

Conniston Care Limited

Woodlands Care Home

Inspection report

Woodsetts Road
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Sheffield
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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

Woodlands Care Home provides accommodation and care for up to 43 people, some of whom were living with dementia. At the time of our inspection there were 35 people living in the home.

There was a registered manager in the home. 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.

At the last inspection in March 2015 the service was rated Good. At this inspection we found the service remained Good.

People were supported by staff who knew how to protect them from harm and risks to people's health and wellbeing were managed. There were enough staff to meet people's care and support needs.

Medicines were stored and managed in a safe way and people received them as prescribed.

Staff received training relevant to their role and were supported further through regular supervisions.

People had a choice of food and staff supported them with dietary requirements.

Referrals to external healthcare professionals were made in a timely manner and people were able to request when they wanted to see a doctor or nurse.

People were supported to have 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 participated in activities of their choice within the service and the local community.

There were enough staff to support people to participate in the activities they chose. People's visitors were welcomed and there were no restrictions on when they could visit.

There was clear and visible leadership in place and the staff team felt supported by the management team.

There were effective systems in place to monitor and assess the quality of service being delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Woodlands 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 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 25 April 2017 and was undertaken by one adult social care inspector.

Before our 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 information we had received about the service such as the provider's improvement plan and notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with five people who used the service, three relatives and a visiting professional. We observed the interaction between people who used the service and the staff.

We looked at records in relation to seven people's care. We spoke with the provider, the registered manager and six members of staff including the deputy manager, senior care, care, domestic and catering staff. We looked at records relating to the management of the service, staff recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

The service remains safe. People we spoke with told us that they felt safe living at Woodlands. One person we spoke with told us, "I have no concerns about my safety here." Another person we spoke with commented, "I really like it here and I definitely feel safe." People's relatives we spoke with reflected these views. One person's relative told us, "[relative] certainly feels safe and we have no concerns at all."

Staff we spoke with knew how to report any concerns of abuse and who to. We saw from records that staff had received training in safeguarding.

Records we looked at showed that there were a number of processes in place to manage any risks associated with people's health and wellbeing. We saw from people's care records that there were risk assessments in place which were relevant to their care and support needs. For example, we saw that one person was at risk of falls. We saw that the risk assessment detailed how staff could support the person to walk safely and what equipment was needed to facilitate their mobility.

There were risk assessments for the home and the environment and we saw that daily checks were completed by the registered manager to ensure that there were no hazards within the environment. We saw that there were current safety certificates to show that regular inspections of heating, water, fire, electrical and lifting equipment took place.

People were kept safe as they were supported by staff who had been assessed as suitable for the role they had. Staff had undergone detailed, documented recruitment checks as part of their application. These records included evidence that pre-employment checks had been completed including obtaining written previous work references. Recruitment checks also included a Disclosure and Barring Service (DBS) check.

The registered manager had assessed whether sufficient numbers of staff were deployed to meet people's needs. During our inspection, staff did not appear rushed and attended to people's needs promptly. People we spoke with told us that they thought that there were enough staff to meet their needs. One person we spoke with told us, "When I press the buzzer, staff always come quickly."

We looked at the management of people's medicines and we saw that people's medicines were stored and administered in a safe way. The registered manager had recently identified shortfalls in the frequency of auditing and recording errors and had implemented immediate improvements. People we spoke with told us that staff supported them with taking their medicines safely. One person we spoke with said, "I have my tablets every morning and [the staff] always make sure I get them on time." Another person we spoke with told us, "I get my tablets regular as clockwork." We looked at three people's medication administration record (MAR) charts and saw that people were being given their medicine as prescribed. We saw that where there were missed signatures, they had been identified and staff supervision and training planned.

Is the service effective?

Our findings

The service remains effective. People we spoke with told us that they thought that the staff were well trained and had the necessary competencies in order to care for people effectively. One person we spoke with told us, "The girls here do know how to care for us." Staff completed online courses as well as practical training such as moving and handling and first aid. Staff we spoke with told us that they found that the training provided was beneficial in helping them to improve their skills and knowledge.

The manager was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support.

Staff told us, and documents confirmed that they were further supported through regular supervisions. Supervision gives staff an opportunity to meet with a senior member of staff to discuss any support or training they require.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 that Woodlands had applied for DoLS from the statutory body appropriately, having taken into account the mental capacity of people at the service to consent to their care and treatment.

People were happy with their meals. Comments received included: "The food is always lovely," "There is always a choice of what to eat and where to eat it." The provider had created an additional courtyard dining space. One person told us, "There are themed meals there, I really enjoyed the Spanish night."

At breakfast and lunchtime we observed that everybody had enough to eat and drink. We were told if people did not like what was on the menu an alternative would be offered. The planned meal was written on a board in the dining room. People were regularly offered cups of tea, coffee or a cold drink. We observed people receiving appropriate support to eat their meals when required.

People had access to relevant healthcare professionals. People we spoke with told us that they were able to see a doctor when they wanted. One person told us, "Access to the doctor and district nurse is very good and I can get to see them whenever I need to." During our inspection visit one healthcare professional we

spoke with told us that staff made timely referrals where there were concerns about a person's healthcare needs.

Is the service caring?

Our findings

The service remains caring. People and their relatives we spoke with told us that they felt the staff at Woodlands Care Home were caring. One person told us, "Nothing is too much trouble; I think they are lovely people." Another said, "They [staff] treat you with respect and are always polite and courteous." One person's relative commented, "We are very happy with the care provided. There is a nice atmosphere."

During our inspection we saw that staff were attentive to people's needs and wishes. We saw that one person asked a member of staff if they could fetch a blanket for them, the member of staff did so immediately. They also asked other people who were sitting in the lounge if anyone else wanted one. We saw people experienced comfortable, familiar and caring relationships with staff. When staff engaged with people they ensured eye contact, listened and responded accordingly in a warm, caring and polite manner. Staff took time to speak with people about topics such as; the weather, activities and relatives coming to visit them.

People we spoke with told us how staff understood how they like their care to be delivered and have their preferences respected. One person told us, "I make all my own choices and staff respect them." People's relatives we spoke with told us that they were involved in planning their care. One person's relatives said, "We are very involved in [relative's] care and on the whole we are very happy."

People told us staff respected their privacy and dignity. One person said, "They (staff) knock on the door every time and I can lock my door if I want to." Throughout our inspection we saw that people were treated with respect and that the staff took appropriate action to protect people's privacy and dignity. We saw a member of staff asking one person discreetly if they wanted to use the toilet, we then saw staff supporting the person to their room and then closing the door.

There were no restrictions when people could have their relatives and friends visit them. We saw that people's visitors were made welcome by staff. We saw on a number of occasions that people's visitors would approach staff to ask about people's care and to report any concerns. We noted that staff had a good rapport with people's visitors.

Care plans we looked at contained enough detailed information so staff were able to understand people's needs, likes and dislikes. There was information about people's background, and life prior to moving into the home. This information was useful to staff to help to get to know the person when they moved into the home.

Is the service responsive?

Our findings

The service remains responsive. We saw that staff were quick to respond to people's needs and we noted that people's call bells were responded to in a timely manner. People we spoke with told us that staff provided care which was responsive to their needs. One person told us, "Staff always come quickly if I press my buzzer."

A comprehensive pre-admission assessment was completed with people, their relatives and a member of the management team. The assessment included information relating to the specific support people required with their medical support needs, personal care needs, communication needs, MCA assessment and an initial risk assessment.

Care plans reviewed were person centred and gave a clear picture of the person and their support needs, detailing for example how they were to be supported with personal care and the number of staff required to assist. All care plans seen were reviewed and updated regularly. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, falls and pressure sores.

The provider had introduced a programme aimed at driving improvements to all aspects of the care they delivered for people living with dementia. This included a staff training programme to ensure that all staff, regardless of role had completed training in dementia awareness. The registered manager was an active member of the Dementia Action Alliance promoting initiatives such as educating children in local schools regarding dementia.

People told us they were offered and participated in a wide range of activities which they enjoyed. Activities included quizzes, bingo, sing songs, craft activities and reminiscence sessions. There was also some external entertainers such as singers and musicians. One person said, "I go out and I am looking forward to the quiz. We get a daily news sheet called, 'The Daily Sparkle' and I do the puzzles." Another said, "I have signed up for a trip to the speedway." On the day of our inspection a small group of people were going for a pub lunch. One person told us, "I used to go in this pub so I am really looking forward to this trip." We saw photographs displayed of previous activities including an 'Oscars night' event where people and staff dressed for the occasion. One person who had attended this activity told us, "I liked getting dressed up, I think I looked very smart."

People said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern. People told us, "I've got no complaints to make, everything is good." A record of any complaints made was kept, with a record of what actions were taken to resolve the concern.

Is the service well-led?

Our findings

The service remains well led. People we spoke with told us that they were happy living at Woodlands and thought that the home was well led. One person told us, "All the staff are very good, nothing is too much trouble." Another person said, "The manager is very friendly and wants to know if I am happy." One person's relative commented, "We had one hiccup about communication but otherwise we are very happy with the service here."

The registered manager had worked at the service for a number of years. They were also registered as the manager at another of the provider's locations.

The registered manager was supported by a deputy manager and a number of senior care staff. Staff understood the management structure and who they were accountable to. Staff told us they felt the management team were visible and approachable. One member of staff said, "The manager is supportive and not afraid to get stuck in when needed." Staff also told us there was an open culture between them and the management team, and they were kept informed of any changes. One staff member said, "There is no us and them here. We are all together as a strong team."

We looked at a range of audits and saw that there were effective systems in place to monitor and assess the quality of service being delivered. We saw that any shortfalls were identified and the remedial action taken was noted. Audits were regularly carried out in respect of health and safety, risk assessments and care plans. The registered manager had recently identified that the frequency of medication audits was not sufficient to identify shortfalls such as missed signatures in a timely manner. The frequency of audits and the audit tool for medication had been improved.

One of the management team carried out a 'daily walk round'. The person carrying this out would look at a number of areas such as any health and safety hazards, people's care plans and observe some members of staff. The manager told us that doing these checks daily allowed them to raise any issues as and when they came up.

People and relatives were involved in developing the service and were provided with the opportunity to share their views. This included quality assurance questionnaires completed by people using the service, their relatives and visitors. One person had been involved in the most recent recruitment of staff. They had compiled questions, formed part of the interview panel and phoned the successful candidate to conditionally offer the post.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Staff had submitted notifications to the CQC, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to any specific incidents.

We spoke with a visiting professional who confirmed the service worked well with them and kept them informed and made referrals when appropriate, they described the service as, "Very good."