Woodlands Rest Home Limited

Woodlands Residential Care

Inspection report

Wood Lane
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Liverpool
Merseyside
L27 4YA

Tel: 01514984266

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13 March 2019
15 March 2019

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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

About the service:
Woodlands Residential Care is a care home that provides personal care and accommodation for up to 34 older people. Twenty-seven people were living at the service at the time of this inspection.

People's experience of using this service:
Improvements had been made since the last inspection so that more robust systems were in place for cleaning and management of the kitchen.

We have made recommendations about the recording of medicines; information needed when applying for Deprivation of Liberty Safeguards (DoLS) and the management of records.

People's needs and wishes were assessed and planned for. Care plans identified the intended outcomes for people and how their needs were to be met. People received care and support from appropriately trained staff. People were offered a nutritious and balanced diet and their healthcare needs were understood and met.

People and healthcare professionals described managers as approachable and supportive. Systems were in place to gather people's views on the service. People were treated with kindness and respect by staff who knew them well. Staff provided care and support in a calming, relaxing manner with positive outcomes for people.

People were protected from abuse and the risk of abuse and staff understood their role in relation to this. People told us that the service was safe. Risks to people and others were identified and measures put in place to minimise harm. Infection control practices were followed to minimise the risk of the spread of infection. Checks were carried out on the environment and equipment.

Staff were knowledgeable about people's needs and how they were to be met. People told us they received care and support in line with their care plan. People knew how to raise a concern or make a complaint about the service.

Details are in the key questions below.

Rating at the last inspection: Required Improvement (report published on 22 December 2017).

Why we inspected:
This was a planned inspection based on the rating of the last inspection. The rating for this service has improved to good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our inspection programme. If any concerning information is received we may inspect sooner.

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?

Good

The service was safe.

Details are in our Safe section.

Is the service effective?

Good

The service was effective.

Details are in our Effective section.

Is the service caring?

Good

The service was caring.

Details are in our Caring section.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive section.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-led section.

Woodlands Residential Care

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 completed by one adult social care inspector.

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

The service 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:
Both days of the inspection were unannounced. Inspection site visit activity started on 13 March 2019 and ended on 15 March 2019.

What we did: Our inspection plan took into account information that the provider had sent to us. We also considered information about incidents the provider must notify us about and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners. Prior to the inspection the registered manager had completed a Provider Information Return (PIR). The PIR gave the opportunity to record how the service was meeting the needs of people and their further plans for future improvements. We used all this information to plan our inspection.

During the inspection, we spoke with 12 people using the service and two visiting healthcare professionals. We spoke with the registered manager, deputy manager and six members of staff. In addition, we spoke with

the registered provider.

We looked at three people's care records and a selection of medication administration records (MARs). We looked at other records relating to the monitoring of the service, including records of checks carried out around the premises, the training records of staff and the recruitment records for three staff who had been employed at the service since the last inspection.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely
- Staff followed safe medicines policies and procedures and good practice guidance most of the time.
- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been checked to ensure their competence.
- Information and guidance was available to staff about how and when to administer medicines prescribed for people.
- People told us that they received their medicines when they needed them.
- Medication administration records (MARs) contained detailed information about people's medicines. However, the coding system used to record people's medicines on the MARs was not always consistent. In addition, the section used to record medication to be admistered as and when required (PRN) was being used to record other information.
We recommend that the provider reviews the systems in place used throughout the medication recording process.

Preventing and controlling infection
- Systems were in place to maintain safe food hygiene practices. These systems were overseen by senior staff members. This was an improvement from the previous inspection.
- The service had begun to utilise the local authority infection control auditing tool on a monthly basis to continually improve good practice in this area.
- Systems were in place to prevent the spread of infection. Staff had received training and procedures were in place to maintain a safe and clean environment for people to live. People told us that their home was always clean. Visiting healthcare professionals told us that the service maintained a good level of hygiene and infection control.
- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE when supporting people with specific tasks to prevent the spread of infection.

Systems and processes to safeguard people from the risk of abuse
- Effective safeguarding procedures were in place. Staff had completed safeguarding training and had access to information about how to protect people from harm. Staff knew how to refer any concerns they had about people's safety.
- People told us they felt safe living at the service. They told us "I feel very safe here. The staff are wonderful and look after us very well" and "I am so grateful to be here, I feel very safe and comfortable."

Assessing risk, safety monitoring and management
- Regular safety checks were carried out on the environment and equipment used. These checks had

identified that the temperatures of the hot water available to people was on occasions slightly low. We discussed this with staff who told us that they would address this.

● Emergency procedures were in place. This information was easily accessible in the event of an emergency.

● Staff had access to policies and procedures in relation to health and safety and had received training in this area.

● Risks to people were identified and plans were in place to minimise those risks.

Staffing and recruitment

● The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.

● Sufficient numbers of suitably trained and experienced staff were on duty to safely meet people's needs. The number of staff on duty was determined by the needs of people using the service. People told us "Staff are excellent, you just need to ask and it's done" and "You never have to wait for long for staff to come."

Learning lessons when things go wrong

● Lessons were learnt and improvement made following accidents and incidents.

● Accident and incidents which occurred at the service were recorded and analysed to look for any patterns and trends and ways of minimising further occurrences.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were. However, we saw that not all DoLS applications awaiting authorisation had included all potential restrictions for a person. We discussed this with senior staff who took action immediately, to ensure that appropriate information was shared on the DoLS application form.
We recommend that the provider reviews their procedures for completion of DoLS applications.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met at the service.
- People, their family members and health and social care professionals were fully involved in the assessment and planning of people's care. People told us that they had been involved in their assessment process prior to moving into the service and that they continued to be involved in the reviews of their care plans. People's comments included "I am always involved" and "If I needed to change something I would discuss it with the manager who always listens to me."
- Care plans contained guidance and information about how people's needs were to be met.
- Staff delivered effective care to people in line with their care plan. People told us that staff always consulted with them prior to delivering care and support.

Staff support: induction, training, skills and experience
- Staff had the right knowledge, skills and experience to meet people's needs effectively.
- Staff told us that training was available to ensure that they had up to date knowledge for their role.
- People and visiting healthcare professionals spoke positively about the skills and knowledge of staff. Their comments included, "Staff know me well" and "They know everything about me."

● Staff received an appropriate level of support for their role. They told us that the manager was always available to offer advice and support.

Supporting people to eat and drink enough to maintain a balanced diet
● People were protected from poor nutrition and dehydration. People had access to sufficient food and had a choice of food and drinks throughout the day and night. Outside of mealtimes people had access to snacks and drinks. People were happy with the meals that they were served, they told us "The food is always very nice" and "I only like light meals and the staff know this, they will always prepare me a fish salad if I ask."
● People had a choice of where they ate their meals and their meals were served fresh and at the correct temperature.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.
● Where people required support from healthcare professionals this was arranged. Staff requested visits from doctor's, nurse practitioners, optician, dental and a podiatrist when people required these services. People's comments included "You only need to ask the manager and she will call the Dr" and "Staff help me to keep well."
● Staff had access to a 24-hour electronic system that enabled them to seek prompt advice and support for people who were unwell. In addition, a GP regularly visited the service to review the health needs of people.
● Any support people needed with their healthcare needs was recorded in their care plan.
● Systems were in place to ensure that important information about people's needs was shared when they were admitted to hospital.

Good

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; equality and diversity
- People were treated with kindness, dignity and respect. People's comments included, "The staff are very kind" and "Staff are like my family, they understand me."
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed.
- Staff understood and supported people's communication needs. Staff spoke with people clearly whilst maintaining eye contact and where it was required, offered a reassuring arm around the shoulder when a person needed comfort and reassurance when communicating.
- People, along with family members, had been given the opportunity to share information about their life history, likes, dislikes and preferences. Staff used this information to engage people in meaningful conversations.
- People were supported to maintain their religious and spiritual needs.

Supporting people to express their views and be involved in making decisions about their care
- People were encouraged to share their views about the care provided.
- Regular care reviews gave people and relevant others the opportunity to express their views about the care provided and make any changes if they wished to.

Respecting and promoting people's privacy, dignity and independence
- Staff treated people with dignity and respect.
- Staff provided people with personal care in private.
- People were supported to use their right to vote.
- People told us they always felt comfortable when staff supported them with personal care.
- Staff ensured that people's confidentiality was maintained. People's personal information was stored securely and only accessible to authorised staff.
- People told us they were given choice and control over their day to day lives. People had freedom of movement around the service and had a choice of what time they got up in a morning and went to bed at night.
- People were supported by staff to use information technology to maintain contact with their family members living abroad.
- Healthcare professionals told us people's dignity was maintained and that people's privacy was respected.
- Policies and procedures were in place to offer guidance in ensuring that people's human right, dignity, privacy and respect were maintained at all times.

Good

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.
- Staff understood and applied the principles of person-centred care and support.
- People's needs were identified, including those needs that related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; the service identified, recorded, shared and met the communication needs of people living with a disability, dementia or sensory loss, as required by the Accessible Information Standard. Staff knew people well and how best to communicate to support their understanding.
- People had access to and were supported to use smart technology and computers.
- Staff were person-centred in their approach when speaking to and about the people supported.
- Staff engaged people in meaningful activities and people had a choice of whether they participated.
- People were supported to maintain their personal routines that involved maintaining contact with friends and family members.

Improving care quality in response to complaints or concerns
- A complaints procedure and was in place and made accessible to all. A record was available to maintain the detail of any complaints, how they were investigated, the outcome and any lessons learnt.
- People knew how to make a complaint, and who they would speak to if they were unhappy. People were confident that their complaint would be dealt with in the right way.

End of life care and support
- At the time of this inspection there were no people in receipt of end of life care.
- In the event of a person requiring the support of end of life care, staff would work alongside community health care professionals to ensure that people received the care and support they needed.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff demonstrated a clear ethos of person centred care and support for people using the service.
- Staff told us the registered manager was approachable and supporting and had a presence around the service.
- The provider was present within the service on a regular basis and worked alongside the management of the home.

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

- A system was in place for the monitoring of quality and safety. Areas for improvement were identified through audits and appropriate action was taken to make any required improvements. This was an improvement since the previous inspection. However, records relating to fire safety checks and test evacuations made around the service and in people's care planning documents had not always been signed or dated.

We recommend that the provider reviews the current systems in place to ensure that all documents are recorded, signed and dated appropriately.

- Staff had a clear understanding of their role and responsibilities.
- The registered manager was clear about their responsibilities and had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.
- People were confident in the leadership of the service and told us they could speak with the registered manager at any time.
- Policies and procedures to promote safe, effective care for people were available for staff to access.

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

- The registered manager engaged and involved people using the service and staff.
- People were asked to complete a survey about their experiences and share their views on the service. In addition, people told us that their views were also sought through informal chats and when reviewing their care plans.
- Staff were engaged and involved through team meetings.

● The registered manager and staff sought advice and worked in partnership with others such as commissioners to ensure the best possible support for people.

Continuous learning and improving care

● The service worked with local initiatives to continually improve the service people received.
● The registered manager and staff received regular training and support for their role to ensure their practice was up to date and safe.
● The registered manager worked with the provider to make and sustain improvements.
● Improvements were being made to the décor and furnishings within the service.
● Learning took place from accidents and incidents to minimise the risk of re-occurrence.
● A computerised care planning and management system was being installed at the time of this inspection to further develop the care planning and records management systems.