

Woodlands Retirement Residence Limited

Woodlands Retirement Residence

Inspection report

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22 September 2021

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Woodlands Retirement Residence is a residential care home providing personal care to 18 people aged 65 and over many of whom live with dementia at the time of the inspection. The service can support up to 19 people.

The care home accommodates people in one adapted building over two floors. Both floors of the home were accessible via a lift.

People's experience of using this service and what we found

We found some areas of people's care experience which could be improved further. For example, people were not always informed what meal they were receiving. In addition, there were periods of time where people did not receive meaningful engagement or opportunity for activities.

Improvements had been made in the monitoring systems in place at the service. However, we found that these had not consistently been utilised and had not identified some of the areas of improvement we identified at this inspection. Further time was needed to ensure these new systems were embedded.

People were supported by staff who understood how to recognise and escalate safeguarding concerns should they have any. Peoples' medicines were in the most part given safely and staff had received training around the administration of medicines.

People were supported by staff who had received sufficient training for their roles. Staff had been recruited safely and received an induction and supervision.

People had the risks associated with their care managed well and steps were put in place to mitigate these. People received access to healthcare to support their individual needs.

There were parts of infection control practice that needed improving. We observed two staff not wearing face masks and some staff not wearing face masks appropriately. The provider has informed us they have taken action to address this practice.

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 enjoyed supporting the people at the home and we saw that staff engagement with people was caring and kind.

People had a care plan that reflected their individual needs and which was reviewed to ensure it remained current.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 21 December 2020). However, the service was placed in special measures as they had been rated 'Inadequate' for two consecutive inspections in one key question. We found that there was a breach of Regulation 17. Following this inspection we met with the provider and carried out monthly meetings to monitor and support improvement in the service.

This service has been in Special Measures since 21 December 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. At this inspection improvements had been made although these needed to be sustained and embedded and as such the provider was still in breach of regulation 17.

Why we inspected

This was a planned inspection based on the previous rating and to see if the required improvements had been made. This inspection was also prompted in part due to concerns received about people having choices in their care, people not being supported safely with manual handling and people having routines for when they had drinks and food. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Whilst we found the service had made improvements we have found evidence that the provider needs to make further improvements. Please see the safe, caring and well led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

This inspection has identified a continued breach relating to monitoring systems at the service. We will continue to monitor the improvement within the service through existing conditions we have placed on the providers registration. This includes sending us monthly reports of action the provider has taken to monitor and make improvements within the service.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

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?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Woodlands Retirement Residence

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection visit on the 24 August 2021 was carried out by two inspectors. On the 31 August 2021 one inspector returned to the service. The analysis of the evidence sent to us concluded on the 22 September 2021.

Service and service type

Woodlands Retirement Residence is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with eight people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, who is also the registered provider, the deputy manager, care workers and the chef. We spoke with one visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight peoples care records and multiple medication records. We looked at two 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 the evidence found. We looked at training data and quality assurance records.



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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We found no evidence that people had been harmed however, a type of time specific medication had not consistently been administered correctly due to staff's working pattern. We raised this with the registered manager who amended the times these staff started work to ensure the medicine would be given in line with the prescribing instructions.
- We saw that prescribed creams had been left on top of the medicine cabinet during the night. We raised this with the registered manager who explained this was not usual practice and that this would be addressed with night staff team members.
- People received safe support with many aspects of their medicine management. There were systems in place that monitored medicine administration.
- Staff who were responsible for the administration of medicines had received training around medicine management and checks were carried out to ensure they were safe to administer medication.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. Whilst improvements had been made following the last inspection, we saw two night staff not wearing face masks and some staff had not worn a face mask correctly. This was addressed immediately, and the provider carried out an additional spot check at night to ensure staff practice had improved.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- At our last inspection we found that the analysis of accidents and incidents needed to improve further in order to identify trends to prevent reoccurrence.
- At this inspection we found that new audit systems had been put in place that directed staff in how to audit and analyse incidents and some improvement was noted. These systems had not always been utilised effectively and further work was needed to ensure oversight and review of the total number of incidents across the home was carried out to consider any trends or themes.
- We found that incidents and accidents were reviewed and lessons learnt on an individual basis to reduce the risk of a similar incident occurring again for that person.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to recognise safeguarding concerns and how to escalate concerns should they occur. One staff member told us, "Any concerns I report it straight away and follow correct procedure."
- We observed staff interactions with people. People appeared relaxed and calm in the presence of staff.

Assessing risk, safety monitoring and management

- We had received concerns prior to the inspection about how people were supported to mobilise safely. Since our last inspection the provider had supported two staff members to have specialist training in moving and handling to enable them to assess people mobility needs and train the staff teams. In addition, the provider had also involved other healthcare teams to aid in the assessment of people's mobility. We observed that people were supported to mobilise safely.
- People had the risks associated with their care identified and measures put in place to reduce these. These risks were kept under review.
- Staff were able to tell us the risks associated with people's care and how they supported people safely. One staff member told us about how they ensured one person they supported had mobility equipment available as the person was at risk of falls.

Staffing and recruitment

- Staff informed us of the recruitment checks that had taken place prior to them working with people including seeking references from previous employers and obtaining a Disclosure and Barring check.
- At the last inspection we found that the provider had not ensured recruitment records had been maintained. At this inspection we found improvements had been made and many of the records we viewed confirmed that staff were recruited safely. We found that the recruitment system could be improved further by introducing recorded interview questions with new staff members.
- We observed that people were attended to quickly and when they needed support. The home seemed calm and peaceful although staff were busy throughout their shift.
- Most of the staff told us staffing levels were sufficient when there was no sickness or absence. There had been occasions where the staffing levels as determined on the dependency tool had not been met. The registered manager informed us in these unavoidable cases they had tried to source agency staff to support but had been let down by them a number of times. The registered manager told us they were in the process of sourcing a new agency to support with staffing where needed.

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 requires improvement. At this inspection this key question has now improved to good. 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 them moving into the service to ensure their needs could be met safely. Initial assessments and care planning took people's cultural needs into account such as their religious needs.

Staff support: induction, training, skills and experience

- Staff informed us they had received an induction when they first started working at the service. Staff informed us they had received training relevant to their roles and one staff member told us, "All my training is up to date, both e-learning and in-house. I have enough training for the role I do."
- We saw the provider had improved the training available to staff dependent on their role and there was a range of training available to staff to support them to meet people's needs.
- Records showed care staff had received supervisions to enable discussions to be held about their performance and to support staff in their roles.
- At our last inspection we found that not all staff had received training around dementia care. We made a recommendation for the provider to find information about current best practice in relation to the specialist needs of people living with dementia. At this inspection we found that staff had now received training in this area.

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

- Some of the people living at the home were living with dementia. We found there was limited signage to enable people to orientate around the home. We raised this with the management team who had taken action by the second day of the site visit to source and display signage around key areas of the home.
- The home was accessible to people through access to a lift and stair lift. Checks were carried out on the environment to ensure it was safe and well maintained.

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

- The service had a cook who had spoken with people to find out their likes and dislikes. The cook was aware of people's specialist dietary requirements so their food could be prepared safely. Staff informed the cook of any changes to people's preferences.
- People were offered a choice of meals and a visual menu was available to support people in their meal choices.
- We saw people were offered alternative meals when they had not eaten much.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked with other healthcare professionals to ensure people received care that was based on their needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare in line with their needs. The service had links to the district nurse team who we spoke with at the inspection. They informed us the staff were good at escalating any concerns, the staff team took on board any advice given and that people were involved in discussions about their healthcare. The district nurse told us, "The registered manager is good. If there any concerns she will contact us." They also informed us, "The carers are fantastic. They make you feel welcome."
- The service had links with the local GP surgery who carried out weekly visits to the service.
- People had care plans in place around their healthcare needs. We saw that oral healthcare had been considered within these care plans. This enabled people to receive consistent support with their care needs.

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.

- At our last inspection we found that people's choices around getting up early in the morning had not been documented or considered whether this was in the person's best interests. Following this inspection, we continued to receive concerns around people not having a choice of when to wake up in the morning. We carried out our inspection in the early hours of the morning to examine these concerns.
- Whilst some people's care plans had recorded this as a preference, further work was needed to ensure this was recorded consistently in all people's care plans. Daily notes recorded where people had chosen to wake early but these hadn't been checked by the registered manager and hence care plans had not been updated. The registered manager informed us these checks would occur again.
- The service had made DoLS applications appropriately and had monitoring systems in place to enable them to keep track of when approved DoLS were due to be renewed.
- We found that mental capacity assessments had been improved since the last inspection and were now decision specific. Best interest decisions had been made where needed.
- Staff consistently informed us about ensuring people had choices in all aspects of their care. Staff informed us people had the choice to get up when they wanted and to go to bed when they wanted. One staff member informed us, "Capacity can fluctuate. Don't assume someone hasn't got capacity." Another staff member told us, "We always offer choices around care. Like what they want to eat or what to wear. If people are asleep leave them asleep. If people are awake ask them if they want to get up and dressed. It's their choice."

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.

Our last inspection published December 2020 did not review this key question. This key question was last rated as requires improvement in February 2020. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We observed staff approach people in a kind and patient manner although we did observe one staff member who was abrupt in their tone at times. We raised this with the provider who informed us they would follow this up with this staff member.
- Whilst people seemed happy and content, we found that peoples' experience of care could be improved further. For example, we observed a staff member vacuuming around someone who was eating their breakfast and people who had woken early waited for a considerable time at a dining table before receiving their breakfast. One person had raised this with staff and said, "It just seems ages." We raised these observations with the provider who informed us that this was not usual practice and would be addressed.
- In addition, we found the meal- time experience could be improved further. People were not consistently informed what meal they were having when it was presented to them and we observed staff did not always have the opportunity to sit for any length of time with people to encourage them to eat where needed. We discussed this with the provider who agreed to speak with staff about this.
- There were periods of time where people did not have access to activity or interaction. Staff were busy supporting other people and didn't have time to spend with people for meaningful engagement.
- In one lounge two televisions were on at the same time with two different channels and some people were not positioned to be able to see the television. Whilst discussions were held between staff and people about the programme they were watching, different TV channels may have been confusing for those living with dementia or with hearing difficulties.
- Staff enjoyed supporting people at the home. Staff spoke fondly of the people they supported and knew their interests. Staff knew people well and their individual communication and what it meant to them. One staff member told us the best part of their role was, "The residents are amazing and one thing I like is that they all look clean and 100% presentable". Another staff member told us the best part of their role was, "The residents, I love working with them. I'm so attached with all of them."

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

- We saw people being involved in daily decisions about their care.
- Staff were able to tell us how they supported people to make decisions and knew peoples' methods of communication and what they meant in relation to decision making.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected. Staff were able to tell us how they promoted peoples' dignity when providing personal care such as ensuring doors and curtains were closed. One staff member

told us, "I always knock on the bedroom door before I go in."

- People were supported to maintain their independence and care plans described the importance of this. Staff helped people to maintain their independence whilst mobilising and we observed staff using encouraging words during these times.

Is the service responsive?

Our findings

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

Our last inspection published December 2020 did not review this key question. This key question was last rated as requires improvement in February 2020. At this inspection this key question has improved to good. 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

- People's care plans described their individual needs and how they liked to be supported.
- We saw that most care plans were reviewed regularly, and amended when people's needs changed, to ensure they were kept up to date.
- Following our last inspection, the service had made improvements around involving people in their care. Resident of the day reviews with people had been introduced each month and the information about changes requested following the review was shared with staff. We found that records of these reviews could be improved further by including more detail around the conversation held with the person.
- People's care records showed that family had been involved in changes to people's care needs.
- Work was being carried out to develop and record peoples' life histories in more detail to aid knowledge in this area.

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.

- Peoples' specific needs associated with their communication had been recorded in their care plans. People had been supported to access professional advice in relation to their communication needs such as having checks with the optician when needed.
- We saw that communication aids were available for people should they need them.

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 spent time talking with each other, listening to music, reading books or magazines and watching TV. We have further referred to people's experience of activities at the home under 'Caring'.
- The service had a staff member who supported with activities at certain times in the week and had spoken with people about their interests.
- In addition, the service had started to have regular visits from outside entertainment again, following the lifting of national restrictions.
- People had been supported to see their relatives on a regular basis.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place although no complaints from relatives or people had been received since our last inspection.

End of life care and support

- People had some information about end of life wishes documented in their care records. This supported people to describe how they wished their care to be provided at this time. We were informed that further work was being completed in this area in conjunction with local healthcare professionals.
- Staff had received training in end of life care to support their understanding of this part of peoples' lives.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection the provider had failed to implement robust governance systems. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we noted that improvements had been made, further improvements were required and the provider remains in breach of regulation 17.

- Following our last inspection, a new quality assurance system had been put into place with a suite of accompanying audits for various areas of monitoring of the home.
- However we found instances where records had not been accurately maintained. For example, some records associated with peoples' care were not up to date. Whilst this had not impacted on people's care the provider's quality monitoring systems had not identified this.
- The provider's audit systems around staff recruitment had not been consistently utilised effectively and had not identified that records of interview notes had not been kept.
- The providers own systems for monitoring medicine administration had not identified that one type of time specific medicine had not been given correctly and that prescribed creams had been left on the medicine trolley.
- Whilst improvements had been made to the monitoring of accidents in the home, audits in place had not identified that further analysis of trends of accidents across the home was needed.
- The provider's system for monitoring people's experience of care had not been utilised effectively. There were instances we observed such as people waiting a long time for breakfast, meal-time experiences and times of limited activity which had not been identified by the provider's own systems.
- Whilst improvements had been made to the IPC measures within the home, systems to monitor staff practice in IPC had not been effective and we saw some staff not wearing face masks or not wearing them appropriately. The provider carried out an additional night staff spot check and spoke with staff to ensure this practice had been corrected.
- Our last inspection identified that information obtained from feedback from surveys was not consistently used to support improvement at the service. Improvements had been made and results from surveys were now analysed and action plans put in place. The service was due to request feedback again from families

and people living at the home.

- Following our last inspection, the registered manager had appointed two new deputy managers to aid with the monitoring and management of the service alongside herself and the administration lead. They had also sourced support from an external consultant to support with improving the service.
- Following our last inspection an action plan had been developed with tasks being assigned to different people working at the home. This enabled the provider to have oversight of what areas needed improving within what timescales.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Improvements had been made to the way feedback was sought from people at the service. Where people had not wished to join feedback meetings, efforts had been made to speak to people individually to seek their views. The management team were able to tell us how they actioned this feedback with specific examples. This could further be improved by completing records of the action taken to enable monitoring that the changes had been successful.
- Staff meetings took place to enable staff to share their views about the service. Staff felt able to raise any concerns they may have and one staff member told us, "If I think things are wrong I will speak with the deputy manager or manager and report any concerns I have. They do get acted on."

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

- Staff we spoke with knew people well and could tell us what was important in peoples care. We observed kind and caring interactions between staff and people.
- There was information in peoples' care plans about how they preferred to be supported which was individual to them.

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

- The provider was aware of their responsibility to report specific events that occurred at the service through statutory notifications.

Working in partnership with others

- The service worked alongside healthcare professionals to ensure people received the care they needed. They had also received input and monitoring from the local authority quality monitoring teams to support improvement in the service.