

Sheffield Health and Social Care NHS Foundation Trust

Woodland View

Inspection report

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Sheffield
South Yorkshire
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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 View is a care home providing accommodation for older people who require nursing and personal care. It accommodates people who have a diagnosis of complex and enhanced dementia. At the time of our inspection, the home was registered for 60 beds, although two units had been closed and the home had 30 beds. 30 people were living in the home at the time of our inspection.

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

The management team were open and honest with us throughout the inspection. Relatives and staff spoke positively about the way management led the service. Systems of governance demonstrated sufficient oversight. These were effective in identifying lessons learned which were shared with staff. People, relatives and staff were engaged in the running of the home. A complaints system was in place, although no complaints had been received in 2019.

People received their medicines, including creams as prescribed. Medication was safely managed by staff who had been trained and most staff were assessed as competent. Two other staff members had their competency checked following our inspection.

People's dietary needs were met. Care plans contained relevant information around people's needs. End of life care planning required some improvement which the registered manager said they would address. The activities provision was suited to the needs of people living in the home. People had regular opportunities to access the outdoors.

One person and relatives told us people were protected from the risk of abuse. Staff were able to recognise and report abuse. There were sufficient numbers of safely recruited staff to meet people's needs. Risks to people's health and safety were assessed and mitigated. A gap in hot water testing was identified which the management team responded to immediately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff ensured people had access to healthcare services. Staff received formal support through a programme of supervision and training.

Consistently good feedback was given by relatives about staff demonstrating caring attitudes and values. Staff were familiar with people's care needs and their preferences. Relatives were involved in care planning on behalf of family members. Advocates acted on behalf of those people who did not have family to act on their behalf. People's privacy and dignity was respected. Visitors were made to feel welcome at all times.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 22 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Woodland View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors. On day one, both inspectors attended, and the inspection was completed on day two by one inspector.

Service and service type

Woodland View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager and the registered 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

Most people living at Woodland View were unable to tell us about their experience of living in the home. We spoke with one person who lived in the home and six relatives about their experience of the care provided. We observed interactions in communal areas of the home. We spoke with the registered manager, operations manager, clinical director and six members of staff.

We reviewed a range of records. This included two people's care records in detail and a further two care plans for specific information. We looked at three staff files in relation to recruitment and ongoing support as well as a variety of records relating to medicines and the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us evidence of staff supervision and their safeguarding policy.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse, although reporting abuse to the local authority required improvement.
- The registered manager told us the provider's guidance stated they did not need to report abuse to the local authority unless there was evidence of serious harm. In September 2019, one incident recorded stated a person living in the home had punched another person. This was not reported to the local authority. Following our inspection, the local authority contacted the home to clarify reporting requirements.
- Relatives told us their loved ones received safe care and they were comfortable with leaving them in the care of staff. One relative said, "I have absolutely no fears of it (abuse) here."

Assessing risk, safety monitoring and management

- Work was planned on the roof which had been leaking prior to our inspection. Hot water temperatures were not being checked due to confusion over whose responsibility this was internally. This was addressed immediately. All key building maintenance certificates were up to date.
- Risk assessments were updated regularly. Care plans contained guidance to help staff identify and manage risks including how they should react to people's agitation and anxiety. Care plans also included triggers. Staff were aware of risks to people.
- One person who was at risk of falls wore protective equipment. The registered manager arranged for one-to-one staff support specifically for this person, which had significantly reduced their number of falls.
- 'Respect' holds were used by staff who received training in the use of restraint. A relative said they had witnessed use of this practice and said staff did this respectfully.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs at all times.
- Relatives and staff said there were enough staff numbers. One relative commented, "When [person] needs something, there's always someone there." Staff had a visible presence in all areas of the home and were there to support people when they became anxious. Deputy management cover was in place at weekends which meant management presence was in the home for the whole of the week.
- Relevant background checks had been carried out before staff commenced in their role. Professional checks on nursing staff competence were carried out.

Using medicines safely

- The management of medicines was safe and people received their medicines as prescribed.
- Staff had received medication training and most staff members had their competency checked. Two outstanding competency checks were planned for shortly after our inspection.

- Electronic medication administration records showed people received their medication as prescribed, including creams applied. The administration of medication was person-centred and done with kindness. Staff recognised the importance of returning to people who declined to take their medicines.
- Protocols for the use of 'as required' medicines were used. This was important where people were unable to express when they were in pain.

Learning lessons when things go wrong

- The operations manager created regular reports on accidents and incidents which showed these events were examined for themes and trends. This learning was shared with staff at staff meetings which showed commitment to continuous improvement.

Preventing and controlling infection

- Infection control was well managed and the living environment was without odour. Staff had received training in infection control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed by the registered manager to enable up-to-date care plans to be written, which showed how their needs would be met.
- Care and support was planned, delivered and monitored in line with people's individual assessed needs.

Staff support: induction, training, skills and experience

- Staff and volunteers had the right competence, knowledge, qualifications, skills and experience to carry out their roles. Supervision and appraisals were used to develop and motivate staff.
- Staff said they received regular supervision and appraisal. One staff member told us, "They (management team) do listen and they encourage you to pursue training. I wanted to do end of life training. Within a few weeks I'd been put on it."
- Staff were up-to-date with mandatory training and specialist training was also provided to meet people's needs. For example, syringe driver training for qualified staff was provided as one person had this care need.

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

- People's nutrition and hydration needs were met and specific dietary needs were well managed. People's likes, dislikes and food intolerances were recorded. Staff followed current national guidance on food textures.
- Meals which respected people's cultural needs were provided. A celiac diet was provided for one person. Another person had diabetes and they had a supply of diabetic friendly cakes.
- People had a positive mealtime experience. Finger food was provided for people whose care needs this was suited to.
- Food and fluid charts did not have targets and totals. The registered manager said they would look at guidance on setting fluid targets which is based on people's weight.

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

- Care records contained evidence of involvement from health professionals such as doctors, dentists and speech and language therapists.
- In response to an incident the weekend before our inspection, a GP and emergency psychiatrist had been involved in one person's care. These professionals reviewed the person's medication.
- People's oral hygiene needs were met. Before our inspection, the registered manager arranged for a dentist to provide oral hygiene training in January 2020.

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

- The living environment included wide, well-lit corridors with markings designed to help people living with dementia navigate the environment.
- The home had a dementia friendly sweet shop where people could be supported to purchase sweets.
- A local organisation purchased a 'dementia magic table' to project interactive animations on to tables for people to play with. This provided stimulation for people and staff told us this had a positive effect.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The home was acting within the legal framework of the MCA. Where people lacked capacity to make decisions we saw evidence that best interest processes were followed to ensure decisions made were in their best interest. Mental capacity assessments covered, for example, medicines management and the use of bed rails.
- Evidence seen in care records and our conversations with staff showed people were supported to have maximum choice and control of their lives. For example, at lunchtime, show plates were used to help people select what they wanted to eat.
- The registered manager had a tracker for DoLS which helped ensure these remained in date and applications were timely. Conditions attached to DoLS authorisations were being met.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported and treated with dignity and respect.
- Staff completed equality and diversity training. Our observations of staff interacting with people showed they were caring, attentive to people's needs and showed respect and empathy when responding to them. Relatives comments included, "They're (staff) lovely here. The activities coordinator is very good" and "Even the housekeeping staff and gardeners are the same. They've all got a fabulous manner about them."
- Staff enjoyed working in the home and knew people well and were able to describe their likes and dislikes and personal care needs. One relative told us, "The staff here know [person's] ins and outs."
- Feedback from one satisfaction survey stated, 'The overall quality of staff is excellent and the consistency of staff is reassuring for residents and relatives. It allows relationships to build and the knowledge of care to be very personal.'
- Relatives told us people's religious and cultural needs were met. A chaplain visited the home regularly. People's cultural needs around their diet were met.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and without discrimination.
- One person carried a doll which provided comfort and reassurance to them. This person's relative said staff respected how important this was to the person and called the doll by its given name. They said, "It's such an important part of [person's] therapy."
- Staff respected people's own living spaces. One relative told us, "They (staff) knock on the door, they never just walk in." Staff encouraged people to retain their independence. One relative said, "I've learned from them (staff) the importance of allowing independence."

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

- Relatives were involved as partners in their family member's care.
- Staff understood where people needed help from their families and others important to them when making decisions about their care and support. Two people living in the home had independent mental capacity advocates to support them.
- Care plans were regularly reviewed and one relative told us they had recently been involved in agreeing a specific care plan for their family member. They said, "My impression is they consult with me a lot."
- Quarterly relatives' meetings were taking place. A visitor told us they attended these meetings and commented positively about being able to see where improvements had been made to communication with relatives.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained detailed guidance for staff on how to manage individual people with behaviour which may challenge others. Care plans were person-centred, reviewed regularly and amended to reflect people's changing needs.
- Staff shift handovers enabled information about people's wellbeing and care needs to be shared effectively.

End of life care and support

- End of life care arrangements were in place to ensure people had a dignified death, although recording in care plans we looked at showed this was an area for development. End of life care training was provided by a local hospice.
- Anticipatory medicines were in place and qualified staff received training in how to use a syringe driver to provide pain relief.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The AIS was being met. People had communication care plans which described their needs.
- Staff used a web-based translation service for one person whose first language was not English and an interpreter had visited the home. Staff also used picture boards to support people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported through a range of person-centred activities which provided stimulation.
- Weekly trips out on a minibus were taking place. The activities coordinator told us they noticed marked changes in people's wellbeing when they went out, for example, for a drive through the countryside.
- In good weather, people were able to join in with gardening activities. Activities within the home included movement to music, themed nights, art therapy and visiting external entertainers. Volunteers assisted with delivering activities.
- One person was supported to go to a football game. A staff member told us how important this was to the person. They said, "[Person] was chatting to the stewards." We saw a photo which showed how much they enjoyed this experience.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints in 2019.
- Information on how to complain was available. Relatives said they knew how to complain and felt confident in approaching staff with any concerns.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was consistently well-managed and led. The leadership, governance and culture promoted the delivery of high-quality, person-centred care. One staff member told us, "I'm proud to say I work here."
- Relatives spoke positively about the openness of the management team and confirmed they felt the service was well-led.
- Staff felt well supported by the registered manager and operations manager. The management team had developed an open culture where staff felt valued, listened to and empowered to 'speak up'. The operations manager told us, "We operate an open-door policy."
- Staff told us they were supported to access training opportunities to help with their career development.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were candid throughout the inspection and actively sought to make improvements to the service.

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

- The management team had oversight of key aspects of the service. A system of auditing was regularly completed and this showed where actions had been identified and dealt with.
- Quarterly performance reviews were carried out by the registered provider which ensured a further layer of checks was in place.
- The management team genuinely welcomed feedback from relatives, even where it was critical, and were able to demonstrate what action had been taken in response.

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

- An annual satisfaction survey was sent to relatives for them to feedback about the service. The latest survey had been sent out shortly before our inspection. Early feedback indicated good satisfaction levels. The management team acted on 2018 survey feedback. We saw 'you said, we did' information on display.
- Staff meetings were regularly held and showed evidence of two-way discussions between management and staff.

Working in partnership with others

- Partnership working was evident with a range of other agencies and services.
- The registered manager was chairperson for the local care home manager's forum meeting which was held to discuss key issues and share good practice.
- Staff and the management team worked in partnership with St. Luke's Hospice, the older adults home treatment team and had set up placements for student nurses.
- The activities coordinator gave examples of services in the community which people could visit as preparations had been made to ensure they were able to meet their needs.