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Woodlands Lodge Care Home

Inspection report

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Date of inspection visit:
14 January 2019

Date of publication:
04 February 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection of Woodlands Lodge Care Home took place on 14 January 2019 and was unannounced. This meant the registered provider did not know we were coming.

Woodlands Lodge Care Home 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.

Woodlands Lodge Care Home is registered to provide accommodation and personal care for up to 55 people, some of whom are living with dementia. There were 44 people living at the home at the time of our inspection.

The home is split into three different units; one of which is a locked unit, specialising in care for people living with dementia. Each unit has communal areas such as lounge and dining areas and one unit has a large sun-lounge.

The last comprehensive inspection took place in February 2018 and the service was rated as requires improvement. We identified one breach of regulation. This was because staff did not act in accordance with the requirements of the Mental Capacity Act (MCA) 2015. Following the last inspection, we asked the registered provider to complete an action plan to show what they would do to improve the key questions effective, responsive and well led, to at least 'good'. The action plan told us this would be completed by October 2018.

At this inspection we found some improvements had been made. Staff had been trained and were following the requirements of the MCA. Records showed, where appropriate, Deprivation of Liberty Safeguards (DoLS) applications had been made and authorised, for people living at the home. However, we found improvements were required in relation to the administration of medicines, staffing numbers and care planning. The service continues to be rated 'requires improvement.' This is the second time the service has been rated 'requires improvement.'

You can read the report from our last inspections, by selecting the 'all reports' link for 'Woodlands Lodge Care Home' on our website at www.cqc.org.uk.

The home had 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.

Medicine audits were not sufficiently robust and did not always identify errors and omissions on medication administration records, so we could not be assured people always had their medicines safely.

Elements of risk were identified in the care plans and plans were put in place to mitigate this risk through the care instructions. Where the level of risk was deemed to be more significant (choking for example) specific risk assessments were put in place. However, we found one instance where this was not completed in a timely manner.

In the main, there were sufficient staff on duty to meet people's assessed needs. However, there had been occasions when staffing numbers were lower than those assessed as needed. The registered manager and provider said they were monitoring this closely to prevent people being put at risk from unsafe care.

Incidents and accidents were recorded and reviewed by the registered manager to look if there were any patterns, themes or trends. This would help to prevent a re-occurrence.

People had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

Staff received the training and support they needed to carry out their roles. Supervision meetings had been held on a regular basis. Staff enjoyed working at the service and said the registered manager was approachable and would listen to any ideas or concerns they had.

People were supported to make choices and staff promoted people's independence. People's communication needs were assessed and planned for. People had their privacy and dignity protected.

Newly formatted care plans were personalised and included all people's support needs and were regularly reviewed. However, only a small number of new care plans were completed. More detail was required in older care plans to provide clear guidance for staff in how to meet people's needs.

A varied range of activities were made available and we saw staff were proactive in engaging people with individual activities of their preferred choice.

People understood how to make a complaint and there were systems in place to respond to these.

The registered provider and registered manager had addressed all the areas for improvement in the previous inspection report. New issues of concern regarding medicines management, risk assessment and care planning were found and needed action. However, the governance of the service showed more in-depth monitoring of the quality of the service was being carried out by the registered manager and other senior managers.

People and their relatives were engaged in the service and felt able to approach the registered manager. Staff felt supported in their role and were involved in the service.

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 could not be sure that people were always receiving their medicines as prescribed.

Risks people may face had been identified; however, this had not always been completed in a timely manner when people moved to the home.

People were safeguarded from abuse as far as possible and staff had a good understanding of how to safeguard people in their care.

People who used the service were protected by the registered provider's recruitment practices.

Is the service effective?

Good ●

The service was effective.

The home was following the principles of the MCA. DoLS assessments were in place and were decision specific.

People were supported to receive a balanced diet, which met their needs. People had access to healthcare professionals when required.

Staff received training and support to carry out their roles.

Is the service caring?

Good ●

The service was caring.

People and their relatives said the staff were kind and caring. We observed positive interactions throughout our inspection.

Staff knew people's needs, how to maintain their privacy and dignity and promoted people's independence.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans needed to be reviewed and updates and were not always written in a timely way when people moved into the home.

People were supported to follow their interests.

People understood how to make a complaint and felt they would be listened to.

Is the service well-led?

The service was not always well-led.

Audits had been completed routinely and had in the main identified areas needed for improvement. Improvements in relation to medicine management, risk assessment and care planning needed actioning.

A deputy manager and care manager had been appointed to support the registered manager.

Staff enjoyed working at Woodlands Lodge and said the registered manager was open and approachable.

People and relatives said they were given opportunities to provide feedback about the service.

Requires Improvement 

Woodlands Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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. This was a comprehensive inspection.

This inspection took place on 15 January 2019 and was unannounced. The inspection team consisted of two inspectors. At the time of our inspection there were 44 people living in the home.

During the inspection we spoke with five people who used the service and eight relatives and friends of people who used the service. We also spoke with the registered manager and eight staff including the deputy manager, care manager, senior care workers, care workers and ancillary staff.

We used the Short Observational Framework for Inspection (SOFI) to observe one of the dining areas. SOFI is a way of observing care to help us understand the experience of people who could not communicate verbally with us. This also helped us evaluate the quality of interactions that took place between people who used the service and the staff who supported them.

Prior to the inspection visit we gathered information from several sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with Sheffield local authority contract and safeguarding officers and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's written records, including the plans of their care and the systems used to manage their medicines, including the storage and records kept. We looked at three staff files, including recruitment and training information. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

People and relatives spoken with told us they did not have any concerns about getting their medicines at the right time. However, we could not be sure that people were receiving their medicines as prescribed. This was because we found some small gaps in the Medication Administration Records (MAR). We also found one person's patch medication had not been transferred onto the MAR chart and there was a risk that they might not have had their patch changed on time. Also, a record of application for creams and emollients was not always maintained.

The registered manager told us these issues would have been found at the weekly medicine check. Senior staff who administered medicines told us if they saw a missing signature they did not report this immediately. Reporting errors immediately would have meant any mistakes found were dealt with quickly. The registered manager said as of 15 January 2019, creams would be recorded on the MAR and staff would be expected to tell the senior care worker that they had applied the cream and be given the MAR chart to sign. The registered manager also told us she would put a procedure in place to clearly show all staff's responsibilities for immediately reporting any errors or omissions to ensure good medicines management.

There were good records around the management of covert medicines. We saw GP and pharmacy involvement in a best interest decision on file in the MAR, along with an excerpt from the person's care plan. This gave good detail for administration of the medicine and the sorts of foods each tablet could be mixed with.

Pain profiles and PRN (given when required) protocols were completed when people had pain relief medicines. We observed staff were patient when administering medicines and gave people plenty of time to take their medicines. We heard staff offering support to people to take their medicines for example, staff saying to one person, "This won't taste nice, have some tea to wash it down," and to another person, "Tip them on your napkin [name], they'll be easier to pick up."

At our last inspection in February 2018 we found risks to people had been assessed and measures were in place to reduce risks but the quality of risk assessments was variable. At this inspection we found senior staff had started to complete new care plans which included information about people's individual risks and how staff must manage these risks. However, only a small minority of care plans had been fully completed, which meant risks to some people were not assessed and recorded. For example, one person was at risk of epilepsy and there were no details of the form or nature of their seizures, the action staff needed to take or any rescue medicines. This person had lived in the home since 29 November 2018. The registered manager told us the person was admitted to the home for a short stay and had been due to return home on the day of the inspection. However, due to unforeseen circumstances this was not possible. The registered manager acknowledged there was a lack of risk assessment information for this person and immediately commenced this. Following the inspection, it was confirmed to us this was completed.

Prior to the inspection we had received information raising concern about staffing numbers. People who used the service and relatives spoken with told us there were enough staff on duty always. Their comments

included, "There always seems to be plenty of staff around, even at weekends," and "There is enough staff, they never seem to be short." Staff spoken with said there were times when an additional member of staff would be helpful in ensuring people were receiving care and support in a timely manner.

We observed staff responding to people's calls for assistance in a timely manner and providing support at times of people's choice. Our observations of people's care and support, from our SOFI observation and from looking at care records did not evidence people were not receiving a satisfactory standard of care.

The registered manager used a staff dependency tool to work out the number of staff needed for each unit and on each shift. When we looked at the staff rota we found there had been a small number of occasions when staffing numbers had fallen below the number assessed as needed from the staff dependency tool. The registered manager told us they always tried to cover over and above minimum hours with their regular staff or ask an agency to provide cover. When staffing had dropped below minimum this was because no-one had been available to cover. The registered manager told us both herself and the provider were closely monitoring staffing levels and as additional staff had been appointed there was no reason for numbers to fall below minimum in the future.

People who used the service experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. Staff were clear about their safeguarding responsibilities and knew how to raise concerns and how to apply the registered provider's policy. They were also aware of external organisations they could raise concerns with, such as CQC or the local authority safeguarding team.

All incidents and accidents were recorded and reviewed by the registered manager. Where people had multiple incidents, a matrix was used to look for any patterns for example, location or time of the incident. The registered manager explained how they used this information to review people's support to reduce the risk of further incidents occurring.

The staff recruitment process was thorough, which helped to keep people safe. Staff were employed after they had attended a job interview and were able to satisfy the registered manager they were fit for employment. Candidates had to demonstrate their fitness by completing an application form showing their previous work and life experience and its relevance to care. Professional and personal character references were obtained to check if the candidate was of good character. They also completed a disclosure, and barring check. These tell the employer if the person was barred from working in care or if they had committed an offence, which might make them unsuitable to work in care. Proof of personal identification were also supplied and on file.

We observed staff wearing personal protective equipment (PPE) at appropriate times during our inspection and staff told us they had adequate supplies and access to PPE. We observed cleaning taking place throughout the inspection and areas looked visibly clean. Although there were some malodours at times within the home, these cleared throughout the day, as cleaning took place.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection we were not able to establish which people living at the home lacked capacity to consent to their care and treatment. There were no decision specific mental capacity assessments in the care records we reviewed. At this inspection we found where appropriate DoLS applications had been applied for and granted.

Staff spoken with understood the MCA and worked within its principles when providing care to people. Barnsley Metropolitan Borough Council was providing specialist training in MCA/DoLS for staff. Staff told us they always presumed people could make their own decisions until they were told otherwise. Forms for people to confirm they had consented to their care had recently been introduced. These were not all completed but were scheduled to be completed at the next review of care.

People spoken with told us they enjoyed the meals provided. Their comments included, "Any requirements for food preferences are listened to and acted upon. I have a food allergy so they make sure there's other options available to me. I even asked for Cheshire cheese instead of cheddar and they got it for me," "They are feeding me up well here" and "We get good food and lovely meals. I have no complaints."

People were supported to maintain good health by being provided with food and drink that met their individual tastes and preferences. We spoke with the chef. They were knowledgeable about people's individual dietary requirements. They told us they were providing specialised diets for people to help to maintain their good health and wellbeing. For example, pureed, stages of dysphagia (swallowing difficulties) and vegetarian. One relative told us, "[Name of family member] was coughing while drinking so they got the doctor involved and have a thickening agent they use now."

We observed two meal-time experiences. At meal-times, tables were set nicely with table cloths, cutlery and condiments. Some people used specialist cutlery and crockery so they could maintain their independence, for example, easy grip cutlery and raised edged plates. Easy listening music was played in the background and there was pleasant conversation and atmosphere. Staff were supportive and encouraging with people and where appropriate sat with them to assist them to eat.

Individual risks associated with nutrition and hydration were assessed and care plans provided staff with

information on how to support people effectively. Speech and language therapy guidelines and weight management records were in place for people within the service. Observations showed staff ensured people were sitting or positioned correctly, and were comfortable to eat their meal.

Staff told us and we saw evidence they had received an appropriate induction and on-going training to enable them to meet the needs of people using the service. Staff were supported appropriately in their role and could gain recognised qualifications. Staff told us, "I think the training is really good. It covers everything we need to know, and "I keep an eye on my training and when I need to update any. Some I do on-line and others are practical sessions."

Staff spoken with said they felt very well supported by the management team. There was a system in place for all staff to receive formal one to one supervision with their line manager. Supervision was provided at least every 12 weeks. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. A yearly appraisal was also provided. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives.

Is the service caring?

Our findings

We observed positive interactions between people living at Woodlands Lodge and members of staff throughout our inspection. People and relatives spoken with were positive about the staff team. Staff knew people's needs well and there was a stable staff team at the home.

People told us, "They [staff] are all lovely. It's a nice place and they are nice people. I have everything I need," "I love it here, it's homely and friendly. The staff are very nice, there's always someone here to look after me. Even the young ones are great and at night they are lovely. They are all very respectable and kind, it really feels like my home," and "What's good about here is I have a reasonable relationship with everyone."

Relatives told us, "This home seems to be better than most. There is always staff around, who are very helpful people. It's homely and comfortable and staff are friendly and approachable. I don't hear or see anything inappropriate," "All the staff are lovely and they know what they are doing," "I can't speak highly enough of this place. The care here is better than my relative got in hospital," and "The staff always talk to mum until she smiles, they don't just ignore her."

Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

People had their privacy and dignity maintained. One person told us, "It's not home but I suppose it's the next best thing. The staff are mostly very kind and respect privacy and dignity." We saw staff were discreet when offering people care and support. Staff that spoke to us about people did so with respect, they understood how to protect people's privacy and dignity. This showed people were supported with dignity and their privacy was respected.

We saw positive interactions between people and staff. For example, we saw a member of staff was chatting to one person about their family and telling them they were going to out with them at the weekend. Staff said, "We'll make sure you're ready and looking nice." The person was very animated and smiled throughout the conversation. We saw staff were calm, pleasant and showed patience when supporting people. For example, one person was supported to transfer from a chair to a standing position, staff offered encouragement and instruction and ensured the person did this safely and stayed calm.

Staff spoke about people as individuals and told us about how people's independence was promoted. Staff gave examples of supporting people's independence, such as meal preparation, or supporting a person with aspects of their personal care.

The registered manager told us, and records showed, access to advocacy was arranged where necessary. An advocate is a person who can speak on another person's behalf when they may not be able to do so, or may need assistance in doing so, for themselves.

Is the service responsive?

Our findings

At our last inspection we found care plans lacked personalised information. For example, some care plans contained a section which was meant to capture life history details, however, not all care plans contained this information.

Following the last inspection, the registered manager had sought the assistance of the local authority to help improve care planning information and make them more person centred. Person-centred means the person is at the centre of any care or support and their individual wishes, needs and choices are considered.

We looked at the new care plan format and found these care plans were significantly better than the previous care plans. However, only a small number of care plans had been transferred onto the new template. We found care plans on the older format lacked information which could put people at risk of inappropriate care and support. For example, one person had epilepsy. Although the care plan stated, in several places, they had epilepsy there was no record of the nature or frequency of seizures, or action staff were to take, or any rescue medicine prescribed.

The registered manager told us the transfer of information from old care plans to new ones had taken longer than initially planned. This was because they had waited until the local authority had provided training and assistance to staff in writing care plans. The registered manager told us they had a plan in place to complete the new care plans by April 2019 and this had been agreed with the local authority. They had also employed a care manager who was leading this work alongside other senior staff. The high quality of care planning information in new care plans confirmed to us that this work was being completed to a high standard and would have a positive impact on the quality of care provided.

People who used the service and their relatives told us they had discussed their or their relatives care plans with senior staff at the home. Their comments included, "We helped to put the care plan together before moving in, but we've had no input since," and "They [staff] have involved us with any changes made to the care plan."

A member of staff was employed for 25 hours, flexibly each week as the activity organiser. There was an activity programme on display showing such things as bingo, sing a longs and film nights. Some people told us they would like to go out more, whilst others were content with the activities provided by the home. The registered manager told us the activity worker was currently meeting with people to ask about their ideas for activities throughout the coming months.

During our inspection we observed staff had time in the afternoons to spend chatting and engaging with people, which people clearly enjoyed. We also saw people were offered some one to one time with the activity worker, carrying out an activity of their choice.

People and their relatives understood they could make a complaint if they were unhappy about something and felt they would be responded to. One person told us, "I would be happy to speak up if I had any

concerns, I always have. I'll always speak up." One relative told us, "If I have any concerns I speak to [name of registered manager]. I've done this and now my worry is sorted." Another relative told us, "I have raised issues, and these have been dealt with. I have no on-going issues."

There was a complaints policy in place and this was on display in the home. There had been a small number of complaints since the last inspection so we were able to confirm how the policy worked. We saw all complaints were investigated and a response given. There was a system to ensure all complaints were reviewed to consider any learning and help drive improvements.

There was nobody receiving end of life care at the time of the inspection so we did not assess the effectiveness of how people were supported. However, the provider had systems in place to ensure people were supported with making decisions about how they would wish to be supported.

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC).

The registered manager and senior staff monitored the quality of the service. Each month they completed a wide range of checks on the service. For example, they audited a sample of care plans every month and completed an audit of accidents and incidents, safeguarding and complaints. An audit of medicine administration was completed each week. Where audits identified something could be improved, the registered manager created an action plan to help ensure the improvements were implemented. In the main these audits were effective. However, they had not identified the discrepancies we found with medicine administration, risk assessment and care plans.

The registered manager was supported by a deputy manager and care manager. The provider also regularly visited the home and completed a report about their findings. From this actions to improve the quality of the service were agreed with the registered manager.

Staff and managers were clear about their roles and responsibilities. All staff felt well supported by the registered manager and they provided positive feedback about how the service was run. Staff told us they were happy working in the service and were proud of the improvements made to the quality of care provided to people. Staff spoken with said the registered manager, and other managers were all approachable and supportive. One staff member said, "The manager and owner are great. The owner visits every week or so. I would be happy to voice any concerns and am confident they would be dealt with."

The registered manager or other senior staff completed a daily 'walk-around' which gave people regular opportunities to discuss any issues with them or provide feedback about the service.

Staff told us the home had an open and transparent culture. All staff were comfortable raising any concerns or ideas with the management. Staff told us they were listened to. It was clear from our observations that staff enjoyed their jobs. They were keen to achieve good outcomes for people.

Relatives told us the management team were approachable and supportive when their family member moved into Woodlands Lodge. We observed the managers and senior staff were accessible to people, relatives and staff throughout this inspection.

People, their relative, staff, and visiting professionals were asked to complete surveys to obtain their views of the service. The results were analysed by the registered manager and provider and used to continuously improve the service. Action plans were created where necessary.

'Resident meetings' took place every month so any issues about the home could be discussed and people's views obtained. Regular meetings called, 'my choice' were held with people to discuss any new ideas or changes to the home. For example, people had recently been asked if they wanted a dog to visit them at the

home. Each person's comments were recorded so staff were clear who wanted to meet the dog and who didn't.

The registered manager understood the regulatory requirements to submit various notifications to CQC. Registered persons are required by law to notify CQC of any incidents of or allegations of abuse. The registered manager had submitted timely notifications for these and other notifiable incidents in accordance with the regulations. The provider had a range of up to date policies in place such as in relation to the administration of medicines, fire safety, safeguarding and whistleblowing. Having up to date policies helps to ensure staff are following current, up to date guidelines.

The previous inspection ratings were displayed. This showed the provider was meeting their requirement to display the most recent performance assessment of their regulated activities.