings and reviews of care. For example, we saw that a person who used the service had attended and been involved in a meeting about advance care planning. Explanations had been given about the nature of the meeting and the person's views taken into account when best interests decisions were made.

Residents' meetings were held on a regular basis and the content of the meetings documented. We saw records of recent meetings where discussions included upcoming events and activities, staff, fire drills and menus.

Care records were held securely to help ensure the confidentiality of people's personal information. Staff were aware of the need for keeping people's information confidential and not discussing people's care with anyone outside.

There was a service user guide which included information about the service's vision, mission and values. It contained information about service delivery, the environment, therapeutic activities, meals, staff team, staff qualifications and training and the complaints procedure. This was available to all people who used the services, relatives and representatives.

Discussions with staff showed their understanding of people's different personalities, interests, backgrounds and needs. Information was given to each person according to their preferred method of communication, such as verbal explanations or written information, and the home had access to other ways of including

people, such as independent advocates and interpreters when required. This meant that all the people who used the service were treated with the same respect and given the same opportunities and access to care and support.

Is the service responsive?

Our findings

Our observations on the day of the inspection showed that people were given choices in all aspects of their lives. Some people were still in bed towards lunch time as they did not like to rise early. Some people ate a cooked breakfast, others did not. Some had lunch at the dining table with other people whilst others went out in the morning and were offered a later lunch when they returned. Choices of meals and drinks were offered to all. People were encouraged to bring their pets to the home if they wished. One person who used the service had a dog which was in their room with them.

Care plans we looked at included people's goals, aspirations, what they could do for themselves, what they required support with and things they wanted to change. There was information about people's backgrounds, family and friends. This helped staff ensure care and support was person-centred and individual. We saw that where people who had capacity had refused support, these decisions were respected. For example, health professionals had recommended that one person had build-up drinks to help them improve their well-being. However, they had refused these and were deemed to have capacity to do so. This was monitored and encouragement was given regularly, but the person's wishes were taken into account at all times.

Keyworkers were allocated to each individual and had a more in depth knowledge of that person. This helped ensure people received support in a way that suited their needs. We saw that people who used the service were encouraged to be as independent as possible, whilst support was given where required. Some people were able to go out independently and access the wider community and this was supported where it was safe to do so. Records showed that one individual had requested night checks to be stopped. This request was considered to be safe, had been signed by the person who used the service and staff acted on the request.

Reviews of care and support were undertaken regularly and people who used the service were involved in the reviews and had the opportunity to comment on the support they received and any changes. Relatives and friends were involved where this was the individual's wish and people's views were taken into account when support was being reviewed. We saw a residents' and families' feedback folder. Recent comments included, "Very happy at all times with [relative's] care. Thanks to all staff".

People who used the service were supported to undertake activities both within the home and in the local community; these activities included dominoes, board games, card games, reminiscence, music and cooking. Outings included pub lunches, trips to the local park and shopping. Some people went out to day centres or luncheon clubs and one person had joined a local 'men in sheds' activity and a walking party in the park. There were entertainers who were brought in on a regular basis and significant times, such as Christmas, were celebrated with parties and entertainment. The team leader told us they had arrangements in place to ensure people's religious and cultural needs could be met.

People had advance care plans in place, setting out their wishes around how they wanted to be supported at the end of their lives. If people at the home were found to be nearing the end of their lives the service were

supported by the local district nursing team to look after them at the home if this was their wish.

We looked at the system for managing complaints in the service. There was a complaints procedure in place which was outlined within the service user guide. This provided information about the process for responding to and investigating complaints. All the people we spoke with during the inspection told us they knew how to make a complaint if they were dissatisfied with the support they received and were confident their concerns would be taken seriously. We saw the complaints log which showed complaints were dealt with in an appropriate and timely manner. Some concerns had been raised when the home changed ownership, due to a period when people had felt unsettled. These concerns were fully investigated and CQC were satisfied with the responses provided.

Is the service well-led?

Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role. The registered manager had worked at the service for several years and was very knowledgeable about the people living at the service. They were supported in the day to day running of the home by a team leader.

Before our inspection we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

Staff we spoke with told us the management were very supportive and approachable. One staff member told us, "Management are supportive and I could approach them when I need to". As the home was small staff felt they could speak informally to the management team whenever they needed to. However, although there were records of regular annual appraisals, regular one to one staff supervisions were not taking place. Staff supervisions provide an important opportunity for staff to raise any concerns and look at training needs.

Records we reviewed showed regular monthly staff meetings took place. These were a means to keep staff informed of any developments within the service and gave them an opportunity to raise any concerns, make suggestions for improvement and discuss good practice. We saw discussions included what went well and did not go well in the last month, areas to improve, service users, training, cleanliness, care plans and events.

All the service's policies and procedures were appropriate, reviewed and updated regularly. Staff read the policies on induction and were aware of where to access them should they need some guidance or information.

We saw that a log was maintained of any accidents and incidents which had occurred; this was reviewed regularly to see what lessons could be learned to help improve the service people received.

We saw there was a system of audits in place. There were daily health and safety checks with actions recorded, regular mattress audits, infection control audits, cleaning and kitchen checks and medicines audits. There were regular contract monitoring visits from the local authority, the most recent of which had revealed no issues. The provider visited the home on a monthly basis and undertook quality monitoring of maintenance, staffing issues and service user issues on each visit.