

Langdale Lodge Limited

Woodlands Care and Nursing Home

Inspection report

Wardgate Way
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Chesterfield
Derbyshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Woodlands Care and Nursing Home is a care home providing personal and nursing care for up to 50 people. On the day of inspection 14 people were living at the service. Some people were living with dementia and some had nursing care needs. The service is built over two floors. Communal areas were spaced throughout the service.

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

People were protected from the risk of harm and staff understood how to recognise potential abuse and what action to take to keep them safe. Risks to people were identified, assessed and managed. There were enough staff to provide support to safely meet people's needs. People received their prescribed medicines on time. The provider introduced robust COVID-19 processes to reduce the risk of infection spread. We were assured that this service met good infection prevention and control guidelines as a designated care setting.

People received the support they needed to eat and drink and maintain their health and well-being. The provider had made significant improvement to the maintenance and décor of the building. Staff liaised with a range of professionals to make sure people's health needs were met. 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.

People received kind and caring support. People were being supported by staff who knew them well. Comments from people and relatives about the staff were positive. Staff were described as kind and caring, and we observed care being provided in a dignified way.

Staff supported people to make choices about their care and their views were respected. People received person centred care from regular and consistent staff.

Quality assurance systems were in place to monitor and improve standards at the service. The manager and provider promoted a kind and caring culture. The provider supported quality monitoring by carrying out regular audits and regional management visits.

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

This service was registered with us on 24 January 2022 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 15 April 2021.

Why we inspected

This inspection was based on the service changing ownership and the information we held indicated improvements had been made. We were supporting the potential of increasing capacity in the local system. The service had been identified for use by the Local Authority as a designated care setting for people discharged from hospital with a positive COVID-19 status. This inspection was to ensure that the service was compliant with infection prevention and control measures.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodlands Care and Nursing on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Woodlands Care and Nursing Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was carried out by two inspectors on 1 February 2022 and one inspector on 2 February 2022. Expert by Experience conducted telephone calls to obtain feedback from people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Woodlands Care and Nursing 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.

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.

Inspection activity started on 1 February 2022 and ended on 9 February 2022. We visited the service on 1 and 2 February 2022.

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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with eight members of staff including the registered manager, operations director, operations manager, deputy manager, care workers and chef. We reviewed a variety of records relating to the management of the service, including governance and auditing systems. We looked at four staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate 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 our last inspection under the previous provider we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Relatives told us they felt their family members were safe at the service and were confident the new provider was making positive improvements to people's safety. One relative told us, "I felt let down before. I'm feeling more confident now."
- People were supported by staff who had received safeguarding training. Staff knew how to recognise and protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- Extensive improvement and refurbishment work had been carried out by the provider to ensure people lived in a safe environment.
- Risks associated with people's individual needs had been assessed and actions had been implemented to mitigate known risks. People had individual risk assessments which guided staff on how to support them safely. The provider was in the process of implementing electronic care plans systems which would further enhance delivery and monitoring of care to people.
- The provider had introduced new systems to ensure essential safety checks, such as regular fire and hot water checks. A maintenance person had regularly completed the necessary checks to ensure people were safe from any environmental risks.

Staffing and recruitment

- People were supported by enough staff to meet their needs.
- Dependency assessment tools were used to assess required staffing levels and were reviewed regularly by the registered manager.
- Staff were recruited safely. Checks were completed to ensure staff were suitable to work at the service. Checks included references of the staffs' character and their suitability to work with the people who used the service. Disclosure and Barring Service (DBS) checks provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- When agency staff were deployed to cover staff shortages, the provider had appropriate checks in place to ensure agency staff had the required training, competence and received thorough induction into the service.

Using medicines safely

- People's medicines were managed safely and consistently.
- Relatives told us they previously had concerns about their family members not receiving their prescribed medicines. Since the new provider took over the management of the service, a comprehensive audit of all medicine was carried out by the registered manager. Where concerns were identified, the registered manager contacted appropriate health professionals to review people's medicines to ensure people were not over or under-medicated.
- People's medicine administration records (MAR) had detailed information about people's allergies and health needs. MAR sheets were clear and transparent. When people were prescribed 'when needed' (PRN) medicine such as pain killers, appropriate PRN protocols were in place to inform staff when this should be given.
- There were robust and effective medicine checks and audits completed by the registered manager to identify any potential errors or omissions. This included checks to ensure MAR sheets had been fully completed, medicines were in date and to ensure medicines were stored at the correct temperature.

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 assured that the provider was using PPE effectively and safely.
- 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 assured that the provider's infection prevention and control policy was up to date.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

- People using the service were supported to maintain contacts with their relatives. A system was in place to support people to have visits from relatives and any other important people in their lives.

Learning lessons when things go wrong

- Lessons were learnt and actions were taken following incidents.
- The service had a system in place to monitor incidents and accidents so action could be taken to improve people's safety. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.

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 our last inspection under the previous provider we rated this key question requires improvement. At this inspection the rating has changed 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, and choices were met in line with national guidance and best practice.
- People's needs were re-assessed by the registered manager. The assessment looked at people's physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements as well as characteristics identified under the Equality Act such as cultural needs and sexuality.
- The provider had reviewed and updated people's care plans and risk assessments to ensure they reflected people's actual needs and were up to date. People's new care plans and risk assessments were detailed and provided staff with enough information on how to support them safely and effectively.

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

- People's health needs were managed safely and effectively. People's plans of care detailed information about their medical history and their current health care needs.
- The provider and registered manager had worked closely with their local GP practice to ensure people's health needs were regularly reviewed and when it was needed appropriate treatments and support was sought.
- People who were identified at risk of choking were referred to a Speech and Language Therapist (SALT). This was to ensure appropriate guidance was sought and given to staff to reduce the risk of people choking.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- A board with people's photos had been put up in the kitchen, which outlined people's dietary and fluid requirements, any allergies, food preferences and other crucial information's to ensure kitchen staff had up to date information about people's dietary needs.
- Care plans provided details of people's nutritional support needs and their food preferences. When people showed signs of losing weight, staff would refer them to the appropriate professionals for additional advice.
- We observed people's lunch time experience and we saw people were offered different choices of food and drinks. Meals served at lunch were appetizing and well-presented. We saw staff remained with people throughout the meal. Where prompting or assistance was needed this was provided without delay.

Staff support: induction, training, skills and experience

- People were supported by staff who had the right competence, knowledge and skills to carry out their

duties.

- Detailed induction programmes were implemented by the new provider and registered manager for new staff. There was an ongoing training programme to ensure staff had the skills to ensure people were supported safely. Staff who were new to care had been enrolled to complete the Care Certificate programme. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
- Additional staff and resources from the providers other locations and head office had been deployed in the service to offer support to staff who transferred from the previous provider with additional training and to embed new provider's vision, values and ethos.
- The system for staff supervision and support was recently introduced to ensure staff received support from the management team. Staff meetings had been pre-planned and were scheduled at different times to give equal opportunities for day and night staff to attend.

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

- The provider had carried out extensive refurbishment work and plans were in place for further improvements.
- Relatives told us they noticed the improvements made by the provider. One comment included, "I would recommend the home now. I like what they've done with the refurbishments, plumbing, flooring and decorating and signing-in area is much airier".
- The provider had replaced floor covering in most communal areas, refreshed the colour schemes and re-arranged the layout of some areas to make it more user-friendly. Decorations and adaptations were laid out in an accessible way to help people promote their independence.
- The provider had appointed an external engineer to check all moving and handling equipment. Following the findings and recommendations, the provider had replaced most of the moving and handling equipment which included, slings, hoists and slide sheets.

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 MCA 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.

- When there were concerns people may be lacking capacity to make specific decisions, their mental capacity had been assessed by the registered manager. When people were deemed to lack the capacity to consent, best interest decisions were made which involved people's relatives and health professionals.
- Where restrictions were identified, DoLS applications had been made to ensure these restrictions were lawful.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection under the previous provider we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well-treated by kind and caring staff.
- The registered manager and staff were motivated and passionate about delivering care to people which was kind and compassionate.
- Relatives told us longstanding staff knew their family members well and ensured people's privacy and dignity was respected. A relative told us, "Oh yes the staff know [name] very well. They know how to make [person] laugh. They're very respectful towards [person]."
- Staff knew people well and were able to help them express their views and decisions. For example, we saw one person was becoming distressed and upset. Each time staff had recognised this, they acted quickly to offer re-assurance in a meaningful way.

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

- Staff knew when people needed their space and privacy and respected this. People who preferred to spend time in their own bedrooms were able to do so, and others who preferred to spend time with others were supported to access communal areas.
- People's relatives confirmed people were given choices. Comments included, "The staff try to give [person] choices. [Person] chooses what [person] eats, particularly breakfast and they try to fit round what [person] wants" and "[Person] wishes are respected. People are not treated like robots! The staff know my [family member] very well."
- People were asked about the quality of food by kitchen staff on a regular basis. Kitchen staff were then able to adapt meals to meet people's choices and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was considered and promoted by staff.
- This was reflected in the feedback from relatives. One relative told us, "The staff are kind and caring and I found my [family member] is responding better. Previously [person] had been forced to sit down all the time but now [person] is able to wander around which [person] by far prefer, although [person] does stumble with dementia. The staff do keep a close eye on [person] though. I think they've given [person] their independence back."
- We saw good examples of staff promoting people's privacy and dignity whilst touring the service. We saw staff knocking on people's door prior to entering rooms to request consent to enter. We saw people were offered an apron to protect their clothing from spillages during mealtimes.

Is the service responsive?

Our findings

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

At our last inspection under the previous provider we rated this key question requires improvement. At this inspection the rating has changed 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; 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 received personalised care and support based on their needs and preferences.
- The registered manager had involved people and their relatives in reviewing and developing plans of care. People's needs were identified, including needs on the grounds of protected equality characteristics, people's choices and preferences. Care plans were detailed and provided information for staff how best to support people with personal care, eating and drinking, medicines and other day to day activities.
- People received person centred care from regular and consistent staff. Most of the staff who worked under previous provider had remained at the service to provide continuity of care to people.
- People were supported to develop and maintain meaningful relationships with their families and friends. Relatives were able to visit their family members and spend time with them in their bedrooms.
- Although an activities co-ordinator was not yet appointed at the time of our inspection, we saw staff supported people to enjoy the activities they liked and preferred. The provider told us they were actively recruiting for an activities co-ordinator to establish activities programme.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had complied with Accessible Information Standard and people's communication needs had been fully assessed and documented within their care plans.
- Information such as daily menu choices were available in both printed and pictorial format.

Improving care quality in response to complaints or concerns

- People's complaints and concerns were listened to and responded to by the provider and registered manager.
- The provider's complaints policy was easily available to people and visitors on the display board. There were processes in place to ensure that all complaints, both formal and informal; verbal and written would be dealt with appropriately.

End of life care and support

- People were cared for when they required end of life care with support from GP and district and palliative care nurses.
- Information about people's last wishes was discussed and recorded with people and their relatives so staff knew what to do when people were approaching the end of their life.

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 our last inspection under the previous provider we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted a positive culture and a person-centred approach to care. We saw significant improvements were made to the environment, people's records and to the general atmosphere at the service. We observed positive and friendly interactions between staff and people throughout the day.
- The provider and registered manager had contacted people's relatives to introduce themselves and explain the transition process. Relatives told us they found new management team approachable and had confidence in them. Relatives comments included, "I think the new managers are pulling it round...The deputy and the manager seem very caring people" and "The new manager and deputy are approachable."
- The provider had scheduled regular staff meetings and staff supervisions. Staff meetings were used to improve staff morale and to enable staff to feel appreciated and valued.
- Staff told us that morale within the team had significantly improved and staff had not felt stressed about coming to work anymore. This led to a happy environment for people to live in.
- The provider had introduced free of charge access to an employment assistance programme to support staff with any concerns about their wellbeing. This offered 24-hour support for all staff and their families in relation to any hardship they may be facing, such as dealing with anxiety, financial difficulties or bereavement.

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

- The provider, registered manager and staff were clear about their responsibilities.
- The provider had implemented effective checks to ensure the quality of service provided to people was monitored. Quality audits had been carried out on people's care records, environmental safety, equipment and medicines. Where shortfalls were highlighted, they were actioned without delay.
- The provider had deployed additional resources including regional operations managers, an external training provider and staff from the provider's other locations to support regular staff and to drive further improvements.
- The provider had implemented policies and procedures to ensure the service delivery would not be interrupted by unforeseen events. The business continuity plan took account of the COVID-19 pandemic to ensure people continued to receive the care they needed.
- Staff were encouraged to take on and develop additional roles such as 'champion' roles. For example, one staff was promoted to become a 'Dignity Champion'. The provider told us the 'dignity champion' would

receive additional support with training and guidance to enable them to drive further improvements to the quality of life for people.

- Staff told us that the management team was supportive, led by example, and they felt confident raising any issues or concerns. One member of staff told us, "It was quite stressful during transition from one provider to another, but they [provider and registered manager] were very supportive and were able to answer all of my questions which was really good. [Registered manager and deputy manager] are always here, they come in at the weekend and know I can always speak with 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 and registered manager understood their responsibility to be open and honest with people and acted in transparent way when things went wrong.

Working in partnership with others

- The registered manager worked closely with health and social care professionals and implemented their advice into care plans in order to improve outcomes for people.

- The local authority had previously raised serious concerns about the management of the service under the previous provider, however recent feedback about the service and the changes implemented were positive. Local authority had noted the progress made by the new provider in a short space of time to improve the service and outcomes for people.