Louth Care Limited

The Wolds Care Centre

Inspection report

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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
The Wolds is a residential care home providing personal and nursing care to 64 people at the time of the inspection. The service can support up to 66 people. The care home accommodated 64 people across four separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

People's experience of using this service and what we found
People were protected from abuse. Systems were in place to ensure people's safety. Risks were assessed and managed. Medicines were managed appropriately and safely. The providers medicines policy required updating. This was done immediately during the inspection. Accidents and incidents were recorded, and measures were taken to improve and learn.

People's needs were assessed, and outcomes were met. People and relatives told us their needs were met well. People and relatives told us food was of good quality, the cook had systems in place to ensure people could eat and drink what they wanted. Staff received the training they needed to do their job well. People's consent to care was sought. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring thoughtful and attentive. People and relatives consistently told us staff were kind and caring and they were treated well. People were given the opportunity to express their views regularly and were involved in their care. Staff were knowledgeable about how to maintain privacy and dignity.

People were receiving care that was responsive to their needs. Staff understood the needs of people they are supporting. Care plans were being developed to include more person-centred information. Some care plans contained enough information to meet people's needs, others contained a far richer level of information which would enable staff to know more about the person and therefore meet their needs in a more person-centred way. People knew how to complain and raise concerns. People were given the opportunity to take part in regular activities of their choosing. The activities coordinator was enthusiastic and keen for people to try new things.

The management team had a genuine desire to provide good quality care to people living in the home. Staff were complimentary about the support they received from their managers. Processes were in place to ensure the delivery of care was monitored and checked regularly. Governance systems identified areas for improvement and plans were developed and actioned. The registered manager and the team had built good working partnerships with other health and social care professionals and had built links in the community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 05 December 2016)

Why we inspected
This was a planned inspection based on the previous rating.

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 findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

The Wolds Care Centre

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector, a specialist advisor who was a nurse 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.

Service and service type
The Wolds 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, area manager, team leader, activities coordinator and the cook. We reviewed a range of records. This included four

people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Some improvements were required to ensure one person was protected from risks associated with their health condition. The person had a health condition which meant there was a risk of experiencing seizures. They did not have a risk assessment in place to ensure they would be supported safely if they had a seizure. The person had not experienced a seizure for several years as their condition was managed with medicines, but there was no plan in place to describe what staff should do if this happened. The registered manager implemented a clear risk assessment immediately following our inspection.
- Other people had risk assessments to reduce risks associated with their health condition. For example, one person was at risk of skin breakdown, a clear risk assessment had been developed for staff to follow to reduce the risk of pressure ulcers developing. The risk assessment included professional advice and guidance from a district nurse.
- People were protected from environmental risks and had clear plans in place to ensure a safe evacuation in the event of a fire. One person said, "Oh yes, there's always people around, we know what the fire alarm sounds like."
- Environmental risks associated with the accommodation were managed. Records confirmed that regular maintenance of the building was undertaken.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and protected from harm. One person said, "Oh yes, safer than when I lived on my own I think."
- Records showed staff were trained to recognise and report abuse. The provider had a policy relating to safeguarding people from abuse and whistleblowing which staff were aware of. One staff member told us, "It [safeguarding policy] is up in the staff room. I think it is updated six monthly or when there are changes."

Staffing and recruitment

- People told us there were mostly enough staff to meet their needs. One person said, "Oh yes I don't think they could do any better. I'm not showering any more, I'm just having a wash. Somebody helps if necessary, somebody will be with me." One person told us if the home was short staffed due to sickness they would sometimes have to wait longer than normal to go to the toilet, but this was not regular. Staff told us they thought staffing levels were sufficient to meet people's needs.
- The provider had clear process to ensure care staff and nursing staff were recruited safely and this was followed. Records showed pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Baring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. Checks were carried out to ensure nursing staff were appropriately registered.

Using medicines safely

● Care plans and risk assessments described the support people needed to ensure medicines were administered as intended. People who required medicines on an 'as needed' basis had a written plan to ensure staff knew how and when to administer them.

● The provider had a process to ensure medicines administration and storage was checked monthly. Where issues had been identified, the registered manager had acted to resolve them.

● The provider had a policy relating to medicines. We found the policy had areas which did not reflect current best practice guidance. During the inspection the provider researched best practice guidance and amended the policy to ensure this was included.

Preventing and controlling infection

● Records showed staff were provided with training relating to infection control. Regular meetings were held with staff responsible for ensuring that infection control processes were followed.

● The home appeared clean throughout. We observed several occasions where housekeeping staff were cleaning communal areas and people's rooms.

● Records showed regular audits of cleaning and infection control were carried out.

Learning lessons when things go wrong

● People told us accidents were responded to and changes were made to make them safer. One person told us, "When I first came here I slipped out of the chair because it was too small they got me measured and this chair is built for me."

● Records showed the provider had a process for ensuring accidents and incidents were reported and recorded.

● The registered manager described how they review accident reports relating to falls so they can make people safer and learn lessons. "[If someone falls] we review peoples medicines as part of the lessons learnt from falls. We look at the environment, where staff were at the time and what they were doing. We check [staffing] dependency levels to see if staffing was an issue."

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the home. Records showed assessments were relevant to the person's needs.
- Information recorded in people's initial needs assessments was included in care plans and risk assessments.
- People had provided consent for their care to be carried out in the way that they had agreed. Where people lacked capacity to consent there was clear information about who was agreeing the plan on the persons behalf.

Staff support: induction, training, skills and experience

- People and relatives told us they thought the staff were well trained and competent. One person said, "Yes I wouldn't criticise them at all, I think they do very well here."
- Staff were provided with an induction when they began working at the home and completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job role in the health and social care sectors. One staff member told us, "[Deputy Manager] showed me around, I was shown where the fire exits were and shown around the units. I did a lot of shadowing."
- Training records showed staff were provided with regular training. Nursing staff told us they were provided with training to meet specific health needs of people living in the home. For example, nursing staff told us they were trained to support people who had a percutaneous endoscopic gastrostomy tube. Nursing staff told us they provided with support from the provider to maintain their professional registration.

Supporting people to eat and drink enough to maintain a balanced diet

- People consistently told us they enjoyed the food available to them. One person said, "I think the food's as good as you can get." Another person said, ""The food is beautiful I always eat it up. I had salmon, mash and veg for lunch and rice pudding which was lovely."
- During lunch in the dining area we saw there was space for people to sit comfortably around a large dining table. People were eating independently, and no one was rushed. People had a choice of two main courses and could choose what they would like for dessert, for example one person asked for ice cream with custard. Drinks were available throughout the meal and people told us how nice the food was.
- People were provided with drinks and snacks throughout the day. One relative told us, "They write down what drinks and how much fluid [relative] has. They put a jug of squash in [relative's] room, I can go into the kitchenette and refill it."
- Kitchen staff had information about people's requirements, such as blended and mashed foods for people

with swallowing risks. The chef was knowledgeable about which foods were suitable for people and confirmed they were able to provide food according to people's preferences and cultural diversity.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People told us they were supported to access healthcare services. "My key worker made an appointment for me to see the dentist they said I could go in a wheelchair. They took me in an ambulance."

● Care records included information about the involvement of relevant health professionals. People were supported to access healthcare services such as GP's, district nurses, speech and language therapists and the physiotherapist. People consistently told us that if a GP was needed, there was never a delay in arranging a visit.

Adapting service, design, decoration to meet people's needs

● The accommodation was spacious and provided people with facilities such as a library, hairdressers and a purpose-built cinema room. An activity room had recently been decorated by a local youth citizen service to depict a beach area where people could relax and feel like they were on holiday.

● People's rooms were decorated according to their preferences and contained personal items such as pictures and personal memorabilia. One person's room was personalised with a photo board of family members, so they could recognise and remember them. Each person's room included an en-suite shower room which provided them with privacy.

● Points of reference such as memory boxes were placed outside people's bedrooms, so they could recognise their own bedroom.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were working in line with the principals of the MCA.

● Staff received training in relation to the MCA and demonstrated that they understood the principals clearly. One staff member said, "If a resident lacks capacity I would do a capacity assessment. If a resident was on medication and they didn't know or couldn't speak we might have a best interest meeting."

● Records showed capacity assessments had been undertaken to establish what support people required with decision making. We saw best interest meetings held, when people were deemed to lack capacity to make particular decisions, involved appropriate health professionals and family to ensure any decisions made with the least restrictive options and in the person's best interest.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and treated them well. One person told us, "Oh yes, we can nominate a carer of the month." Another person said, "They're always kind to the residents."
- People were cared for by staff who knew them well. Staff understood and respected people's needs, wishes and choices. Each person was allocated a key worker and had a photo of them in their bedroom to help them recognise and remember them.
- We asked the staff if they would recommend the home to a close relative they were fond of. Staff told us they would have no concerns recommending the home. One staff member said, "Yes definitely, I've worked in a few care homes in the local area and this is the best, it is the cleanest and the most caring and we are a good team. We all pull together, and managers are there for us, it is lovely."

Supporting people to express their views and be involved in making decisions about their care

- Care plans reflected the wishes and views of people. Records showed that people were involved in developing their care plans and, where appropriate, they had provided written consent for the care and treatment they received.
- Reviews of care plans were undertaken regularly, therefore information held in care plans was relevant and up to date.
- We observed staff politely asking people what they would like and encouraging them to be in control of their care. Staff knew what was important to people, for example while we were talking to one person, a member of staff came along to remind them the keep fit class was about to start and wanted to make sure they didn't miss it because they knew how important it was to them.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us privacy was maintained by respectful staff. One relative told us, "They are respectful, always. [Relative] has his own en-suite and shower".
- Staff were provided with training in relation to privacy, dignity and independence. Staff were knowledgeable about how they would ensure people's dignity is maintained when delivering intimate personal care.
- People were encouraged to maintain their independence and do as much as possible for themselves. One person said, "They encourage us to do things for ourselves, I get my own legs out of bed and then they put me into a hoist. They take me to the basin and then I wash myself. I can get up and go to bed when I want. I can watch TV or read in bed."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Care plans were being developed to include more detail about people's life history and likes and dislikes. The provider had recently moved to an electronic care planning system. Some care plans were sufficiently detailed to meet people's basic needs and keep them safe. Other care plans contained far more detail about the person, their personality and what was important to them. The registered manager told us they were improving all care plans to include more detail.

● One person's care plan included clear guidance for staff to communicate with them. Due to cognitive decline the person required staff to communicate using shorter sentences and ensure they were face to face with them when communicating. Staff were observed communicating with the person using their preferred style of communication.

● Reviews of care plans took place regularly. We saw evidence of regular updates to care plans when people's needs changed, for example, if someone had recently been discharged from hospital.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The provider was able to provide information to people in various formats such as large print or audio for people who had a visual impairment. The registered manager told us they had provided information for relatives regarding bereavement in a large print format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

● People were provided with many opportunities to take part in activities with other people living in the home or on their own. One person said, "I'm on my way to keep fit at half past ten. I'm not very good at it but I like going, I've always done gym." Another person said, "I have a TV in my bedroom, I prefer a bit of peace."

● The provider employed an activities coordinator, whose role it was to provide a range of activities for people to engage in. The activities coordinator told us they planned the activities by consulting with people using a questionnaire. The home had a large activity room where we observed several people taking part in a keep fit session. Other activities taking place included a session with children from a local nursery and a visit from a donkey.

● Some people told us they liked to access the garden, which was well maintained and accessible for people living at the home. Relatives told us they could visit their loved one at any time and were made to feel

welcome by the staff and managers.
● The activities coordinator told us a church service conducted by a local vicar every month for people who followed a Christian faith. They told us religious meetings would be facilitated and accommodated for people of different faiths if needed.

Improving care quality in response to complaints or concerns
● The provider had a complaints procedure in place, which people were aware of. People and relatives, we spoke with during the inspection told us they had not reason to make a formal complaint. One relative said, "I suppose they do what they normally do and it's alright, we don't complain. I would go to the manager if I needed to."
● The registered manager kept records of complaints. All complaints made were fully responded to within the timescales stipulated in the providers policy.

End of life care and support
● The registered manager was proud to show us they were part of a framework which recognised high standards of end of life care.
● Several people were receiving end of life care. Staff were provided with training and were respectful when speaking about the subject. One staff member said, "We make sure the resident is comfortable and free from pain. We always have an advance care plan in place. It is important to consider what people want in advance, you don't want to be asking these questions during such a difficult time.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People and relatives told us they maintained good relationships with the registered manager and staff. One relative said, "The care here is exceptional, we have regular contact with [registered manager] she is always available. Staff are always available and let me know when something has been done."

● Staff told us they were provided with opportunities to contribute ideas and suggestions to improve the service, team meeting records confirmed this. One staff member said, "[The provider/owners] are both very approachable. I feel that I am listened to."

● Staff were recognised for their commitment and positive contributions through an internal 'employee of the month' scheme. Nominations for this were put forward by people, relatives and colleagues. Team meeting records showed staff were praised for the work they do.

● Staff took part in regular satisfaction surveys. The results of the surveys were mainly positive and describe a healthy working environment and supportive managers. One comment we saw said, "It is a wonderful home, I am proud to be a member of the staff here." Staff told us morale amongst the staff team was good.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● Records showed that the registered manager had correctly told us about significant events that had occurred in the service, such as accidents, incidents and injuries. Complaints records showed the provider operated in an open and transparent manner and provided full explanations when something had gone wrong.

●The previous inspection ratings were displayed on the provider's website and in the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

● Systems were in place to monitor care and to drive improvements. Regular checks took place which focussed on a variety of aspects such as the safety of the building and the environment fire safety, infection control and accidents and incidents. Improvement plans were developed following the audits to address shortfalls.

● There was a system to analyse accidents and incidents. This assisted with making changes to improve the quality and safety of care.

● Staff were provided with opportunities to increase their expertise and act as ambassadors for their team of colleagues. Additional training was provided to key staff in areas such as human rights, swallowing and oral

health, dementia and safeguarding. This would ensure the staff could seek advice and support from an ambassador and improve the care provided to people.

● Nursing staff were provided with support and guidance from the area manager who as a qualified nurse acted as the clinical lead for the provider.

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

● People and relatives were provided with opportunities to be involved in the running of the home. Regular meetings took place and records showed suggestions and ideas were welcomed and acted upon. Regular opportunities were given to people, their relatives and community stakeholders to take part in reviewing their satisfaction of the service provided. We noted satisfaction was consistently high.

● The registered manager had developed several partnership working initiatives which benefited people living in the home. For example, the staff team had been involved in a pilot scheme which focussed on the correlation between infections and falls. This had enabled the staff team to be more proactive in reducing the risks associated with falls when someone had been identified as having an infection.

● The provider had invested in additional training for key members of the team from a leading dementia support specialist to develop their skills and knowledge in relation to dementia. The course was designed for managers, nurses and senior care workers to develop a more person-centred culture and benefit those in the home living with dementia.