Minster Care Management Limited

Woodlands Court Care Home

Inspection report

Ash Lane
New Springs
Wigan
WN2 1EZ

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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

Overall summary

This unannounced inspection took place on 20 April 2015.

Woodlands Court is a care home in the New Springs area of Wigan and is owned by Minster Care Group. The home is registered with the Care Quality Commission (CQC) to provide care for up to 40 people. The home provides care to those with residential needs on the ground floor of the home and care to people who live with dementia on the first floor. We last visited the home on 14 July 2014 and found the home was meeting the requirements of the regulations, in all the areas we looked at.

There was a registered manager in post. 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 people we spoke with and their relatives told us that they felt safe whilst living at the home. One person said to us; "I don't know why, but I feel very safe living here".

Summary of findings

We found medication was handled safely and that people received their medicines at the times they needed it. Despite this, we saw that records for the temperature checks of both the treatment room and medicines fridge were inconsistent on a number of days. This meant that medicines may not work properly if they are not stored at the correct temperature. We raised this issue with management who told us they would address this with staff in the team meeting which was due to take place the day after our inspection.

During the inspection we spoke with staff about their understanding of safeguarding vulnerable adults. Each member of staff was able to describe the process they would follow if they suspected abuse was taking place. One member of staff said; "I would report anything straight to my senior or the home manager".

We looked at staff personnel files to ensure that staff had been recruited safely, with appropriate checks undertaken. Each file we looked at contained application forms, CRB/DBS checks and evidence that at least two references had been sought from previous employers.

The home used a matrix to monitor the training requirements of staff. This showed us that staff were trained in core subjects such as safeguarding, moving and handling, infection control and health and safety. Each member of staff we spoke with told us they were happy with the training and support available to them.

There was a dining room on each floor of the home and we observed lunch being served in both rooms during the inspection. We saw staff displayed a good understanding of people's nutritional needs and offered choice where necessary. Some people required a 'pureed' diet and we saw this was provided for them in order for them to consume their food safely.

We saw that staff received regular supervision as part of their on-going development. This provided an opportunity to discuss their workload, any concerns and any training opportunities they may have. We saw appropriate records were maintained to show these had taken place.

The people we spoke with and their relatives told us they were happy with the care provided by the home. One person said to us; "They're good with us. Very good".

We saw that people were treated with dignity, respect and were allowed privacy at times they needed it. We saw people looked clean, were well presented and were able to choose how they spent their day which was respected by staff.

During the inspection we found the home were responsive to people's care needs and requirements. For example, where people had been assessed as being at risk with regards to their nutrition, we saw appropriate referrals were made to Speech and Language Therapy (SALT) and that a pureed diet was then provided by staff.

We found that complaints were responded to appropriately, with a policy and procedure in place for people to follow when they needed it. Additionally, we saw that a response had been provided to the complainant, letting them know of any action that had been taken.

The staff we spoke with were positive about the leadership of the home. One member of staff said; "Management are very approachable and are there when you need them. The introduction of a deputy manager has definitely helped".

There were various systems in place to monitor the quality of service provided to people living at the home. These included audits, unannounced spot check of staff, surveys and competency assessments of staff. These covered medication and staffs ability to assist people with their food and drink.

Summary of findings

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. The people we spoke with and their relatives told us they felt safe living at the home.

We found staff were recruited safely, with relevant checks carried out before they worked with vulnerable adults such as written references and CRB/DBS checks.

The staff we spoke with displayed a good knowledge of safeguarding adults and could describe the process they would follow if they had concerns.

Is the service effective?

Good

The service was effective. We found that staff had received training in core topics such as safeguarding, moving and handling, infection control and health and safety.

Staff displayed a good knowledge of people's nutritional requirements and we saw that those who needed support from staff, received it in a timely manner.

Staff supervision was consistent, with records maintained to show that a regular pattern of supervisions had been maintained previously.

Is the service caring?

Good

The service was caring. The people we spoke with and their relatives told us they were happy with the care provided by staff at the home.

We saw people were treated with dignity and respect and were allowed privacy at the times they needed it.

People were offered choice by staff and we saw they able to choose how and where they spent their day.

Is the service responsive?

Good

The service was responsive. We saw people were referred to other agencies if they were deemed as being at risk with regards to aspects of their care.

We saw complaints were handled and responded to appropriately with an appropriate response given to each complainant.

There was an activity schedule in place. On the day of the inspection and arts and crafts activity took place for people living at the home.

Is the service well-led?

Good

The service was well-led. Staff who worked at the home felt the home was well-led and that management were approachable.

We found there were various systems in place to monitor the quality of service provided at the home.

Accidents and incidents were monitored closely. A separate file was also maintained to show what action had been taken to prevent further occurrences and help to keep people safe.

Woodlands Court 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We carried out this unannounced inspection on 20 April 2015. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of the inspection there were 36 people who lived at the home. During the day we spoke with the registered manager, deputy manager, area manager, four people who lived at the home, six relatives and six members of staff. We looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included care plans, staff personnel files and policies and procedures.

We spoke with people in communal areas and their personal rooms. Throughout the day we observed how staff cared for and supported people living at the home. We also observed lunch being served in both dining rooms of the home.

We reviewed the provider information return (PIR) sent to us by the service. A PIR 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.

Before the inspection we liaised with external providers including the safeguarding and quality assurance teams at Wigan local authority. We also looked at notifications sent by the provider as well as any relevant safeguarding/ whistleblowing incidents which had occurred.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at the home. Comments included; "All these ladies look after me. It's a nice place" and "I'm well looked after. It's locked and that makes me feel safe" and "I don't know why, but I feel very safe living here".

We also spoke with visitors and relatives during the inspection and asked if they felt their loved ones were safe living at the home. One visitor told us; "I know his daughters are happy. I'm very impressed. The security's good". Another relative said; "The carers are quite attentive. The security is quite good". A further relative added; "I know that my mum is safe here and she's the one that matters".

People's medicines were looked after properly by staff that had been given training to help them with this. All medication at the home was administered by senior care staff who we saw had all received relevant training. Medication was kept in a secure trolley which was kept in a locked treatment room when not in use. We looked at a sample of people's medication records (MAR) and saw that signatures provided by staff, corresponded with what had either been administered, or was still left. Where medication had been refused or not given, there was a clear reason why, such as if a person had been in hospital or was unwell. Certain people who lived at the home required the use of PRN (when required) medication and we saw there were individual protocols in place for staff to follow, as to when this should be given and under what circumstances.

There were controlled drugs stored at home, which were signed for in a separate book by two members of staff each time and kept in a separate cupboard from other medicines. Some medication required to be stored at a certain temperature and was therefore kept in a medicines fridge. We saw that records for the temperature checks of both the treatment room and medicines fridge were inconsistent on a number of days. This meant that medicines may not work properly if they are not stored at the correct temperature. We raised this issue with management who told us they would address this with staff in the team meeting which was due to take place the day after our inspection.

During the inspection we spoke with staff and asked them about their understanding of safeguarding vulnerable adults. Each member of staff could clearly describe the process they would follow if they had concerns about people's safety. One member of staff said; "I would report anything straight to my senior or the home manager". Another member of staff said; "I would go to management straight away but I am also aware that we can contact other agencies if we wanted to take things further". The homes training matrix showed that staff had also received training in safeguarding vulnerable adults.

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at five staff personnel files. Each file contained job application forms, interview notes, a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. This evidenced to us that that staff had been recruited safely.

We checked to see that there sufficient staff available to meet the needs of the people who lived at the home. In addition to the registered and deputy manager, there were eight members of staff working at the home on the day of our inspection. These included two senior carers and six care assistants. This was to provide care to 36 people who lived at the home. We asked people who lived at the home for their views on the current staffing levels and if they felt there were enough. Comments included; "Yes, they're always there on time" and "It depends. Some days there's more staff than others" and "There are enough but they keep leaving". A visiting relative added; "Most of the time there seems to be enough staff on when I come in".

Staff who worked in the dementia unit of the home felt that although they worked well together and were able to meet people's care needs, an additional member of staff would be useful. One member of staff said; "I think we could do with one more at times because people can be quite demanding and it takes two of us to assist them. I feel we still meet people's need though". Another member of staff added; "I think we need more staff up here. It's such a long corridor. Residents wander down here and in the dining room. We have to go downstairs to get drinks. It's all time away from the residents". We raised this with the manager

Good

Is the service safe?

who said that staff were able to work flexibly between both floors of the home and that if another floor was busier at certain times, then staff were able to move between and provide assistance.

We looked at how the service managed risk. We found individual risks had been identified and recorded in each person's care plan. These covered areas such as pressure sores, mobility and nutrition. Where people were at risk, the risk assessment then referred to the care plan where guidelines were recorded for staff to follow in order to help keep people safe.

Good

Is the service effective?

Our findings

During the inspection, we looked to see if the homes environment was suitable for those living with dementia. The dementia unit of the home was located on the second floor of the home and we undertook a tour of the building to see what adaptations had been made. The corridors on this floor were long, which could prove confusing for people with dementia. However, with this in mind, there was plenty of signage available in order to help people correctly locate the dining room, toilet and bathrooms. These signs also had various symbols and pictures for people to relate to if they could not understand certain words. People bedroom doors were brightly coloured which made them stand out from plain coloured walls which could make it easier to correctly locate to right bedroom.

We saw toilet seats and both toilet and shower hand rails were also brightly coloured which again, could make it easier for people with dementia to locate as they moved around the building, even when receiving assistance from staff. There were also various fixtures and fittings at regular intervals which were displayed on the walls. These included a large noughts and crosses board and a number sequence game which people could touch and explore as they moved around the building.

There was a staff induction programme in place, which staff were expected to complete when they first began working at the home. The induction was based on the common standards and covered the role of the worker, personal development, communicating, equality, safeguarding, person centred support and health and safety. Each member of staff we spoke with told us they undertook the induction when they first commenced their role. One member of staff said; "I did the induction when I first started. It covered things like safeguarding, moving and handling and infection control. It's going well so far".

The staff we spoke with told us they were happy with the support and training they had available to them. We looked at the training matrix which showed staff had undertaken a variety of courses which included moving and handling, infection control, dementia awareness, safeguarding, MCA/DoLS and fire awareness. One member of staff told us; There is definitely enough training and support available to me". Another member of staff said; "There is definitely enough training. Updates in various courses are quite regular".

We found that staff supervision at the home was consistent. We looked at a sample of staff supervision records which suggested that they took place every two to three months. This provided managers with the opportunity to evaluate the performance of staff, discuss any training requirements and offer any suggestions for areas of improvement. One member of staff told us; "Supervision always takes place. They are pretty regular".

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. From our discussions with managers and staff and from looking at records we found staff had received training in relation to MCA and DoLS. The manager and staff spoken with also expressed a good understanding of the processes relating to DoLS. At the time of our inspection, there were 13 people living at Woodlands Court who were subject to a DoLS. A further training course in this area had been scheduled on the day of our inspection, however this was re-arranged for another date.

We asked the people who lived at the home for their opinions of the food. Comments included; "Smashing. It's lovely" and "It varies. Some days it's rotten and some days its good." and, "Some is good, some is bad, we just leave it. If I don't like it I have a piece of toast." and "It's alright".

We saw that the initial assessment process took into account people's nutrition and hydration requirements and how staff could best support them. Where people did require support, they had a relevant care plan in place. This also covered any risks which were associated such as choking or losing weight. We spoke briefly with the chef and they showed us a list of people who required thickening agents to be added to their food/drink, were diabetic or had any specific allergies.

During the inspection, we observed the lunch time meal to gain an understanding of how people were supported to eat their food. We saw there was a choice of either chicken

Good

Is the service effective?

or beef which was served with mashed potatoes and vegetables. A dessert of cake and custard was also offered to those who wanted it. There were several people who required assistance from staff to eat their food and we saw this was provided to them in a timely manner. Additionally, three people were required to receive a pureed diet and again, we saw this was provided for them by staff. We saw staff did not get distracted and were able to sit down with people for the majority of the meal and focus on providing support. Drinks of tea/coffee and juice were also offered and in general, we saw that people ate well and that the food looked appetising and well presented for people.

We saw that the home worked closely with other professionals and agencies in order to meet people's care requirements. Involvement with these services was recorded in people's care plans and included Speech and Language Therapy (SALT), Dieticians, Chiropodists, District Nurses and Doctors.

Good

Is the service caring?

Our findings

The people who lived at the home told us they were happy living at the home. Comments from people included; "It's good. I like it" and "They're good. Very good" and "It's ok. I'm happy enough living here for now".

The relatives we spoke with were happy with the care being provided to their loved ones by staff at the home. Comments included; "He looks well cared for" and "I think it's very good. When she's needed to see the doctor they've notified us" and "I think the care here is pretty good".

People who lived at the home told us they felt valued and listened to by staff at the home. When we asked this question, comments included; "Yes, we are able to have a bit of fun with them as well" and "Yes they have to really". A visiting relative said; "They always take into account what I say". Another added; "Definitely".

During the inspection we saw that people who lived at the home were treated with dignity, respect and were allowed privacy at the times they needed it. For example, we saw one member of staff approach a person who lived at the home, who we were told required assistance with toileting. We observed a member of staff approach this person and rather than announce in front of other people, that they were going to assist this person to the toilet they simply said; "Shall we go for a little walk" and then proceeded to take them to the toilet. This allowed this person privacy and to maintain their dignity.

The staff we spoke with were clear about how to treat people with dignity and respect when providing care. One member of staff said; "I always wash and assist people to dress in private. Closing doors is important as well". Another member of staff said; "When delivering care, I would never do it in front of other people so as to give them some privacy. If they would prefer me to wait outside then I will do".

Whilst speaking with staff we found they were able to describe how they offered people choice and allowed them to retain as much independence as possible. One member of staff told us; "I think it is imperative to allow people to do even the smallest things if they can. This can be things like washing their hands, offering a choice of different clothes or simply just letting them have a potter around on their own from time to time". Another member of staff added; "Communicating is very important. I will always offer choice and keep people as involved as much as possible when providing care". A visiting relative also commented; "The staff are all very nice. Patient as well".

During the inspection we spent time observing how people spent their day and looked at the types of support people received from staff. We saw people being supported to walk around the building, assisted to the toilet when required, given their medication and assisted both to and from their chair. On one occasion, when we were speaking with a member of staff, they constantly kept their eye on a person who looked like they were trying to stand from their chair in an unsafe manner. The member of staff was aware of this though and left to provide assistance if it looked like this person could potentially fall. This showed us that staff had a good understanding of people's needs as well as any associated risks.

We saw staff were kind, caring showed a genuine interest in the people they cared for. For example, whilst observing care in the lounge area of the dementia unit of the home, we saw that staff took time to sit down with people and ask them how their weekend had been or if their usual friends or family had been to visit them. We saw that several people were watching the television and again, staff took the time to ask them about the programme they were watching and if they were enjoying it.

Good

Is the service responsive?

Our findings

The people living at the home and their relatives thought that staff were responsive to their needs or if they needed to ask staff for assistance. One person said; “They respond quite quickly when I use my call bell”. A relative also said; “Unless it’s an emergency then they are always there very quickly”.

Each care plan we looked at contained a pre-admission dependency assessment. This enabled staff to gain an understanding of people’s care needs and how they could best meet peoples’ requirements. These covered areas such as eyesight, continence, communication, mobility, breathings, eating/drinking and personal hygiene. Each person living at the home had a care plan that was personal to them. This provided staff with guidance around how to meet people’s care needs and the kinds of task they needed to perform when providing care. During the inspection we looked at four people’s care plans and saw they were reviewed at regular intervals, or in line with any changes to people’s requirements.

Whilst looking at people’s care plans we saw they took into account what a ‘typical day’ looked like for people living at the home. For example, we saw information was recorded about what time they likes to rise and retire to bed, how they preferred to occupy their time, what their personality was like, what they liked to eat and any personal preferences they had. This demonstrated a person centred approach to providing care to people in line with what they wanted and chose to do.

We saw examples of where the home had been responsive to people’s changing needs. For example, one person had been referred to Speech and Language Therapy (SALT) due to having difficulties with swallowing food. In response, this person was required to eat a ‘pureed’ diet in order to make their food easier and safer to consume. We observed this person at meal times and saw this was provided for them. The staff in the dining room also displayed a good understanding of this persons requirements.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care. We looked at the complaints file during the inspections and found that any complaints had been properly responded to, with a response given to the complainant. Comments from people with regards to complaints included; “I’ve not complained but my brother has and it was sorted” and “I’ve not but my sister has and it was resolved, everything's OK now.” and “Yes it got sorted.” and “I don’t think so but I know the procedure.” and “ I had a word. She had the same clothes on for 3 days and the wash basket hadn’t been emptied. It was resolved.”

We looked at the activities provided by the home and observed how people spent their time. There was an activity board on display which showed what activities were available. These included reminiscence, cards, chair exercises, music, bingo, dancing, quizzes and crosswords. The activities coordinator was not present on the day of the inspection and as a result, activities were the responsibility of care staff. We observed an arts and crafts activity taking place and a vast number of people took part and appeared to enjoy it. It was a warm day during the inspection and we saw people were offered the opportunity to sit outside on the veranda and enjoy the sunshine.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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 staff we spoke with felt that the home was well run and managed. Comments from staff about leadership included; "Management are very approachable and are there when you need them. The introduction of a deputy manager has definitely helped" and "I have not worked at the home for long but already I feel part of the time and could go to the manager with anything". Another member of staff added; "Management is brilliant. Other homes I have worked in do not run as smoothly as this".

During the inspection, we saw that the manager interacted politely with people who lived at and visited the home and people responded to her well. The manager knew the names of people who lived at the home, their relatives, and was able to speak about them in detail about things of importance to them.

Audits were undertaken on a regular basis at the home. These covered areas such as nutrition, medication, care plans, health and safety, handovers and dependency levels. Where any areas of concern had been highlighted during audits, we saw there was a record of any action that had been taken to prevent them from happening again and potentially identify problems in advance.

Home management conducted regular spot checks of staff at times such as evenings and weekends. We looked at a sample of the spot checks undertaken and saw they covered areas such as staff on shift, what tasks staff were undertaking, cleanliness of the home and if any concerns had been reported. This was to ensure the home still ran smoothly when management were not always present and that standards were still being adhered to.

We saw that there were regular checks of the competency of staff with regards to areas such as medication and ensuring staff were suitable to assist people with their nutrition and hydration. This presented managers with the opportunity to observe staff undertaking their work and eliminate any potential poor practice being displayed which could place people at risk. It also gave the opportunity to show how things could be improved in order for people who lived at the home to receive a better quality of service from staff.

Accidents and incidents were monitored closely at the home by the manager. We saw that a record was maintained and updated each to show what incidents had taken place at the home. Additionally, a separate file was also maintained to show what actions had been taken to prevent future occurrences in order to keep people safe.

There were regular heads of department meetings which took place at the home. These were attended by the manager, kitchen staff, maintenance staff, housekeeping/ laundry, admin and senior care staff. We each department had been able to provide updates in relation to their individual areas as to how things could potentially be improved.