

David and Michael Russell LLP

The Woodlands Residential Home

Inspection report

61 Birkenhead Road
Meols
Wirral
Merseyside
CH47 5AG

Date of inspection visit:
27 July 2018

Date of publication:
04 September 2018

Tel: 01516324724

Website: www.thewoodlandsresidentialhome.co.uk

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

This inspection took place on 27 July 2018 and was unannounced. At our last inspection we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Need for consent as the provider did not always operate in line with the principles of the Mental Capacity Act (2005). At this inspection we found that improvements had been made and the service was no longer in breach of the regulation.

The Woodlands Residential Home provides personal care for up to 14 people; the home provides support specifically for older people and is situated in a residential area of Meols, Wirral. There is a small car park and garden available at the rear of the property. All bedrooms are single occupancy and are provided over two floors. At the time of the inspection there were 14 people living at the home.

The Woodlands Residential 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.

The Woodlands Residential Home had a registered manager who has worked at the home for a number of years. 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.

We looked at how the service managed its recruitment of new staff and saw that this was done well and all of the required checks were carried out before staff commenced working at the home.

We spoke with five people who lived in the home who all gave positive feedback about the home and the staff who worked in it. They told us that the staff supported people to live their lives in the way that they had chosen to do so. We saw that warm, positive relationships with people were apparent and many people described the staff as "like family."

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw they knew people well and how they liked to be cared for.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were kept safely with appropriate arrangements for storage in place. The improvements that we found at our previous inspection had been sustained and more improvements made.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected.

Care plans were person centred and driven by the people who lived who lived in the home. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. They also regularly spoke with the people who lived in the home. The provider also provided close scrutiny of the service and was a regular presence in the home providing activities for people such as mini bus outings and canal barge trips and providing support for the manager.

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.

Staff were safely recruited to work in the home.

Medication management improvements had been sustained and further improvements had been made.

Staffing levels were good and consistency of staff was maintained.

Is the service effective?

Good ●

The service was effective.

Staff had a good understanding of issues relating to consent and capacity and people were supported appropriately.

The kitchen had achieved a rating of five stars from the Food Standards agency which was very good.

The staff were trained and adequately supported by the management team.

Is the service caring?

Good ●

The service was caring.

People's dignity and privacy was respected at all times.

Staff had positive relationships with people and were supporting them in ways that they wished to be supported.

Staff were seen to engage positively with people to support them to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and regularly reviewed and people were involved in planning their care.

Activities and outings took place regularly at the request of people living in the home.

Complaints were dealt with appropriately and rarely occurred.

Is the service well-led?

Good ●

The service was well led.

The provider and registered manager had positive, collaborative relationships with each other and the staff team.

The audit systems in the home ensured that it was managed well.

The staff were supported to provide a good service for the people who lived in the home.

The Woodlands Residential 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.

This inspection took place on 27 July 2018. The inspection was unannounced. The inspection was carried out by an adult social care inspection manager.

Prior to our visit, we looked at any information we had received about the home and any information sent to us by the provider since the home's last inspection. We also contacted the Local Authority quality team and local commissioners for their feedback on the service.

At this inspection we spoke with five people who lived at the home. We also observed the provision of day to day care. We spoke with the registered manager and three other staff members. We looked at a variety of records including three care records, recruitment records for new staff, staff training records, medication administration records and other documentation relating to the management of the service.

We looked at the communal areas that people shared in the home and a sample of people's bedrooms and the gardens and outside areas.

Is the service safe?

Our findings

The people who lived in the home told us that they felt safe living there. One person said, "I feel at home here. It's not the same as home but it's the next best thing. I don't have to think about safety. It is a safe place to live and be cared for."

A staff member showed us around the building. We saw that a number of improvements had been made since our last inspection. We saw that the windows had been replaced and a number of rooms had been refurbished. We saw that there were ongoing plans for maintenance and refurbishment which were important as the building was old. We looked at the maintenance records and could see that ongoing improvements were being made. We looked at records relating to the safety of the building and we had no concerns. We could see that the safety certificates were all in date. We spoke with the registered manager and they told us that they raised any concerns with the provider and they made arrangements for improvements when they were required.

We looked at staff recruitment and looked at three files for staff members who had been recruited since our last inspection. We saw that this had been done safely and all of the required checks had been completed prior to new staff commencing work in the home.

We looked at how medication was managed in the home and we saw that this was done well. The home had previously made improvements and we saw that these had been sustained. We saw that many good practice standards were adhered to in relation to people's medicines. For example; staff recorded the time that medication was administered to ensure that the time between medicines was adequate within prescription guidelines.

We looked around the home and saw that it was clean. We saw that domestic staff were working in the home and ensured that all areas of the home were clean and maintained. We looked at cleaning audits and saw that they were regularly completed. The kitchen had been inspected by the Food Standards Agency and had been awarded five stars at the last inspection. We saw that the kitchen was clean and the fridges and freezer temperatures were checked every day.

We looked at staffing levels and saw that the home was consistently staffed by a committed staff team. We saw that the staff covered the rotas and agency staff were never used so the people living in the home were always supported by staff who knew them well. We saw that the manager worked closely with the staff and the people living in the home to ensure that the service ran safely and people received that care that they needed. The home also employed an activities coordinator and there was adequate staff to enable people to go on regular outings outside of the home.

We looked at risk assessments and saw that risks were managed well. For example, one person had fallen a number of times and was at risk from future falls. The home had worked closely with the falls team to explore different options to keep the person safe whilst supporting them to remain as independent as possible.

We looked at the records relating to accidents and incidents and saw that monthly audits were carried out that looked at every event that had occurred and documented them to look for trends and patterns that could minimise future events.

We looked at how the home managed safeguarding and saw that the registered manager understood their role and the regulations in relation to keeping people safe from harm. There had been no safeguarding concerns since the last inspection. The staff we spoke with had a clear understanding of their responsibilities to keep people safe.

Is the service effective?

Our findings

At our last inspection the service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the service had completed the actions required to meet the breach.

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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked that 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 the staff had a good understanding of consent and capacity issues and that people were actively encouraged to make their own decisions. We observed staff asking for consent and we saw records relating to consent for care plans, photographs etc. There were people living in the home who were subject to DoLS restrictions. We saw that these were managed carefully to keep the person safe but also to ensure that the other people living in the home were not disadvantaged by actions taken to ensure safety. We spoke with an advocate who supported one person who lived in the home. They told us that the home had demonstrated to them that they clearly understood issues around consent and on a number of occasions had sought their advice in relation to concerns they had. (The advocate was a qualified professional.)

We asked people about the food available in the home and they told us that it was good and they could choose what they wanted to eat. One person said, "I don't like pasta and they know that so they make me curry and keep it in the freezer for when I fancy it. I also like crispy bacon in the mornings and they make it for me exactly how I like it when I ask." Another person told us, "I love the food – it's nothing fancy, just real, proper food."

We observed people having lunch during the inspection. The food smelt and looked appetising and we saw people enjoying it. Staff were present and chatting with people at the dining room table whilst they ate their food. Some people required some assistance and staff were observed to offer this unobtrusively, encouraging the person to manage themselves and maintain their independence. We saw that people's weights and diet choices were monitored and they were encouraged to adopt a healthy lifestyle.

We looked at the support that staff received and saw that it was good. All staff received training when it was due and training analysis records were regularly updated. We saw that staff had regular access to training so that they could safely meet the needs of the people that they were supporting. We saw training was sourced

to meet very specific needs of the people living in the home such as Dementia training and React to Red training to minimise the risk of people developing pressure sores and to increase staff understanding of how they occur.

We also saw that staff had regular access to supervision sessions with their line manager. All of the staff we spoke with said that they received training and the right support to do their jobs safely.

We saw lots of evidence throughout the inspection that the service worked closely with other local services to ensure that people's needs were met and that any changes in people's health needs were picked up quickly and referrals made to the appropriate support. For example one person had only recently moved into the home and a referral was immediately made for nutritional support as the home was concerned that the person was underweight. We also saw that 'Tele Triage' systems were in place to ensure that the home had speedy access to the appropriate health service to minimise hospital admissions and provide people with what they needed to stay well.

Is the service caring?

Our findings

We spoke with people and they told us that they thought highly of the staff team. One person said, "I have lived here for a number of years now. I know the staff well; their families and children are like my friends. I can't think of anything negative to say – If all homes were like this then there would be no problems." We were also told, "I have lots of visitors and they are made to feel very welcome here and are treated like friends of the home. Everybody knows everybody here and we all get on well."

We were also told, "The staff here are very entertaining. Some of their exploits make me laugh. They are very good carers though and care for me exactly in the way I want."

People told us that they had close relationships with staff who worked in the home. One person said, "They know me well. I ring my bell and they come straight away to help me. They are excellent and they do a magnificent job." We saw this person had chosen to sit in a room away from the other people in the home. Staff had respected this choice and regularly popped into the room to check on the person and had also made sure that the person had the means to attract staff's attention if they needed anything.

We saw that staff knew the people who lived in the home well and how they wished to be cared for. A lot of the staff had worked at the home for a long time and had long established relationships with people. During our inspection one person returned to the home from hospital. The person was tearful because they were so glad to be home. The staff greeted the person warmly and hugs were exchanged. The person told us that they had "missed the home and the staff very much and were glad to be back." The person was then supported to get washed and changed before lunch at their request.

We found many examples during the inspection where staff were caring and attentive towards people, providing care in ways that people wanted to be cared for. One person liked to feel 'in control' of their care and staff responded to this positively and arranged the person's mealtimes around their needs and requests. We spoke with a visiting professional who told us that staff provided quality person-centred care and were "responsive to people's needs in the moment" which meant that people received care as and when they wished.

One person who lived in the home had been supported to attend a reunion of where they used to work. The staff accompanied them so they could attend and meet up with people they used to work with and meet their families.

We found that people's privacy and dignity was respected and people told us that they were cared for in a dignified manner. We also saw that people's confidentiality was maintained and records were stored securely and appropriately.

Is the service responsive?

Our findings

People told us they were aware of their care plans and they had been involved in the care planning process, as far as they were able and willing to be. We saw that some people had been very involved and others had chosen not to be.

The care plan files we looked at were person-centred, very detailed and informative, regularly reviewed and reflected the needs of the people living at the service. The files contained relevant information about the individual, such as their background, communication methods, health, emotional, and physical health needs. The files also contained clear information about people's routines throughout the day and their preferences about how to do things. Risks were clearly identified and responded to safely.

The care plans were regularly reviewed to ensure they were up-to-date and we saw that monthly updates were included on all of the plans we looked at.

We saw that very person centred information was clearly documented. Examples of this included how one person did not eat much during the day but made up for this in the evening so staff should take the opportunity to encourage them to eat more later on in the day.

People were encouraged by staff to choose how they spent their time. We saw that people had opportunities to take part in organised activities but could also choose not to and to spend time with staff on a one to one basis. We saw that regular trips out took place to the local pub and to the local church "Bacon Butties" morning once a week. We were also told about a recent barge trip that people had took part in that had also been attended by families and friends of people who lived in the home.

We saw that the service had a complaints procedure and kept a complaints log. There had been one recorded complaint since the last inspection and this had not been about the home but in relation to a visiting health care professional. The home had received a number of compliments from families of people who lived or had lived in the home. These were all very positive. We saw one letter from one family who had stayed at the home themselves for ten days to be near? their relative as they died. They commended the home for the care their relatives and they themselves had received. We also saw another thank you card which was from a relative thanking the home for the care that their relative had received. It said "I knew from the start that she was in good hands and I have never strayed from that view." The manager and staff team were very proud of these compliments.

The home did provide end of life care and we saw that the home currently held "Six Steps to Success in End of Life Care" accreditation. This meant that the home was assessed every six months to check that they were implementing the principles of good end of life care and at each assessment they had to demonstrate that they were adhering to the set standards.

Is the service well-led?

Our findings

The registered manager knew all of the people living at the service and staff very well. There were clear lines of accountability and responsibility at the service. We could see that the manager worked hard to reflect on feedback that they received and make improvements to the service that they were providing.

We saw that relatives meetings did take place but were poorly attended. When the manager had spoken with relatives the feedback was that they didn't feel the need to attend as they were happy with the care being provided. We also saw that on a regular basis everyone in the home completed a survey to give feedback. We saw that all of the feedback was very positive.

We looked at a number of quality assurance processes in the home and saw that these were managed well. The audits looked for patterns and trends in accidents, incidents and safeguarding concerns and actions were taken to avoid repeat incidences. We saw that the building maintenance was managed closely and medication management was very closely monitored.

The manager was receptive to our feedback and demonstrated that they worked collaboratively with the provider and outside sources of help to make improvements to the service. The manager attended the Wirral Registered Managers forum and showed us throughout the inspection a number of improvements that they had learned about at the forum that they had made in the home. An example of this was in relation to the emergency evacuation plans they had completed and used pictorial signs that showed people's mobility needs.

Other examples of improvements included the senior staff handover records to ensure a small transition between staff change over and the updating of all of the policies and procedures in the home.

They also told us that they had made contact with other small, similar homes in the area and were planning to develop a local support network to share the learning and help each other make improvements.