

Woodland Healthcare Limited

Woodland Park

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Woodland Park is a care home with nursing, providing support to up to 27 people. At the time of the inspection there were 25 people living at the service with two other people waiting to be admitted from hospital.

The home is set close to Babbacombe Downs, the sea and local shops and services.

People's experience of using this service:

People and their relatives spoke highly of the service they received from Woodland Park. The service had strong person-centred values and placed people's wellbeing at the heart of their work. People received personalised support which met their needs and preferences.

People received their medicines as prescribed. We have made a recommendation the service updates their medicines management policy to ensure it is in line with current good practice and make any changes needed as a result.

People were involved in the planning and delivery of their care and this was done in a way which encouraged their independence and choice. People's care plans contained personalised information which detailed how they wanted and needed their support to be delivered. Staff knew people and their needs well, and could tell us how people liked to be supported.

Risks to people's health, safety and wellbeing were assessed and acted upon including for the management of health conditions. People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

People were supported by kind and caring staff. We saw staff being engaged with people and there was a positive, happy atmosphere. Staff expressed concern and compassion towards the people they were supporting, and were. Staff were provided with the training, supervision and support they needed to ensure they had the needed skills to care for people well.

There was strong leadership at the service. People and staff spoke highly of the management team and there was a positive culture at the service with people and staff feeling their voices were listened to. Where people had raised concerns, for example about the food, we saw actions were in place to address them.

There were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided. Systems ensured learning from incidents and accidents, and the registered

manager and staff updated their learning via attending local forums and using training resources available to them.

More information is in the full report

Rating at last inspection: This service was last inspected on 8 and 9 February 2018. It was rated as Requires Improvement at that time in the key questions for safe and well led, with an overall rating a Requires Improvement. We saw improvements had been made since the last inspection and have rated the service as good.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received 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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well led

Details are in our Well led findings below.

Good ●

Woodland Park

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

The inspection team consisted of one adult social care inspector, a specialist advisor with experience of nursing care, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Woodland Park is a care home with nursing. People in care homes receive accommodation and personal care. 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 and started at 07:00am. This was because we wanted to meet the night staff and observe the morning handover between staff shifts to see how duties were allocated for the day.

What we did:

The registered manager sent us a provider information return (PIR). This is a document completed by the registered manager which contains information on how the service is developing and any planned improvements. We also spoke with the registered manager by telephone following the inspection to clarify some evidence.

During the inspection we spoke with nine people living at the service, five visiting relatives, the registered

manager, five members of care and nursing staff, the activities co-ordinator, housekeeper, maintenance person and chef.

We looked at the care records for four people in detail and sampled other records, such as those for medicines administration, audits and the management of risks. We sampled policies and procedures in use, reviewed complaints and concerns and notifications sent to us about the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The service was managed in a way that protected people from abuse. People made comments including "I feel safe. I know someone is always here. They come and check on me" and "Oh yes. I feel safe. They check on me at night and pop their head around the door and ask, 'Are you OK?' "
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Staff told us they understood how to raise concerns and would feel confident in doing so. Information about how to respond to concerns about people's welfare or abuse was available in the service's hallway, and there were policies and procedures to guide staff on actions to take.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff started work.
- There were enough staff to ensure people had access to the care that met their needs and protected them from risks. Registered nurses were at the service during the day and the service had access to a peripatetic nurse at night who worked across the provider's local services. We saw staff had called them to seek advice for a person who had been injured in a fall and they had been able to respond promptly. The service used a dependency tool to help them decide the numbers of staff needed, with appropriate skills and training.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these, including risks from pressure damage, poor nutrition and living with ill health. Staff were knowledgeable about people's needs and knew how to keep them safe.
- Where necessary, specialist advice from healthcare professionals was sought to reduce risks to people, for example the tissue viability service or local hospice support team. Specific individual advice had been sought from supporting healthcare professionals, for example with the management and risks associated with people living with diabetes.
- People were fully involved in their risk management, and plans to minimise risks had been drawn up with their input and agreement. For example, we saw one person living at the service had been supported to use an online healthcare training resource with the registered manager to minimise the risk of falls and injury. This had led to the person making changes to their own environment to reduce risks, and taking greater control of their condition.
- The premises and equipment in use were well maintained, with risk assessments and control measures in place. The registered manager was reviewing the use of hot surface protection and window restrictors at the time of the inspection to ensure they met legal requirements and best practice. Following the inspection the registered manager confirmed actions had been taken to ensure people were safe.

Using medicines safely

- The guidance and prescription for one person's medicine used as a thickening agent to support the person with swallowing difficulties was not clear. Although staff knew the person well and understood the person's needs the registered nurse took immediate action to ensure this was clarified.
- We recommend the service ensure the medicines administration policy is updated in line with professional guidance, to include covert medicines administration, transcribing of changes to prescriptions and 'as required' medicines procedures, and any changes to practice take place as a result. This was discussed with the registered manager in a telephone call following the inspection, and they confirmed actions were being taken.
- Where possible people were encouraged to participate in their medicine management. Risk assessments were in place to support this.
- Medicines were stored and disposed of safely and people received their medicines as prescribed. People told us "They come on time. They are always regular."
- Audits and reviews of people's medicines and medication administration records (MAR) were undertaken and the service responded to any issues identified.
- Medicines were administered by registered nurses only, and the registered manager undertook regular competency checks, tests and spot checks.
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Preventing and controlling infection

- Good infection control practice was in place, and the service did not have any malodour. Staff had access to personal protective equipment to stop the spread of any potential infection. Safety needles were in use, and sluice rooms were clean.
- One person was at significant risk of infection, due to medicines they were taking. The service was aware of arrangements to reduce any risk of cross infection and poor health outcomes for this person.
- One bathroom and toilet did not have hand-washing facilities. We discussed this with the registered manager who told us they would review the use of this room.
- Some replacement of short term use healthcare equipment was not being recorded, for example oral syringes for feeding systems, catheter bags or oxygen masks and tubing. Staff understood when this should happen, and this was detailed in people's care plans, so risks were minimised. The registered manager told us they would be ensuring changes would be recorded in future.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. The registered manager audited incidents and accidents each month to ensure changes could be implemented quickly to reduce risks and to identify any trends.

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

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.

- Assessments of people's needs were carried out before they came to live at the service. For some people this occurred under the Trusted Assessor programme, which meant people's needs may be assessed by a professional external to the service.
- Care plans had been developed to guide staff on how best to meet people's needs. People's needs were regularly reviewed and where changes had occurred their care plans were updated. People or their relatives had been involved in their care planning and reviews.
- Care plans were succinct but personalised and in line with good practice. They identified people's wishes regarding their care.

• Staff support: induction, training, skills and experience

- The service had a training programme in place to ensure staff had the necessary skills to meet people's individual needs. Staff undertook an induction to the organisation and staff new to care work completed the Care Certificate, which is a nationally recognised course in Induction for care workers. The registered manager accessed local NHS training resources via an internet link, called The Hive. They and staff had found this very useful, and told us they were planning on using further resources to help people living at the service improve their healthcare outcomes.
- Staff said they had received sufficient training to carry out their job. Mandatory training updates were booked for the 1st April and training in continence management had recently been carried out.
- Staff knew people and their needs well. People told us they had confidence the staff were skilled in supporting them. One person told us "I think they are well trained and they send two staff for me to be moved" and a relative said "I have seen the training and I am pleased my (relation) has recovered well and is gaining in strength. Great medical and personal care."
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals.

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

- Where people needed help with their nutrition and hydration this was provided. For example, one person was having difficulties eating the food provided. The registered manager had organised for the person and their relative to make a list of foods they enjoyed. They then had a meeting planned to discuss how they

could support the person to eat better. Menus were on display and people could choose additional options such as omelettes, salads or lasagne/cottage pie if they wanted something else.

- Some people who chose to eat in their rooms told us the food they received was not always hot enough when it reached them. The registered manager was aware of the issue and they acted to address this. They told us they would be ordering a heated food trolley to ensure people's meals could be kept hot. Other issues of choice and meal quality were under review, because of people's feedback, as some people had said they did not always enjoy the meals served. One person told us "It depends on who's cooking. It's sometimes boring and there's not much choice" and another said "The food isn't very warm. However, if I don't like something I can have an alternative."
- Where people needed support with specialist meals or textures due to swallowing difficulties we saw staff were clear about people's needs and how to support them. People were regularly weighed and actions taken when people were at risk of poor nutrition. Where people needed support to eat this was done sensitively.

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details was in place. Where conditions were attached to an application to deprive a person of their liberty we saw these were being followed.
- People were asked for their consent for care. One person told us "They always ask if I'm ready" and a staff member told us "We always ask, and talk to people while we are looking after them."
- Decisions made in people's best interests or safety were recorded, with the involvement of people involved with supporting the person, such as their relatives. We saw one decision made in the person's best interests. This had been agreed with their relatives, and was based on a clear assessment of risks to the person and others. A relative told us "The manager really involves me in mother's care."
- Staff and the registered manager had good knowledge of the MCA framework and encouraged people to make choices wherever possible. This helped ensure people's rights were protected.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us the service supported them well. They said "The staff are lovely. They are brilliant. Nothing is too much trouble" and "It's a fun and friendly atmosphere in here." We saw staff were very engaged with people; there was a positive atmosphere, with joking and gentle banter between people. One person told us "This place is like heaven."
- Staff had a positive approach to supporting people, even when their prognosis was not good. Throughout the day the registered manager and staff told us "we never give up on anyone" and could give us examples of how people had been supported to have a positive outcome and enjoy experiences, even if their participation in other areas was limited. We saw people being taken out for walks or in wheelchairs to make the most of the service's location and the fine weather.
- Where people had behaviour that was related to living with dementia the service used external agencies for advice and support in how to manage this positively. For example, one person was reluctant to change their clothes or maintain their personal hygiene. The service was working on supporting the person to be involved in managing their own washing and laundry, and hanging out clothes to dry as a way of helping them feel more positive about this activity.

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

- People were fully involved in their care planning and expressing their wishes about their care.
- Where people had difficulties with verbal communication they were provided with alternative methods of communication to involve them in decision making. For example, one person had an iPad to assist their verbal communication if they wished. However, staff were also skilled at understanding the person's communication without the use of technology. This was recorded in their care plan.
- Care plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems or none. There was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. Statements were available in the service users guide about anti-discriminatory practice and the service's support of the LGBT community.
- Residents meetings were held to help people share their views on the services provided and any changes they wanted made. Minutes of a 'residents meeting' held in January 2019 had included feedback about activities people enjoyed, food options and people's views on the environment of the home.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. One person told us "They always knock before entering my room and then ask if they can help me" and another said, "They treat me respectfully". A relative said that they noticed the staff were very respectful towards their relation.
- Care was delivered in private and staff were respectful and discreet when talking to or about people living at the service.
- Staff told us they took pride in ensuring people's clothing was well co-ordinated, with jewellery and make up where people wanted this. The hairdresser was at the service on the day we visited.
- We heard staff discussing people with care and compassion. For example, during the morning handover we heard one person living at the service had received some bad news. Staff agreed they would ask a staff member who they related to, to spend time with the person, just having a coffee together and giving them time to talk, if the person wanted to.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support in a way that was flexible and responsive to their needs.
- Care plans provided staff with descriptions of people's needs and how they should provide support in line with people's preferences.
- Staff could describe for us what support people needed and how they met this. For example, a staff member described how they had supported a person manage their personal hygiene and catheter care. This included supporting the person to undertake tasks they wished to themselves, helping to maintain their independence.
- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service could provide information in different formats, including large fonts if needed. Further information was being developed for people newly arrived at the service, including staff member's job roles, uniforms and any routines, such as mealtimes. The service had wifi, so people could use internet based devices and phones to maintain contacts outside of the home as they wished.

The service had an activities co-ordinator, who provided a schedule of activities for people, both in groups and more person centred one to one time. One person told us "I love the singing and quizzes and the bingo." Another person said they were happy with the activities co-ordinator who came to their room and "helped with their knitting."

Improving care quality in response to complaints or concerns

- People told us they would feel able to raise concerns if they wanted. The registered manager told us they had an 'open door' policy, for people to raise any concerns with them.
- Systems were in place to address any concerns raised. We looked at copies of responses to complaints and saw the service had acted to address any concerns. Learning took place as a result to avoid any repetition.

End of life care and support

- People's care wishes at the end of their lives were recorded in their care files where these were known. The registered manager was working on developing ways to start conversations with people about the end of their lives if they wished to discuss this. This included discussions with the local hospice team, with whom they worked closely. Some documentation had already been developed.
- Some people living at the service were approaching the end of their lives. This had involved the service

obtaining 'just in case' bags for medicines that might be needed to be quickly available in case of a sudden deterioration in the person's health, such as pain relief.

- Staff received training on how to support people at the end of their lives. A registered nurse had undertaken an extended programme of study at the local hospice about supporting positive end of life care, which was leading to changes in the way conversations were being held.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People said the service was well managed. They spoke highly of the registered manager and nurses, although some told us the registered manager was very busy, so it was not always easy to find her. One person told us of the registered manager "She's lovely. She gives me a cuddle and makes sure I'm OK" and another said, "She is cheerful".
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Staff and the registered manager told us there were as few rules as possible at the service and had an attitude that "rules were there to be broken" anyway with regards to people's care if that was their wish. They told us they aimed to create a family like, nurturing atmosphere, where people could 'have fun and be themselves'.
- The registered manager and management team were focussed on providing a high quality and person-centred service for people, recognising their individuality. They understood the importance of working well with other agencies and families in an open and transparent way.
- The service informed relatives of any concerns if an accident or incident had happened, and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation.

Managers and staff were clear about their roles, and understanding quality performance, risks and regulatory requirements

- Woodland Park's registered manager was also the registered manager of another local service operated by the same provider organisation. They also provided group management and oversight across the region. They told us they had set days to work at Woodland Park when they carried out management tasks such as auditing practice and development plans.
- Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided. We saw audits for medicines, infection control and call bell response times. These were up to date and where actions were needed we saw these had been carried out. Daily and weekly checks were made of the environment, and we saw staff and people reporting concerns to the services' maintenance team for action.
- The staff team was substantially stable with several staff having worked at the service for over 20 years. Staff were positive about their roles and the working environment of the service.

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

- The registered manager was committed to involving people in the service. They regularly sought views from people, their relatives, staff and external healthcare professionals through a series of questionnaires.
- Regular staff meetings took place to ensure information was shared and expected standards were clear.
- Staff said they felt listened to, were supported by the management, and had an input into the service. For example, one staff member told us the level of staffing and equipment had improved and that there was plenty of training.

Continuous learning and improving care

- The registered manager was continually working towards improvements. They were involved with a local care forum and had been involved in sharing good practice amongst other services. The service had regular involvement with the local authority quality improvement team, and were working on a number of projects to improve and develop care practices, in particular with end of life care information.

Areas needing attention at the last inspection had been addressed. The registered manager had also used information about changes needed at other services to improve those at Woodland Park.