Woodlands of Woolley Limited

Woodlands Residential Home

Inspection report

Woolley Low Moor Lane
Woolley
Wakefield
West Yorkshire
WF4 2LN

Tel: 01924830234

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Our inspection took place on 19 June 2017 and was unannounced.

At our last inspection on 22 March 2016 we rated the service as 'requires improvement' and identified three breaches of regulations; Dignity and Respect, Premises and Equipment and Good Governance. At this inspection we found action had been taken in relation to these breaches: locks on toilet and bathroom doors had been repaired, there was a choice of main meal, all bathrooms were in service and daily care records were more detailed.

Woodlands Residential Home provides care for up to 27 older people and people living with dementia. At the time of our inspection there were 25 people using the service. Accommodation is offered over two floors with the first floor accessed by a lift. The majority of bedrooms are single occupancy and all have en-suite facilities. The home is situated in its own grounds in a quiet, rural setting on the outskirts of Wakefield.

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.

People told us they felt safe living in the home, and we saw maintenance and servicing was kept up to date. There was a programme of refurbishment in progress when we inspected. People were further protected because staff understood their responsibilities under safeguarding.

Medicines were mostly managed safely by staff with appropriate training and supervision. We identified some errors in relation to stock, recording and administration of medicines, which were brought to the attention of the registered manager.

Risks associated with people's care and support were assessed and documented, although we found guidance for staff to follow in order to minimise those risks sometimes lacked detail.

Recruitment practices were safe, with checks made to ensure staff were not barred from working with vulnerable people. Staffing levels were generally appropriate to meet people's needs, however we identified an issue with the numbers of staff on duty at the weekend. The registered manager agreed to review staffing levels.

There was not always a consistent approach to assessing and managing issues related to mental capacity and consent. The registered manager was correctly identifying when to apply for Deprivation of Liberty Safeguards (DoLS) and renewals, and adhering to conditions attached to any authorisations. Staff received training in the Mental Capacity Act (MCA) and DoLS, and were able to describe how they supported people to make decisions and choices. We made a recommendation relating to further improvement the provider

should make.

We found staff received an effective induction and on-going training which helped them remain effective in their roles. Supervision and appraisal processes were in place, however we found the content of supervision would benefit from a greater emphasis on support rather than training.
People said they enjoyed the food served at mealtimes, and we saw there were effective systems to monitor people's nutrition and hydration. Referrals to dietary health professionals were made as required, and we found people were supported to have good access to other health and social care professionals. We saw positive feedback provided by visiting health professionals.

People had good relationships with staff, and gave good feedback about them. Staff were knowledgeable about how to maintain people's privacy and dignity, and respectful when giving people support. Care plans contained information about people's likes and dislikes and ways in which they enjoyed spending their time. People and their relatives told us care was personalised to individual needs.

Care plans were regularly reviewed to ensure they reflected people's current care and support needs, and we saw people were involved in this process. Some staff felt arrangements to update them about changes in people's needs could be improved, and the registered manager told us they would review this.

There was an activities co-ordinator in post, and people told us they enjoyed the activities on offer at the home. We observed people participating in a range of activities on the day of our inspection. People were asked about what activities should be provided.

There were effective systems in place to manage complaints, and people told us they felt able to raise concerns with staff or the registered manager.

We received good feedback about the registered manager from people who used the service, relatives and staff. The registered manager worked at weekends to enable them to have regular contact with people's families.

People, their relatives and staff were able to contribute to the running of the home through regular meetings and an annual survey, which was also sent to health professionals involved in people's care.

There was a meaningful process of audit in place, and we saw actions were taken to ensure any issues identified during the audit were rectified..

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We found not all stocks of medicines balanced, and a small number of errors in recording medicines administration. Medicines storage was secure and appropriate.

There were not always enough staff at weekends, which the registered manager said would be reviewed.

Recruitment was safe, and staff had good knowledge about safeguarding. Guidance about minimising risks associated with people's care and support was not always sufficiently detailed to ensure staff always knew how to keep people safe.

Is the service effective?

Requires Improvement

The service was not always effective.

We found a lack of consistent approach to the assessment and management of decisions for people who lacked capacity to make them. Applications for and management of Deprivation of Liberty Safeguards (DoLS) were managed effectively.

Staff received induction, training and appraisal which helped them remain effective in their roles, however some improvements to the supervision process were needed.

People had good access to health and social care professionals, and told us they enjoyed the meals served in the home.

Is the service caring?

Good

The service was caring.

We received good feedback about the staff, and saw people's personal care was attended to.

Care plans were personalised and contained information about people's likes and dislikes.

Staff understood how to protect people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's care plans were reviewed regularly, and we saw people were consulted in this process. The registered manager told us they would look act on feedback from some staff about updates to people's needs.

There was a range of activities on offer, which people told us they enjoyed.

There were effective systems in place to manage any complaints received, and people told us they felt able to raise concerns with the registered manager.

Is the service well-led?

Requires Improvement

The service was not always well-led.

We received good feedback about the registered manager, and saw they used a number of effective means to measure and improve quality in the service. However, we concluded the provider needed to embed and improve their systems in relation to mental capacity and consent.

People who used the service, their relatives, staff and health professionals were regularly asked for feedback about the service.

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 checked 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 19 June 2017 and was unannounced. The inspection team consisted of two adult social care inspectors 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.

Before our inspection we reviewed information we held about the home, including past inspection reports and notifications sent to us by the service. In addition we contacted other bodies including the local authority, environmental health, the fire and rescue service and Healthwatch. They did not provide any information of concern. Healthwatch is an independent consumer champion that gathers information about the experiences of people who use adult social care and health care services in England.

We asked the provider to complete a Provider Information Return (PIR), which was returned to us in May 2017. 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 the content of this return as part of our inspection.

During the inspection we spent time looking around the home, including all communal areas, the kitchen, bathrooms, toilets and some people's rooms. We spoke with the registered manager, deputy manager, chef and four care staff. We also spoke with five people who used the service and four relatives. In addition we looked at records relating to care and the general running of the home. These included eight people's care plans, three staff files, medicines records for four people and documents relating to the premises, maintenance, audits, meetings and activities.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in March 2016 we rated this key question as 'requires improvement'. We found documentation relating to risks associated with care and treatment were not always clearly documented, there were no personal evacuation plans in place and not all bathrooms were working properly. We identified a breach of regulations relating to premises and equipment, and asked the provider to send us an action plan to show how improvements would be made.

At this inspection we found the provider had followed their action plan and this breach had been met.

We looked at all information relating to the management of medicines in the home. We saw records which confirmed staff who administered medicines had received appropriate training, and had their competency checked regularly.

We observed a medicines round, and saw the member of staff checked medicines and records before giving them to people. In doing so they were patient and ensured they had seen the person take the medicine before signing the medicines administration record (MAR). One person asked what their medicine was and the staff member explained to them what they were taking and why. We checked the storage of medicines and the stocks of these in the home. We found medicines were stored securely and at an appropriate, regularly monitored temperature. We checked the MARs and stocks of medication for four people. We found MARs were generally completed correctly, however identified two occasions when there was no signature on the MAR sheet. Checks of stocks of these medicines indicated this was a recording error rather than a missed dose. In addition we found two errors relating to the stocks of medicines, where the physical count of boxed tablets differed from stock records by one.

Some medicines contain drugs which require additional secure storage. These are also known as 'controlled drugs'. We checked the stocks of all controlled drugs stored in the home. We found the records relating to one liquid controlled drug were incorrect. These stated 595ml were in stock, however we found two unopened bottles in storage, accounting for 600ml. There was also a bottle in use which contained approximately 20ml. When we checked the dosage the person should have been given 5ml doses, however there were two occasions where doses of 10ml had been recorded. The deputy manager followed the home's procedure for reporting these errors when we identified them. The errors identified were connected to stocks which had not yet been audited.

We looked at eight people's care plans. We saw risk was assessed across a number of areas including falls, nutrition and skin integrity. Risk assessments were kept up to date, and we saw care plans contained information relating to measures staff could take in order to minimise those risks. We found this guidance was occasionally limited. For example, in one person's care plan we saw the person was at risk of behaviours that challenged them and others. Guidance alerted staff to this, and identified the risk was increased by the person not knowing what was happening around them. There was no specific guidance as to the reassurance or explanations staff could give the person to minimise the risk. We discussed ways in which guidance could be improved with the registered manager during the inspection.

People we spoke to they felt safe living at the home. One person said, ''Of course I feel safe, there are always staff around. No strangers coming in and accosting you." Another person said, "'It's safe and comfortable here. Staff help me, feed me, and the beds are always nice and clean.'' Records showed the provider ensured equipment and fittings in the home were regularly serviced, which meant action was taken to ensure the environment people lived in was safe. There was a refurbishment programme in progress at the time of our inspection.

We looked at the recruitment files of three members of staff, and found safe processes were followed. Files contained application forms and evidence of background checks such as asking for references and contacting the Disclosure and Barring Service (DBS). The DBS is an agency that holds information about people who may be barred from working with vulnerable people.

People we spoke with told us more staff were sometimes needed. One person said, "Waiting times are longer when they are short staffed." Two relatives told us more staff were needed at weekends. Staff we spoke with also said they felt more staff were needed, but told us they did not believe this led to people's needs being neglected. During our inspection we observed staff were able to attend to people's needs without delay.

We discussed staffing levels with the registered manager. A dependency tool was used to calculate the required staffing level to meet people's care and support needs, which had last been updated in March 2017. They told us staffing levels had been assessed as requiring four members of care staff and one activity coordinator between 8am and 2pm, three members of care staff between 2pm and 8pm and two members of care staff between 8am and 8pm. We were informed domestic staff did not work at the weekend, and care staff needed to perform some additional duties such as cleaning. The registered manager told us they would review weekend staffing levels after our inspection.

Staff we spoke with told us they had received training in safeguarding, and records we saw confirmed this. Staff understood how to recognise the signs of potential abuse and were clear about how they would report their concerns to ensure people remained safe. We reviewed the records relating to accidents and incidents and found these had been reviewed and actioned as needed.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in March 2016 we rated this key question as 'requires improvement.' We found capacity and consent records were not always appropriately completed, and identified this was a breach of regulations relating to governance. We had also found toilet doors did not lock, and people did not have a choice of main meal. This was a breach of regulations relating to dignity and respect. We asked the provider to send an action plan to show how improvements would be made. At this inspection we saw locks had been fitted to the doors and there were two choices of main meal, however we found there was still a breach of regulations relating to consent.

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.

We looked at the recording of consent, for example in relation to residency, administration of medicines, agreement to care plans and use of bedrails. We found people who had capacity to make their own decisions had signed documents in their care plans, however the process was not always consistently followed. Where people lacked capacity, there were not always decision specific assessments or evidence of best interests meetings having taken place. For example, we saw in one person's care plan a statement relating to a member of the family signing documentation for them, but there was no record of any capacity assessment or best interests decision meeting. We discussed this with the registered manager. They told us, "[The provider] has changed the approach in response to an inspection at another service. We are trying to get it right." Both the registered manager and deputy manager, who was responsible for this area of people's care plans, said they needed more guidance in relation to mental capacity assessment.

We recommended the provider continue to make improvements to their assessment and recording of people's capacity, and ensured key staff had sufficient training and guidance to ensure a consistent approach was embedded in the service.

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 MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager kept records which enabled them to manage DoLS applications and renewals effectively. People's care plans showed the need for a DoLS application to be made was being recognised in a timely way. At the time of our inspection there were eight people with authorised DoLS in place, and a further two had been applied for. Where conditions had been placed on the authorisation of the DoLS we saw the provider was adhering to these.

Staff we spoke with had received training in the MCA and DoLS, and were able to tell us how these impacted

on the ways in which they provided care and support to people. Staff said they helped some people make their own decisions by offering choices or showing people things to pick from, for example clothing or food. Staff said they would help the person make appropriate choices, for example suggesting clothes which may be appropriate to weather conditions, but would respect the decisions that people made. One member of staff said, "If someone was struggling with a decision, I might go back and ask them at another time of day to see if that helped them."

One member of staff had been recruited since the last inspection. This member of staff had received an induction which included safeguarding, infection control, fire safety and whistleblowing. The member of staff also shadowed a more experience member of staff. We saw evidence to show the person's induction had been reviewed around three months after they started employment.

Staff received regular supervisions. Key topics were identified, such as; dehydration, fire safety and writing daily notes. One supervision topic covered medicine errors which had been identified at an audit. This showed the registered manager was keen to embed learning in the home. We discussed with the registered manager how supervisions could be improved to help staff remain effective in their roles. We saw a lack of evidence the process was used to explore how people felt about their jobs, and any additional input such as training or support which was needed. The registered manager told us they would work to improve this area of staff support. We saw staff also received an annual appraisal, and the registered manager showed us the plan they had in place to ensure these were carried out annually.

Three members of staff told us that they enjoyed the training they received. "Training is interesting." "It's more focused on what we need." "I feel it's in manageable chunks." Another member of staff felt training was not as effective as it skimmed over things. Training records evidenced staff had up to date training in all key areas.

We saw in people's care plans that weights and risks associated with nutrition and hydration were regularly monitored. Appropriate tools such as the Malnutrition Universal Screening Tool (MUST) assessments were in place, and we saw referrals had been made to GPs and dieticians when there were concerns about significant changes in people's weight.

Everyone we spoke to said the food was good. One person said, ''I am vegetarian and I never go hungry, I have plenty to eat here.'' Another person told us, ''The food is very good, I have bacon and egg for breakfast every morning." A relative said, ''The food always smells beautiful."

There was a menu board in place outside the dining room, which showed the two options for the main meal, which was served at lunchtime. There was also information on display in the dining room which informed people of alternatives they could request if they did not want what was on the menu.

The set menus were in the process of being changed as they had been in place for 12 months. The cook confirmed that they adapted the menu to include different vegetables when these were in season. They had also responded to feedback that people did not want rhubarb as much and had adjusted the menu to accommodate this. The cook told us food was fortified for everyone, using double cream, butter and full fat milk powder. There were a number of people who controlled their diabetes with tablets or through their diet. The cook told us they kept all foods low sugar to accommodate this.

We asked people how easy it was for them to see a GP or other healthcare professionals. One person told us '' If I need one, there's a very good doctor comes here every week.'' Another person said, ''I see the same GP here as I did at home.'' Care plans contained evidence of timely referrals to health professionals, and records

relating to their visits. In addition to GPs visiting in response to need, we also saw there was a weekly pre-planned visit during which staff could ask the GP to visit anyone who needed a consultation. The provider had sent surveys to health professionals as part of their quality monitoring processes, and we saw those who had responded had given positive feedback. One health professional had stated, 'They know the residents inside out, and act promptly when worried medically about a resident.' Another had written, 'I look forward to my weekly visits.'

Good

Is the service caring?

Our findings

At our last inspection in March 2016 we rated this key question as 'good'. We saw Staff were kind, caring and patient, and people were treated with dignity and respect.

People we spoke to told us they were well cared for. Comments included, ''The staff are very kind to me,'' "They are very good, they will do anything to help you, '' and, "They don't have time to sit and chat, but if you have a problem they listen to you." One person said staff always treated people with kindness and respect. They told us, "I'd be out of here like a shot if they didn't." A relative said, "Staff are most respectful and maintain [people's] dignity."

The provider had a designated 'dignity champion' working within the home. As part of their role they told us they monitored care delivery and challenged any poor practice. They also ensured people had sufficient toiletries and clothes for their needs. During our inspection we saw people were well presented, which evidenced personal care was attended to, and saw people wore clothes that were well laundered. We saw people were relaxed and comfortable in the company of staff.

Staff told us how they respected people's privacy and dignity. For example, they told us they were discreet when providing personal care and ensured doors were closed, and we observed this was the case during our inspection. Staff encouraged people to be as independent as possible. For example, they ensured people had plate guards to help them eat independently without food falling off their plate. We observed plate guards being used.

We observed caring, patient and encouraging interactions between staff and people throughout our inspection. For example, people who wished to mobilise independently were encouraged to do so where this was safe, and we saw one person being given encouragement and reassurance when being assisted to move into a chair in the living room.

Care plans contained information about people's lives, likes and dislikes. This was contained in a brief document, but gave staff information which would help them build useful relationships with people. There were plans in place to further improve the personalisation of care plans. The registered manager told us the activities co-ordinator was working with people and their relatives to complete a 'Portrait of a Life' document, which focused on significant events and experiences from people's lives, and ways in which they enjoyed spending their time. We saw some completed examples in care plans, and saw information posted on the families' notice board advertising this initiative, and encouraging relatives and friends to contribute to the process.

Good

Is the service responsive?

Our findings

At our last inspection in March 2016 we rated this key question as 'requires improvement.' We found care plans did not always make clear how people preferred their care and support to be provided, and asked the registered manager to improve this. At this inspection we did not identify this as a breach of regulations.

We spoke with people and their relatives about whether they received care which was personalised to their needs. Feedback we received was positive; people and their relatives told us care was individualised and met people's needs.

Care plans were reviewed regularly, with comments added to show why and how a person's needs had changed, or explain why care needs had remained unchanged. There was evidence people and their families had regular involvement in the process. A visiting relative told us, "We have been involved in every aspect of care planning and discussing our relative's needs."

Staff told us they had access to a daily report which contained information about any changes in people's needs or health, however some staff said they did not always have time to read it. They told us they often came in early for their shift to ensure they had time to understand any changes in needs. We discussed this with the registered manager, who said they would look at ways in which they could make improvements in this area.

There was a range of activities in the home for people to participate in, led by an activities co-ordinator. On the day of our inspection we observed a number of activities including a quiz, floor games and a discussion about current affairs and people's reminiscences. There was also an external provider who led some light exercise and musical activities. We saw people joined in with what was on offer, and people told us they had enjoyed the activities. One person said, "I like the singing and join in if I know the words."

The activities co-ordinator told us they spoke with people about what activities they wanted to take part in, and gave people leaflets and other information to help them decide where any trips from the home would visit.

People we spoke with told us they had not had reason to make complaints, however said they would have no hesitation in raising concerns with the staff or registered manager. Staff were able to tell us about how they would support people who wished to make a complaint, and we saw the complaints procedure was on display in the home. The provider was managing complaints and concerns in line with their policy; complaints were recorded, together with any actions taken as a result. People who had made complaints were given feedback about any investigation and actions taken.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we rated this key question as 'requires improvement'. We found daily records in people's care plans lacked detail and identified this as a breach of regulations relating to good governance. At this inspection we found the registered manager had made improvements in this area and the service was no longer in breach of this regulation. We have rated this key question as 'requires improvement' again. This is because at this inspection we concluded the provider needed to embed and improve their systems in relation to mental capacity and consent.

There was a registered manager in post on the day of our inspection. Staff we spoke with told us they found the registered manager supportive and said they enjoyed working at the home. Comments included, "I like working here," "[The registered manager] tries to make it better. She looks at why people are stressed and tries to sort it out," and "It's like a family here. We help each other." We observed the registered manager working alongside staff during the inspection, and saw staff were relaxed when speaking to them.

The registered manager's shift pattern included working all weekends at the home, with days off during the week. They told us, "I am able to work out on the floor with the staff, and because we get more visitors at the weekend I get to talk to people's families."

People who used the service and their relatives said they knew the registered manager and gave positive feedback about them. Comments included, "The manager is very nice, very approachable," "The manager is great, she will do anything for me," and "The manager is very supportive and informative."

We saw people, their relatives and staff had opportunity to contribute to the running of the home through regular meetings and surveys. We saw minute of meetings which showed a wide variety of areas were discussed, including sharing of feedback from CQC inspections and local authority monitoring visits, staff practice, refurbishment, meals and activities. This meant the registered manager was listening to suggestions to help improve the quality of the service. An annual survey, last conducted in July 2016 showed good levels of satisfaction with the service. This was sent to people using the service, their families and health and social care professionals involved in the service. We saw feedback from one relative on their questionnaire which confirmed discussions during meetings lead to action taking place. The person had commented, 'We are happy with the service you provide, and you have done the things that were discussed at the meetings.'

There was a regular programme of audit in place to measure, monitor and improve quality in the service. We reviewed records of these and saw they identified actions to be taken and evidenced when these had been completed. The programme of audit covered areas of the service including medicines, care plans, health and safety, infection control and DoLS management.

In addition to using the output of the audits to identify and plan actions to be taken, we saw the results were discussed in the 'Audit Focus Meeting'. We looked at minutes of these meetings and saw they involved the registered manager, provider and relatives of people using the service. This meant the registered manager

had increased ways in which people could understand and influence quality in the service.