

Dr & Mrs M Crooks

The Woodlands

Inspection report

176 Alcester Road
Studley
Warwickshire
B80 7PA

Tel: 01527852815

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 13 & 14 June 2017. The inspection visit was unannounced on 13 June 2017 and we agreed to return on 14 June 2017 so we could speak with the registered manager and to review their quality assurance systems.

The Woodlands is a residential home which provides care to older people including some people who are living with dementia. The Woodlands is registered to provide care for up to 19 people. At the time of our inspection there were 18 people living at the home.

The Woodlands was last inspected in April 2015 and was rated as 'Good'.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff received training that helped them to meet people's individual needs, and they effectively used their skills, knowledge and experience to support people and develop caring and trusted relationships.

Staff supported and encouraged people to make individual choices in how they lived their lives. For people who lacked capacity to make certain decisions, staff prompted and offered people choices which were made in their best interests.

Relatives felt involved in care decisions and were complimentary about the support staff and the registered manager provided to their family members and in some cases, to them, especially when they needed support at difficult times. People were referred to other healthcare professionals when required to ensure their health and wellbeing was maintained.

People were involved in hobbies and leisure activities and activity co-ordinators arranged activities to help keep people motivated and stimulated.

People had meals and drinks that met their individual requirements and people said they enjoyed the choices of foods provided.

People told us they felt safe living at The Woodlands and staff knew how to safeguard people from the risk of abuse or poor practice. Staff knew what actions to take if they had any concerns for people's wellbeing. The registered manager knew what action to take if concerns regarding people's safety were brought to their attention.

People's medicines were administered by trained and competent staff. The staff team were becoming more

confident in using a new electronic medicines system which helped them ensure people received their medicines safely and as prescribed.

The staff team had been at the home for some time and were complimentary of the home, the registered manager and the provider. All staff said they enjoyed working there and worked well as a team.

The provider had quality monitoring processes which included audits and checks on care records, infection control, fire safety and accidents and incidents. We found improvements were needed because these systems did not always identify and demonstrate what improvements and actions had been taken. When checks were delegated to others, there was no follow up to ensure they were completed to the provider's expectations and standards.

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.

People felt protected and safe living at the home. They were supported by enough staff who were available to provide their care and support when they needed it. Staff understood their responsibilities to observe and report any concerns about people's personal safety or if they believed people were at risk of abuse or poor practice. People received their medicines at the prescribed times and from trained staff. The providers monitoring systems and checks meant people received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People were involved in making day to day decisions about their care and support needs. Where people did not have capacity to make decisions, support was sought from family members and other professionals in line with legal requirements and safeguards. People received support from a staff team that were trained to meet their needs. People's meals and drinks met their dietary needs and people were referred to other healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

Staff were understanding, kind and compassionate towards people and their families. People felt confident asking staff or the management for support. Staff knew people well and respected their privacy and dignity. Staff encouraged people to retain as much independence as possible, by supporting them with their own day to day decisions so they lived their lives how they wished.

Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in care decisions. A consistent staff team knew people's preferences, likes and dislikes and how they wanted to spend their time. Staff encouraged people to maintain their health and wellbeing and sought action when help was needed. People said if they needed to make a complaint, they knew how to do this and who to approach.

Is the service well-led?

The service was not consistently well led.

Some systems required better organisation to ensure improvements that had been identified, resulted in positive actions being taken. Action plans were in place but there was limited or no improvements made following their audits. Audits and action plans from other external organisations such as the Fire Authority were not followed and actions had not been implemented. Care plan reviews and checks when delegated to others, were not always effective in identifying improvements. People and staff were supported by a registered manager and provider that welcomed people's feedback about the service they received. People and relatives were complimentary about the home and support provided.

Requires Improvement 

The Woodlands

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 13 June 2017, was unannounced and consisted of one inspector. One inspector returned announced on 14 June 2017 so we could spend time reviewing the quality assurance systems and the governance of the home.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found most of the information reflected what we saw during our inspection visit.

To help us understand people's experiences of the service, we spent time during the inspection visit observing staff interactions and we talked with people in the communal areas of the home with their permission. This was to see how people spent their time, how staff involved them, how staff provided their care and support and what they thought about the service.

During our inspection visit we spoke with three people who lived at The Woodlands to get their experiences of what it was like living there, as well as one visiting relative. We spoke with the registered manager, a deputy manager and four care staff who supported people with care and activities. Following our inspection visit we were contacted by two relatives who shared their experiences of the service.

We looked at three people's care records and other provider records including quality assurance checks, training records, quality assurance surveys, meeting records, medicines and incident and accident records.

Is the service safe?

Our findings

People told us they felt safe living at The Woodlands. One of the main reasons they felt was because they felt comfortable and safe with staff and the premises were secure. One person said, "The staff couldn't be better and I feel safe because there are staff about not like in my last home," People said they felt safe because they could lock their own bedroom door if they wanted and the front door was only opened by staff when visitors pressed a door bell to be let in. One person told us they felt safe because they had a gate across their open doorway to stop people accessing their room uninvited.

People were safe because they were protected from the risks of abuse. Staff knew and understood their responsibilities to keep people safe and to protect them from avoidable harm. Staff understood what abuse meant and what to do if they suspected someone was at risk. A typical comment from staff included, "It's neglect, physical or sexual" and staff said, "If I saw anything, I would report it a manager or the owner." Staff had received training in safeguarding adults which made sure their skills and knowledge remained up to date.

Risks to people's individual health and wellbeing were assessed and action taken to minimise the risks. People's care plans identified individual risks to their health and welfare, the control measures in place and the equipment and number of staff need to support them safely. For example, the provider assessed risks to people's mobility, personal care and eating and sleeping. Where risks were identified, there was a care plan to minimise the identified risks. We found some risks for people who declined personal care and how this had a negative impact on their behaviours, was not always detailed enough. However, staff were able to tell us how they supported people to manage these risks. We discussed this with the registered manager who agreed to review some risks assessments to ensure staff continued to provide consistent support.

There were enough staff on duty to support people. People said if they needed assistance, staff were on hand to support them. Relatives had no concerns regarding staff numbers and said they saw 'familiar faces' which helped their family members receive continuity of care. Relatives told us this was important to them because it meant staff knew their family members needs and individual ways they wanted their care. The registered manager was confident staffing levels met people's needs. They told us they always had four care staff on duty from 07:00am to 21:00 hours, as well as ancillary staff. They said following our last visit they had revised some shift times so at key times, such as early mornings, there was an additional staff member to support people in line with their preferred routines and wishes.

People told us they received their medicines when required. Medicines were administered by trained and competent staff. Staff who administered medicines told us they received training to ensure they knew their responsibilities and to ensure medicines were administered safely. The provider had recently changed to an electronic medicines system and staff were becoming confident in its use. The deputy manager showed us how they ensured people received their medicines safely and as prescribed. The system helped staff identify time critical medicines and provided useful information about people who had PRN (as and when) medicines. PRN protocols informed staff when to give these medicines, to ensure people did not receive more than required.

The deputy manager said they had limited medicines errors so we checked missed medicine reports for the last 24 hours, 7 days or 30 days. We saw one cream had been missed and the deputy manager took action to ensure this was applied during the day of our first visit. We checked boxed medicines and found medicines issued and stocks held balanced. However we found some prescribed ointments and creams that had been applied, did not have an 'opened' date which would make sure staff applied the cream within manufacturer's guidance for safe use. The deputy manager assured us they would check all prescribed creams and ointments to make sure dates were included.

Is the service effective?

Our findings

People told us they were pleased with the support they received from staff and whilst they could not confirm staff had training, they felt assured staff knew what to do. One person told us, "Staff hoist me from bed to chair and I feel safe when they do this. They know what they are doing."

Staff told us they were trained to carry out their role effectively and the registered manager had a training schedule that prompted them when staff training was due for refresh. The registered manager wanted to improve dementia training and was looking at ways to accomplish this. The provider had an induction system and we spoke with a newly recruited staff member. They said they found their induction useful and said in their opinion, they had received the relevant training to look after people. The registered manager said the providers training linked in with the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff working in a care environment.

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.

Staff understood how people communicated their wishes, especially those who lacked capacity to make some decisions. Staff told us they supported people to make as many of their own day to day decisions as possible. During our visit we saw staff offered people choices, "Do you want to go here" and "What do you want to eat and drink." One staff member said they helped one person who lacked capacity to make decisions by helping them to make a decision about what they wanted to wear. This staff member said, "I hold up a dress and a cardigan and they smile or nod. I know what this means and if necessary, give them another choice."

Staff understood people's right to make their own decisions about their care, particularly if people declined offers of help. Staff understood their responsibilities, "If they refuse personal care I go back but you can't force them. They know what they mean." Staff told us for some people it was a struggle, but staff told us they acted in the person's best interest. Relatives said staff kept them informed, especially if people's moods or behaviours changed which impacted on their care. One relative said, "[Name] is stubborn, [person] has a vascular condition and fights everything." They said, "Staff will keep an eye on [person] and let us know so we can help."

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. The application procedures for this in care homes are 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 were being met.

The registered manager told us they had identified some people whose care plans included some deprivations of their liberty and submitted applications to the relevant authorising authority. For example, some people did not have capacity to make the decision to live at The Woodlands or around managing their finances. They told us some applications had been approved that ensured people's freedoms were not being unnecessarily restricted.

People were complimentary about the food. One person said, "I like the food, I have put weight on since moving in." Another person told us the menu was the same but they enjoyed casseroles and mashed potatoes because, "I can mix it all up." Throughout the day people were encouraged to drink especially during the hot weather. Staff understood the possible risks dehydration could have and made sure people remained hydrated.

People were referred to healthcare professionals when required. People were supported by a local GP surgery and people saw the GP if concerns were identified by staff, family or themselves. The home was supported by district nurses and occupational therapists and advice given was followed by staff.

Is the service caring?

Our findings

People were pleased with the care and support they received from staff. One relative said, "The staff are great, no problems." Another relative said the staff, "Are consistent and go out of their way to help." This relative told us whenever they visited their family member, they were worried about crossing the main road at the front of the home. They said, "When I go home, the staff walk me across the busy road to make sure I'm okay." This relative told us they really appreciated this. They said it showed them staff's kindness extended beyond those people they had responsibility to care for. They said in their opinion, their family member was, "Very well cared for by excellent caring staff."

One person gave us an example that supported their view of why the staff team were caring to them. This person told us their close relation had passed away and the staff and registered manager was constantly checking and asking if they were okay. The registered manager told us they came in on their day off to check to see how they were because they cared for them so much. The registered manager told us they brought them flowers and offered their continued support to them and their family. One of this person's relatives spoke with us and said of the staff team, "They could not do anymore. When [person] went into hospital, staff went with [person]. They said staff had been friendly and caring towards them and the family, which they appreciated. They said, "Nothing is too much trouble." This relative told us the home had recently installed a telephone line so they could maintain close links with their relation which benefitted the wider family.

People were supported by kind and caring staff. We saw people were treated with kindness and thoughtfulness by staff who knew them well. Staff understood people's individual behaviours and their attitudes made a difference to people's experience of the service. Staff spoke to each person by their preferred name and we saw people's actual names and preferred names, displayed on their individual door. People were relaxed around staff and staff supported people at their preferred pace and took time supporting and assisting those people who had limited mobility or movement. Staff said they had time to support people without rushing.

One relative said, "This is the best home by far." They explained their relative had been in a number of homes prior to The Woodlands. They said of their relative, "[Person] is stubborn with a challenging personality who fights everything." They said since their relation moved to the home they were not worried because they were in the right place being looked after by the right staff team. They said if they had any concerns they could ring the home with confidence knowing staff would be doing what they could.

People were supported to maintain their dignity. Staff understood the importance of supporting people to maintain their dignity and self-respect. When transferring people, staff said they made sure they were covered and when they supported people with personal care, they closed all doors and curtains for privacy.

Everyone we saw wore clean clothes and were dressed appropriately to their age and temperature of their environment. This was of particular concern, given the hot temperatures of in excess of 30 degrees during our inspection visit. We saw staff had people's best interests at heart. For example, staff spent time with

people in one of the communal areas and conservatory but after lunchtime, moved everyone to other areas of the home which were cooler. One staff member said, "We have to be careful with people, it's so hot."

Staff respected people's privacy and people told us they felt comfortable and at ease, when supported by staff. Relatives felt their family members privacy was maintained, especially when they were in their relatives room, visiting.

People's important information and care records were kept secure on a computer which only staff had access to. Most of the records were stored on computer which decreased the chance of others seeing other people's confidential information.

Is the service responsive?

Our findings

People said whenever they needed support, staff were always on hand to provide it. People said they did not wait for support and for those people who wanted to spend their time in their room, "Staff always pop in to check I'm alright."

Some people because of their cognitive impairment, were not always involved in their care planning, but relatives we spoke with said they felt involved. Relatives told us whenever there was a change in circumstances or if there was anything they needed to know, "Staff are quick to let me know."

Staff had good knowledge about how to support people to meet their needs. The staff team had been working at The Woodlands for some time. A relative said the mix of staff was very good and, "The staff team had good continuity." Care records we sampled lacked specific important details, such as how to support people's behaviours that could present challenges. We discussed this issue with the registered manager who told us updating care plans was a work in progress. The deputy manager had identified some care plans required updating and was in the process of a review of all care plans to ensure care records supported staff's knowledge.

The registered manager and staff understood the importance of providing person-centred care and tailored their delivery of care to each person they supported. Staff knew people's individual likes, dislikes and preferences. Relatives felt involved in how their relatives received their care. Staff recognised it was important for families to provide them with personal information about notable events, important relationships and hobbies and interests for their family members. This was an ongoing need as new people came into the home. Staff said this helped them to have a better understanding of people so they could deliver individual care and to help them get to know, new people in the home. One staff member said, "It helps us when we are supporting them to know more about them." One staff member told us about a person whose knowledge of local history was in depth. We spoke with the person and they told us about past local events, people and landmarks which have since disappeared.

Staff told us they worked well as a team which benefitted those in their care. Staff said they had a 'handover' which provided them with important and relevant information so they were responsive to people's needs. Staff told us they were confident to report any concerns about a change in a person's health or wellbeing to a team leader or the deputy or registered manager.

People were involved with a range of activities on a regular basis which included group activities and activities on an individual or ad hoc basis. Some staff felt people could be provided with more opportunities to be involved but said sometimes people did not want to do certain activities. The activity co-ordinator said they had recently introduced a resident of the month which focussed on providing a special activity for that individual. They told us for one person they were taking them to a theatre to see a show. Improvements were being made to focus on individuals. During our inspection visit some people helped make and bake pizzas. One person said, "I enjoyed that," We spoke with people who spent time in their room because they preferred their own company. They told us staff checked on them regularly and always asked them if they

wanted to join in. One person said they were looking forward to, "Watching the England v France match tonight on my TV. I will have a beer, just the one and hope they win." Another person had recently joined a visiting library and said, "I have eight books a month to read, I love reading."

People and relatives knew how to complain and information in the home informed people how to do this and what to expect by way of an outcome. A typical comment was, "I would go to the manager." Everyone we spoke with had not made a complaint. However, we spoke with one person and they said they had some issues they wanted to speak with the registered manager about, but they were waiting for their family member to visit, so they could be discussed. They said it was not a "Complaint as such," but something they wanted to bring to the registered managers attention. We asked them if they were confident they would be listened to and action taken, they said they were. Since our last inspection visit in 2015, there had been no complaints received but the registered manager said any complaints would be investigated and action taken. The provider owns another home in the local area. When complaints were made in the other home, on occasions, the registered manager from The Woodlands investigated those concerns thoroughly and where required, ensured learning from those to reduce similar complaints being made.

Is the service well-led?

Our findings

People and relatives were complimentary about the home and the support they received from the staff and the management team. Comments made to us were, "Very well cared for", "Very pleased, no problems" and "I consider them to be by far, the best home I have been in."

The registered manager had been in post since our previous inspection visit and had been registered with us since 2014. They understood their legal responsibilities and sent us statutory notifications about important events at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

It is a legal requirement for the provider to display a 'ratings poster'. The regulation says that providers must 'conspicuously' and 'legibly' display their CQC rating at their premises. A ratings poster was not displayed in line with our regulations and we discussed this with the registered manager. By the end of our first inspection day, the registered manager rectified this by displaying a poster of the previous inspection rating in the communal hallway. Prior to our inspection visit we checked the providers website and found they displayed their rating and a link to the report on our CQC website.

When we last inspected in April 2015, the registered manager had reviewed and continued to strengthen their audit systems so they could be assured improvements led to a better service. The registered manager had identified senior staff to be responsible for completing certain checks to ensure all audits and improvements continued to be made in a timely manner.

At this inspection we found the system of audits was not always effective and sustained. We saw some audits and checks were completed but in some cases when improvements were identified, there was no action taken. From talking with the registered manager it was evident their focus was on ensuring people and the care people received was at the heart of what they did. They told us, "I am passionate about providing good care and keeping people safe and well cared for." The registered manager told us about the pressures involved in managing the home on a day to day basis and that they had to keep reviewing their priorities, which on occasions, impacted on their time to complete action plans. They said, "I am working on them when I can." They said this was a factor in why some audits were left, and their attention was given to other priorities or looking after people in the home.

The registered manager said they completed a number of audits and put all of the outstanding action plans into a 'General Action Plan'. We saw the current action plan they were working from which was dated 26 April 2017. They told us they worked from this but we found not all actions had been taken. We looked at actions plans from housekeeping, Infection control, and incident review monitoring that had not been completed. Some of these actions were identified in March 2017 and had still not been addressed and some actions were not always necessary. For example, in a food hygiene audit dated April 2017 it gave the registered manager an action regarding meal preparation which was not even required in this home. This

meant time was spent completing an audit and identifying actions which were not relevant.

We asked them for their accident and incident analysis for May 2017. They were unable to provide the information we required. They told us they looked at them daily but this would not help them to identify any emerging patterns or trends. We asked for examples of analysis they had done but the registered manager said, "I can't give you any." During our inspection visits there were some computer issues which meant we could not access some records. We asked for copies of audits to be sent to us, however these were not received.

We checked examples of completed care plan reviews and found the quality of reviews did not always ensure care plans contained relevant information. For example, regular reviews were completed for people at risk of refusing personal care or displaying challenging behaviours, yet there was limited or no information for staff to know how to support the person, or what signs and triggers to look for or actions to take when refusals became more regular. However, staff were able to tell us how they supported people to reduce these risks. One person in the home smoked, had limited movement and spent time smoking outside, sat in a wheelchair. There was limited information in the person's care records that informed staff how to keep this person protected from risk when smoking. We found the person was not always observed, there were limited fire protection measures in place and fire safety appliances were not close by in the event of an emergency. Following our inspection visit we spoke with the provider who agreed to review the risk and fire risk management to ensure this person and others remained safe.

Prior to this visit we received a report from the Fire Authority in May 2017 that identified potential risks to people's safety in the event of a fire or evacuation. We showed our copy of their recommendations to the registered manager but they told us they were away and had not seen it. The report had identified some fire safety matters, such as an outdated fire risk assessment and ineffective emergency lighting in some fire escape routes. The registered manager said they would contact the Fire Authority directly to discuss the report so they could take the necessary action. Following our inspection, we spoke with the provider who agreed to look into this matter as a priority with the registered manager and take the required action. The registered manager said they had already purchased some specialist equipment which would help to transfer those people who had limited mobility, to other areas of the home in the event of an emergency.

People's feedback was sought by a survey sent out to people twice yearly. We saw the recent feedback from people in March 2017. Overall scores indicated people were pleased with the service. We looked at those scores where people were less satisfied and their issues were around complaints and the laundry. We asked what actions had been taken once they had received people's feedback. The registered manager said, "With the laundry, nothing...the space is not adequate." They told us it had been discussed at a recent heads of department meeting and it was the responsibility of key workers to check people's laundry and clothing. The deputy manager said they had made some checks and there was an improvement but problems with the laundry system continued to be an on going issue.

Staff told us they enjoyed working at the home and worked well as a team. Most of the staff we spoke with had worked in the home for a number of years. Staff said the continuity of staff helped them to know people well. After our inspection visit, a relative said, "Staff worked well as a team because there are some mature and young staff, I think it works very well, a good mix." The registered manager told us they were proud of their staff team and their commitment to providing good care. Staff felt supported by the registered manager. A typical comment was, "[Registered manager] is very good, approachable and willing to help you."