Devon County Council

# Woodland Vale

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| 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

This inspection was unannounced and took place on 29 June 2016. Woodland Vale is registered to provide care and support, which does not include nursing, for up to 20 people. They provide this support for people living with dementia. At the time of this inspection there were 19 people living at the service and one person was having a short break.

A registered manager was 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 2014 and associated Regulations about how the service is run.

The staff team were knowlegible and skilled at working with people living with dementia but they all said they were rushed, and did not have enough time to spend one to one with people. Our observations showed staffing levels were only sufficient to meet people's basic care needs. This was because some people had complex care needs and required two staff members to assist them with all their personal care in a safe way. The staffing levels were four care staff across two units plus one senior team leader. The service used a dependency tool to check they had sufficient staff. This tool did not include a measure for ensuring people's social needs were being met.

Staff received training in all aspects of health and safety as well as in understanding the needs of older people and dementia. Staff had support and supervision to help them understand their role and do their job effectively. Staff were skilled and patient when working alongside people. Staff understood people's needs and wishes and preferences and worked hard to ensure these were met. Staff said they had good training and support. One staff member said ''A fair few of us have worked at this home for a number of years. We have always had excellent training.''

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of inspection the majority of the Deprivation of Liberty Safeguards applications had been approved by the Local Authority in relation to people who lived at the service, 18 out of 19 residents had their Deprivation of liberty granted. This showed how the service respected people's human rights.

Recruitment processes ensured only staff were employed who were suitable to work with vulnerable people. Staff understood how keep people safe following risk assessments, using the right equipment and reporting any concerns.

People's medicines were being well managed, which included written guidance to tell staff when they should consider an as needed medicine (PRN) for people who lacked capacity.

People said they felt safe and well cared for. Staff knew people's needs and preferences. One person said '' I love it here, staff are the best.''

Staff knew how to protect people from potential risk of harm and who they should report any concerns to. They also understood how to ensure people's human rights were being considered and how to work in a way which respected people's diversity. For example ensuring people were supported at a time which suited them and in a way they preferred.

Care and support was well planned and any risks were identified and actions put in place to minimise these. People had access to their plans if needed. People's support plans are stored in the communal lounges, in secured cabinets. If people or their families wish to have access they can request a member of the team to provide access to their individual support plan. Daily records showed people's personal, health and emotional needs were monitored. People confirmed they were able to see their GP when needed and relatives confirmed they were kept informed of any change in the needs of their relative.

The provider ensured the home was safe and that audits were used to review the quality of care and support being provided. This took into consideration the views of people using the service and the staff working there and actions were taken in response.

We have asked the provider to consider two recommendations, which are included in the main body of the report. One is around ensuring staffing levels reflect people's needs and the other is to ensure activities are available throughout the day.

## 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.

There was not enough staff to provide care and support to people at Woodland Vale, in a timely way due to people's complex needs.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Staff recruitment ensured people were kept safe.

### Is the service effective?

**Good**

The service was effective.

People were supported by staff who were trained and supported to meet their physical, emotional and health care needs.

People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People's dietary requirements were well met and mealtimes were unrushed and enjoyable for people.

### Is the service caring?

**Good**

The service was caring.

People were treated with dignity, kindness and respect.

People were consulted about their care and support and their wishes respected.

## Is the service responsive?

Good

The service was responsive.

Care and support was well planned and any changes to people's needs was quickly picked up and acted upon.

People or their relatives concerns and complaints were dealt with swiftly and comprehensively.

## Is the service well-led?

Good

The service was well-led.

The home was well-run by the registered manager and provider who supported their staff team and promoted an open and inclusive culture.

People's views were taken into account in reviewing the service and in making any changes.

Systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis.

# Woodland Vale

**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 was planned to check 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 inspection took place on 29 June 2016 and was unannounced. The inspection was completed by an inspector and a specialist advisor. The advisor had specific experience in dementia care in residential settings and was also a registered nurse.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their dementia.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we met most people using the service, and spoke with six people to gain their views about the care and support they received. We also met with three nurses, five care staff and the registered manager. We spoke with three relatives during the inspection and one health care professional following the inspection.

We looked at records which related to four people's individual care, including risk assessments, care plans and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes.

Requires Improvement

# Is the service safe?

## Our findings

Staffing arrangements for Woodland Vale were not sufficient to meet all people's needs. For example staff worked hard to ensure people's basic care needs were being met, but felt they did not have the time to offer people meaningful activities. This included being able to offer one to one time to chat and engage with people, except when providing direct care. The registered manager showed us a tool used to assess people's dependency as a way of calculating the number of staff needed for each shift. Their tool estimated that they had sufficient staff available throughout the day and night. The tool did take into consideration, staff handover time and individual social interaction.

Staff described how some people required two care staff to assist them safely with all aspects of their personal care. This meant there were periods throughout the day when two staff were engaged in supporting people leaving other people unsupervised. This was because the home was divided into two units with two care staff allocated for each of these units. There was a senior team leader for each shift. Their primary responsibility was to ensure each person had their medicines in a timely way as well as liaising with people's GP and community nurse team. This meant the staff team could not rely on the team leader being available at all times to cover when they were assisting people with personal care. We observed several periods throughout the day when each lounge area was devoid of care staff due to them needing to assist someone with personal care. The impact for people was that they appeared disengaged and lacked stimulation for periods of time throughout the day. Staff confirmed this was a regular occurance as they needed to ensure people had their basic care needs met. One staff member described ''being constantly run off our feet.'' Although we observed some lovely interactions with staff engaging with people, this was sporadic and at times when they were not dealing wth personal care.

Each staff member we spoke with felt they could offer a more personalised and quality service if they had more staff to cover shifts. One said ''It is lovely that we have two units which means our residents live in a more homely environment, but it does make it more difficult for the staff team to cover each unit when we are attending to people in their room or bathroom.'' Another said ''We used to have more staff, now it feels like we are always chasing our tail. We always do our best and people get the best care, but we are sometimes rushed and it would be nice to be able to spend more one to one time with people.''

It is recommended that the service reviews the staffing levels taking into account people's social and emotional needs as well as their basic care needs.

People said they felt safe and well cared for. One relative commented ''I do feel (name of person) is safe here. There are always some aspects which could improve but staff are very good.''

People were protected from risks. Where people had been assessed as being at risk of developing pressure areas, risk assessments identified what equipment and support people needed to minimise this risk. This included the use of pressure relieving equipment and where people were less mobile, instructions for staff to ensure people were assisted to change position on a regular basis. This helped to reduce the risk of developing pressure areas. A visiting community nurse said staff referred people who were at risk of pressure

damage at the first signs of any reddening of skin areas, which could be an indicator of them developing pressure damage. She described staff as being "caring, they do not cut corners and provide excellent care. I would recommend this home.'' Where people's needs changed the provider acted swiftly to ensure the right equipment such as airwave mattresses were available without delay.

Staff recruitment files showed checks were completed in line with regulations to ensure new staff were of good character and suitable to work with vulnerable adults. New staff were required to complete an application form and any gaps in employment were checked with them at interview. Their last employer was asked for a reference and checks were made to ensure potential new staff did not have a criminal record which would preclude them from working with vulnerable people. One new staff member confirmed they were only employed and able to work on shifts once all their checks had been completed.

Medicines were well managed and people received their medicines at the time they were prescribed to be given. The medicines storage room was very organised and tidy. There were clear procedures for the cleaning of equipment used in medicine management, temperature checks and room checks, these were all complete.

Medicines which required stricter control were managed in accordance with the legislative requirements, and all doses were accounted for.

The staff member did not leave until they had witnessed each person swallowing their medicines in accordance with the home's medicines policy. Staff confirmed they received training in safe handling, storage and administration of medicines and their competencies were reviewed as part of their ongoing learning. This task was usually completed by the team leader of each shift. One relative said they were sometimes concerned that their relative's medicines may not be given at the exact time, which was imperative for their wellbeing. We found no evidence to suggest medicines were delayed for any reason.

There were specific PRN (as needed) management plans in place, all instructions were clear and all PRNs were coded with further information on the back of the medicine records. This helped to ensure a consistent and safe approach to medicines which were not routinely prescribed.

Staff understood how to identify possible concerns and abuse and knew who they should report this to. They confirmed they had received training regarding safeguarding. The registered manager had identified within their provider information return (PIR) that all staff had received some training in safeguarding and the registered manager, deputy and team leaders had all received the highest level of safeguarding training offered by Devon County Council. The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to CQC. There have been no recent alerts raised by the service or anyone outside of the service within the last 12 months.

The environment was safe and well maintained. The provider had invested in ensuring the environment was dementia friendly. This included distinct colours for floors and walls to help people orientate themselves. People's bedroom doors had clear signage and a memory box next to it with photos and items of importance to the person, which helped people locate their own room. The home had been divided into two units, but people could access both units. Each unit had a homely lounge and dining area with focal fire places and items of interest dotted around the place. The PIR identified the service would be purchasing coloured toilet seats and working on a photo menu to help with their dementia friendly environment.

The whole service was kept clean to an exceptional standard. The housekeeping staff confirmed they had clear cleaning schedules which took into consideration infection control measures. This included using

different colour mops and cloths for different areas. Staff confirmed there was always a plentiful supply of personal protection equipment such as gloves and aprons. We observed staff using these appropriately throughout the day. The service had an infection control lead and followed relevant legislation and best practice.

Good

# Is the service effective?

## Our findings

People were supported to have their needs met effectively by a staff team who knew their needs, preferences and wishes. Whilst most people were unable to give an informed view, our observations showed staff worked well with people. Staff showed a high level of understanding people's needs and wishes. In discussion, staff were able to describe what was important to individuals and how they worked in a way to ensure these were honoured. For example one person enjoyed knitting and craft work. Although they may have lost some of these skills, staff worked with them to help them continue to enjoy this activity for short periods when time allowed.

Relatives were positive about staff understanding the needs and wishes of their relatives. One told us ''I do visit most days, but not because I don't trust staff. I know they know my relative well, but I like to be here.'' Another agreed that staff had developed a good knowledge and understanding of the particular ways their relative liked to be cared for.

Staff said they were given training and support to do their job effectively. This included training in health and safety as well as more specialised areas such as dementia care, end of life care and specific health conditions such as diabetes, pressure care, bowel care and hydration. One staff member said ''We are a very strong team because we have worked here for a while, we know our residents and we continue to get training.'' Another staff member said ''Even when you have been a carer for years, you still learn something every day. We are proud of our home, of how we work and of how we keep up our skills through regular training.'' Some staff said they would benefit from some training in working with people who may challenge the service and knowing how to break away from a situation where they or someone else may be at risk of harm. We fed this back to the manager who agreed she would look into this.

Staff confirmed they received regular supervision and appraisals to discuss how their role was going and to explore any training needs. Staff said they found this support helpful.

New staff were required to complete an induction programme.
The service acted in a way which ensured people's human rights were upheld. This included ensuring they worked in a way which encompassed the principles of the Mental Capacity Act (2005). The Mental Capacity Act (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

It was clear the registered manager had made appropriate applications to safeguard people's rights and work in the least restrictive way. Staff were aware of who had such safeguards in place and why. Mental capacity assessments were decision specific and where people lacked capacity best interests meetings were held. This was to ensure best interest decisions included people who were relevant to the person such as

their relative, GP and community nurse.

Staff understood the principles of ensuring people were given choices and where possible people's consent was gained. For example when providing personal care, staff were mindful if this caused people distress and worked as a team to find the best approach. Sometimes this meant leaving the person and trying again later.

People were supported to eat and drink to ensure they maintained good health. The cook said that although they asked people to make choices, she still prepared enough of both main meal options to allow people to change their mind. We saw lovely interactions at lunchtime, where people were offered the two meals as a physical prompt. The cook said they were currently taking photographs of all the meals. This was so they could produce photo menus for people to use to help them choose their preferred meal.

Meals were attractively presented and the cook helped to serve them so she could observe what people were enjoying. The mealtime experience was relaxed with staff sitting with people to eat their food. Where people required support to eat their meal, this was done at a pace which suited them. The staff spoke to people they were supporting, explaining what was on the spoon and asking questions about what the person was enjoying eating.

Where people were at risk of losing weight, additional snacks and high calorie drinks were offered. Some people had been referred to their GP and had been prescribed fortified drink supplements to help maintain their weight. Staff talked about the optimum moments, encouraging people when they could to eat and drink. One staff member said ''We get to know our residents pretty well and if we know they like something particular we make sure they have this. We are having strawberries and cream as an afternoon snack to celebrate the start of Wimbledon. Some of our folks will love this and have extra portions."

Care records showed how people's health care needs were closely monitored and where needed healthcare professionals were called for advice and support. For example for one person who had swallowing difficulties, the care notes showed on-going liaison with the speech and language therapist. There were specific clear instructions within the care plan following the guidance of the therapist. This was in relation to how best to support the person to drink without risk of choking.

Woodland Vale has had no new care staff commence employment since the Care Certificate was introduced in 2015.  Woodland Vale worked within the requirements of the Devon County Council corporate probation period and utilises the service specific induction process as and when new employees start working at Woodland Vale.

Good

# Is the service caring?

## Our findings

There were strong and caring relationships between staff and people who lived at the service. Throughout the day we saw many examples of staff offering a kind word, a joke or a cuddle for someone who appeared lost or distressed for some reason. Relatives confirmed they believed the staff team to be caring, kind and considerate. One said ''You would have to go a long way to get better. The staff here are the best, so patient and caring.''

The service had received many thank you cards and letters, including ''Thank you for caring for my mum, I can see she was so well cared for and I am grateful to you all.'' And ''Could not be in a better place. I very much appreciate all you did,'' and ''So much kindness was shown towards us, thank you so much.''

Staff understood how to work in a way which ensured people's dignity, privacy and respect. Staff gave examples of how they did this in their everyday work. For example always ensuring personal care was provided to people in the rooms or bathrooms. Staff knocked on bedrooms doors before entering.

Staff showed kindness, compassion and patience in all their interactions with people. We saw many examples throughout the day where staff interacted with a person in a patient and respectful way. Staff waited for people to respond to their questions, checked people were comfortable and offered a smile or a cuddle when people needed reassurance. One person was hearing impaired. Staff got down to their level and spoke clearly directly into their ear. They repeated the sentence clearly for the person and waited for a response.

Staff understood the importance of offering people choice and respecting people's wishes. This was sometimes complex because not everyone could articulate their choices and wishes in words. Staff were skilled at understanding people's non-verbal communication. The registered manager had also identified this as an essential skill in the provider information return. They said ''Staff knowledge of the resident is paramount when body language and facial expressions are a person's main form of communication.'' The fact that the staff team were stable and many longstanding meant they had built up this expert knowledge of understanding people's ways of communicating. The impact for people was their choice, preferences and wishes were honoured by a staff team who worked in a compassionate and caring way. For example staff showed a great deal of patience and understanding in helping someone make a choice about which meal and drink they would prefer.

The PIR highlighted the service had received a number of complements about how caring people rated the service. In October last year Woodland Vale was awarded a STAR (Staff Achievement and Recognition Scheme award for Dignity in Care) by Devon County Council for the quality of a compliment about their care that was received by Customer Relations.

Good

# Is the service responsive?

## Our findings

The service was responsive to people's needs because people's care and support was well planned and delivered in a way the person wished. Wherever possible a pre admission assessment of needs was completed prior to the person coming to the service. This was then used to develop a comprehensive care plan involving the person and their keyworker. Care plans were reviewed on a monthly or an as required basis. The service were about to move to using electronic care plans to help them further develop the care planning system.

Care records detailed people's personal and healthcare needs and were updated and reviewed regularly by key workers and senior staff. This meant staff knew how to respond to people's individual circumstances or situations. Care files included what people's current assessed needs were in areas such as what they could do for themselves and what help was needed in aspects of daily living. Staff confirmed they referred to people's care plans to ensure they delivered the right care in a consistent way. Staff also had handovers between shifts which ensured people's changing needs were discussed. This meant staff who had been away from work for any length of time would be brought up to date with people's current needs.

Staff endeavoured to provide activities which were suited to the individual. For example spending time doing a cross word with a person, reading news items from a paper or helping with some knitting. However staff said they did not have the time to do this with everyone throughout the day. There were not specific activities programme covering each day, although there were some planned and paid entertainment, including therapy pets, musical groups and plays. Pet therapy included a visiting dog once a fortnight and a life like cat for people to stroke and hold. Staff said they were hard pressed with the time they had to ensure people had meaningful engagements throughout the day. Doll therapy was used and some people derived a great deal of pleasure and comfort from handling and nursing the life like dolls. There was a monthly activity calendar which detailed some of the planned activities. Staff said they tried hard to ensure people had a variety of interesting and stimulating activities, but basic care needs had to be given priority so the programme of activities may not always be followed through.

It is recommended the provider considers how best it can ensure people's needs are being met in terms of activities, ensuring they are following best practice and guidance on dementia care.

The provider information return completed by the registered manager said the service hoped to purchase a mobile workshop area. The aim of this was to help people be able to carry out hands on tasks. This would rely on staff time being available to assist people to access this facility. We did see people being encouraged to participate in everyday tasks such as laying tables, folding laundry and washing up. One person was observed collecting items from around the service. A staff member explained that they supported this person to do this and then put the items back once she had collected too many to carry round or had lost interest in the items.

The service had developed strong links with the local memory café so they could provide a family awareness session once every three months. The PIR described how the service held regular social events to enable

family friends and people from the local community to visit Woodland Vale.

There were regular opportunities for people, their families and friends to raise issues, concerns and compliments. This was through on-going discussions with them by staff and the registered manager and provider. People were made aware of the complaints system. There were also regular meetings held to enable people and their relatives to discuss their views and suggestions.

There was an electronic system in the entrance hall inviting people to provide feedback about the service. Relatives we spoke with said they would feel able to make any concerns known. There had been no formal complaints in the last 12 months. We saw where complaints had been made previously, they had been fully investigated and responses made in writing.

Good

# Is the service well-led?

## Our findings

The service was well led because the registered manager, deputy and administrator worked closely with team leaders and other members of the staff team to promote the ethos of providing a homely environment which was dementia friendly. There were regular opportunities for staff to meet and discuss how care and support was being delivered to individuals and the running of the service more generally. The provider information return identified this as a key element for ensuring quality care. It said ''Good practice was noted and discussed in supervisions and encouraged to build on. Poor practice was dealt with immediately and any development needs are addressed and put in place, staff are encouraged to challenge their colleagues positively. We are working hard to develop a culture where staff led by example. Whistle Blowing Policy in place. Staff encouraged to bring concerns or issue to the Management team, and know they will be dealt with affectively. Staff understand the importance of reporting errors especially medication.''

Staff confirmed the management approach was open and inclusive, although some felt the management team would benefit from spending more time working alongside staff for some shifts. Staff felt this would enable the management team to better understand the care role and would help alleviate some of the time they were short staffed. Currently the registered manager, deputy and administrator who all worked supernumerary to the care staff team.

Staff considered their views and suggestions were listened to and actioned, although this was more within their own care team from the team leaders. Staff said they had regular supervisions and team meetings and could raise their concerns, air their views and make suggestions.

People's views were sought in a variety of ways. This included staff spending one to one time with people, meetings and through watching their visual cues. Detailed support plans mapped out how to identify what a person may be feeling. Relatives we spoke with also confirmed their views were considered. One relative said ''I have raised issues in the past and they have been dealt with.''

The provider, Devon county council have their own quality auditing team who visited the service on a three monthly basis. They completed a variety of checks and audits and completed a detailed report for the registered manager to include in her improvement plan. For example the quality improvement team had identified that seat protectors were a different colour to the furniture which gave an 'institutional feel' The registered manager had been unable to find protectors to match the furniture so she was having some made. The provider had a resource manager who met with the registered manager on a monthly basis to go through their improvement plan and to discuss their audits to see if there were ways they could improve.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances.

The service had a range of audits to review the safety and suitability of the building, the medicines

management and the care plan documentation. Prompt actions were taken where audits identified issues. For example where audits in care plan records noted inconsistent information about the way a person should be supported at night, prompt action was taken to rectify this.