

# Athena Healthcare (Church Road) Limited

## Woodlands Lodge

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 29 November 2018 and was unannounced.

Woodlands Lodge is a residential 'care home' which provides accommodation and personal care for up to 40 older people, including people living with dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement.

The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Care is provided over two floors and each bedroom provided en-suite facilities. At the time of the inspection 27 people were living at Woodlands Lodge Care Home.

At the time of the inspection there was a registered manager 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 2008 and associated regulations about how the service is run. During the inspection we found the registered manager to be open, transparent and receptive to the feedback provided.

This was the first inspection since the registered provider had registered with CQC in December 2017.

During this inspection, we reviewed the different quality assurance processes the registered provider had in place. Quality assurance processes helped to maintain the quality and safety of care people received however, they did not always identify improvements that were required in relation to people's care records.

We recommend that the registered provider reviews quality assurance processes to ensure care records contain the relevant amount of information required.

Staff were familiar with the support needs of the people they were caring for; although care records did not always contain a sufficient amount of person-centred information.

Medication management processes were safely in place. People received their medication by staff who were appropriately trained, regular audits were taking place and there was an up to date medication policy in place.

Recruitment was safely managed. People who were employed had undergone the necessary recruitment checks. Pre-employment and Disclosure and Barring System checks (DBS) were carried out and appropriate references were obtained for each candidate before they started working at the service.

Staffing levels were safely managed and people received safe and responsive care by staff who were familiar with their care needs.

Risk assessments were in place for people who lived at Woodlands Lodge. People's level of risk was assessed and established from the outset, support measures were in place to mitigate risks and assessments were regularly reviewed and updated.

Staff told us that they received up to date information in relation to people's health and well-being needs on a daily basis.

People were protected from harm and abuse. Staff were familiar with safeguarding and whistleblowing procedures, they told us how they would raise their concerns and the importance of complying with safeguarding and whistleblowing policies and procedures as a measure of keeping people safe.

There was an accident and incident reporting policy in place. Accidents and incidents were routinely recorded, they were appropriately managed and the registered manager established trends to identify if risks needed to be further mitigated.

The home was clean, hygienic and odour free. All areas of the home were well maintained and people lived in a safe, calm and homely environment.

Infection prevention control measures were in place and staff had access to personnel protective equipment (PPE) such as gloves, aprons and sanitizing gels.

Weekly, monthly and annual health and safety audits and checks were completed to help monitor and assess the quality and safety of the home. Regulatory compliance checks were also completed; compliance certificates for gas, electricity and legionella were in place during the inspection.

The registered provider was complying with the principles of the Mental Capacity Act, (MCA) 2005. Consent to care and treatment was gained in line with the MCA. People's capacity was assessed from the outset and records contained the relevant information in relation to the persons capacity. Appropriate Deprivation of Liberty Safeguards (DoLS) were submitted to the local authority and records contained relevant 'best interest' information and restrictions which were in place.

Staff received regular supervision and were supported with training, learning and development opportunities. Staff received a variety of different training opportunities which enabled them to provide the safest and most effective level of care.

People's nutrition and hydration support needs were effectively assessed, monitored and managed. Staff completed appropriate clinical tools to help identify any risks. Referrals to external professionals were taking place and care records contained appropriate advice and guidance that needed to be followed.

We received positive feedback about the quality and standard of food people were offered. Meals were well presented, people received a choice of food and were encouraged to share their suggestions and preferences in relation to the menus that were prepared.

People were treated with dignity and respect. Staff provided kind, caring and compassionate support. People's independence was promoted and we received positive feedback about the quality and safety of care people received.

Confidential information was securely stored and protected in line with General Data Protection Regulation (GDPR).

There was a complaints policy in place. People and relatives were familiar with the complaints process and told us they would feel comfortable making a complaint if required. Complaints were appropriately managed; at the time of the inspection there was no ongoing complaints.

People were encouraged to participate in a range of different activities. We received positive feedback about the different activities that were taking place. Activities were fun, stimulating and helped to keep people motivated and engaged.

Systems were in place to gather feedback regarding the provision of care people received. People, staff and relatives were encouraged to share their views, opinions and thoughts around the quality and safety of care. The registered manager was aware of their regulatory responsibilities. The registered manager notified CQC of all events and incidents that occurred in the home in accordance with statutory requirements.

## 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.

Medicine management processes were safely in place. People received medication by trained and competent staff.

People's level of risk was assessed and established from the outset. Support measures were in place to mitigate risk.

Safeguarding and whistleblowing procedures were in place; staff understood the importance of complying with the policies.

### Is the service effective?

Good ●

The service was effective.

The registered provider was complying with the principles of the Mental Capacity Act, 2005.

Staff were supported on a daily basis. They received regular supervision and were provided with different training and learning opportunities.

People's nutrition and hydration needs were assessed, monitored and regularly reviewed.

### Is the service caring?

Good ●

The service was caring.

We observed kind, caring and compassionate care being delivered.

Confidential information was securely stored and protected in line with General Data Protection Regulation (GDPR).

For people that did not have any friends or family to represent them, details of local advocacy services were available.

### Is the service responsive?

Good ●

The service was responsive.

Staff were familiar with the needs of the people they supported however, care records did not always contain sufficient person-centred information.

People and relatives were familiar with the complaints process. Complaints were recorded and responded to accordingly.

A variety of different activities were provided; people and relatives told us the activities were fun and varied.

### **Is the service well-led?**

**Good** ●

The service was well-led.

We have recommended that the registered provider reviews their quality assurance systems to further improve the overall provision of care delivered.

Feedback regarding the management of the service was positive.

The registered manager had notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home.

A range of different policies and procedures were in place and staff knew how to access them.

# Woodlands Lodge

## 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 November 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and an 'Expert by Experience'. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held in relation to Woodlands Lodge. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the Local Authority and the local Clinical Commissioning Group to get their opinions of the service.

We used all of this information to formulate a 'planning tool', this helped us to identify key areas we needed to focus on during the inspection.

During the inspection we spoke with the registered manager, six members of staff, activities co-ordinator, one member of kitchen staff, six people who lived at Woodlands Lodge and three visiting relatives.

We looked at the care files of four people receiving support, four staff recruitment files, policies and procedures, medicine administration processes, compliments and complaints, and other records relevant to the quality monitoring of the service.

We undertook general observations of the home over the course of the inspection, including the general environment, décor and furnishings, bedrooms and bathrooms of some of the people who lived at Woodlands Lodge, lounge and dining areas.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

# Is the service safe?

## Our findings

People and relatives told us that safe care was provided. Comments we received included, "I do feel safe and its clean", "I'm content with everything, I'd rate this service 10 out of 10", "I feel so safe and it's so clean here" and "[Relative] is much happier since being here."

During this inspection we reviewed people's risk assessments. Risk assessments help to identify people's level of risk, how this needs to be managed and the different support measures which need to be in place. The level of risk was established from the outset, risk assessments were tailored around the person and were regularly reviewed.

The registered provider had introduced an electronic recording system. This meant that all care records and information pertaining to each person was held electronically. The system identified when risk assessments needed to be completed and reviewed. This meant that the level of risk was routinely assessed and reviews were taking place accordingly.

Risk assessments included, choking, falls, mobilisation, nutrition and hydration, medication, oral health and behavioural. Risk assessments contained clear information for staff to follow as a measure of keeping people safe.

Medication processes were safely managed. Staff were routinely trained and had their level of competency regularly assessed. We checked medication administration records (MARs) to ensure the stock balance of medication corresponded with the MARs we checked. This included the stock balance for controlled drugs as well as prescription and 'over the counter' medications. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation. Medication stock balances were correct and people received their medication according to guidance and instructions given.

We reviewed MARs to track whether people had been administered topical preparations (creams) as required. We found that Topical-MARs were completed and staff applied topical preparations as directed. Some people were also prescribed PRN medicines (medicines to be given 'as and when' needed). The appropriate PRN protocols were in place and contained sufficient information in relation to why PRN medication was administered.

There was an up to date medication policy available; this contained information about how medication needed to be stored, administered and disposed of. Medication was stored securely in locked trolleys and the temperatures were monitored and recorded. If medicines are not stored at the right temperature, this can adversely affect how they work.

There was an 'Accident, incident and near miss' reporting procedure in place. Staff routinely updated the electronic systems when any such events occurred at Woodlands Lodge. The registered manager conducted monthly reviews and established if any trends were occurring. During the inspection, the registered manager explained that a monthly review identified that one person needed extra support in relation to their

mobility. Specialist equipment was introduced and the person's level of risk was minimised.

Recruitment was safely managed. All staff files contained appropriate references, photographic identification, application forms with detailed employment history as well as Disclosure and Barring System (DBS) checks. DBS checks are carried out to ensure potential employees are suitable to work with vulnerable adults in health and social care environments.

We checked staffing levels during the course of the inspection to ensure people received care and support in a safe, timely and responsive manner. Staffing levels were routinely analysed in relation to the dependency needs of the people living at Woodlands Lodge. Staff were appropriately deployed across the two floors within the home and we received positive comments about the staffing levels from people who lived at the home.

People lived in a safe, clean and well-maintained environment. Health and safety audits and checks were in place and regularly completed. These included, fire safety, maintenance management, specialist equipment, portable appliance testing (PAT) water temperatures, nurse call systems as well as the relevant regulatory checks which needed to be in place for gas, electricity and legionella compliance.

Fire procedures and risk assessments were carried out and equipment for safely evacuating people in the event of an emergency were in place. People had the relevant personal emergency evacuation plans (PEEPs) in place. PEEPs identify the level of support and assistance people need in the event of an emergency.

We found the home to be very clean, hygienic and free from odours. There were dedicated domestic and housekeeping staff employed at the home who were responsible for maintaining the standards and safety of the environment.

Personal protective equipment (PPE) was available for all staff; gloves, aprons and hand sanitizing gels were available throughout the home and there was an up to date infection control policy in place.

People were protected from harm and abuse. Staff clearly explained their understanding of safeguarding and whistleblowing procedures and the importance of reporting any concerns. There was an up to date safeguarding and whistleblowing policy in place and staff received the necessary safeguarding training.

## Is the service effective?

### Our findings

We received positive feedback about the level of effective care people received. Comments included, "They [staff] know [relatives] name, they are all fabulous, even the cleaners they are like friends. It is fantastic", "It's a very nice home", "Yes they are very well trained and do a very good job" and "The carers are trained they know what they are doing they are nice."

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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.

During this inspection we found that people's capacity was appropriately assessed. Records clearly indicated where people had provided their consent to receive care and support at Woodlands Lodge and in other instances decisions were appropriately made in the persons 'best interest' and in the least restrictive way as possible.

The relevant Deprivation of Liberty Safeguard (DoLS) applications were submitted to the local authority and information regarding DoLS were clearly recorded within people's care plans. Staff received the appropriate training in relation to MCA and DoLS and understood the importance of complying with the MCA principles.

We checked to see if the registered provider supported staff with supervision, training and learning opportunities. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have.

Staff received regular supervision and told us they felt supported on a day to day basis. Staff were provided with regular training, learning and developmental opportunities. Staff received training in relation to medication, equality and diversity, dementia awareness, moving and handling, infection control, food safety and fire safety.

Staff who did not have the relevant National Vocational Qualifications (NVQ) were enrolled on to an external NVQ programme. The NVQ programme offered new care workers specific skills and competencies that they were required to have in order to provide care to people living in health and social care settings.

The two floors we visited throughout the course of the inspection were appropriately designed and adapted to support people who were living with a range of different support needs. For example, we saw clear signage, adequate lighting, age-appropriate memorabilia and photographs and contrasting walls and doors. This meant that people who were living with dementia were effectively supported to live as independently and safely as possible.

People received a holistic level of support in relation to their health and well-being. Care records showed that people received support from GPs, opticians, chiropodists, dieticians and district nurses. Records contained necessary guidance and information that staff needed to be aware of and it was clear that staff were familiar with guidance that needed to be followed.

People's nutritional and hydration support needs were assessed and routinely monitored. Care staff completed a number of different clinical tools as a measure of keeping people safe. Clinical tools which were completed included malnutrition universal screening tools (MUST) to assess for risk of malnutrition weight charts and diet and fluid intake charts. The completion of such clinical tools enabled staff to regularly assess and identify areas of risk which needed to be supported and monitored.

During the inspection We observed the meal time experience and the quality and standard of food people received. People were supported to eat their meals in a warm, homely and inviting environment. Meals were well-presented and people were offered a choice of food during each of the meal times.

Kitchen staff we spoke with during the inspection were familiar with specialist diets and the likes and dislikes of people who lived at Woodlands Lodge. We received positive comments about the quality of food, comments included, "The food is good we have a choice", "It's so relaxed here, even at lunch time nothings rushed they [staff] do everything at their pace" and "Yes, the food is good."

## Is the service caring?

### Our findings

We received positive comments about the level of care people received. Comments included, "Yes they [staff] are very caring, they had a party for [relative] they are so lovely and kind, everything's so personal", "They are nice, yes they are kind and gentle", "I think [relative] is being well cared for, they are very caring and patient. They [staff] are kind, when I came with my friends, they gave us all a lounge and served us tea and biscuits", "They are lovely to me anything I need they bring it they are kind" and "They looked after [relative] so well when poorly, they are lovely, they are very good."

People and relatives told us that staff provided dignified, respectful and compassionate care. Staff told us how they promoted dignified and respectful care in a way that supported independence and encouraged choice. Care records we reviewed used language such as 'promote independence', 'assist', 'support' and 'maintain dignity and independence.'

During the inspection a SOFI tool was completed to observe interactions between staff and people who were living at the home. We observed staff engaged in meaningful conversations, laughing and chatting with people during meal times and assisting people in an attentive and responsive manner. The atmosphere throughout the course of the inspection was calm, warm and inviting. Age specific music was playing in the dining area and staff addressed people by their preferred names.

The care and support that was provided was tailored around the needs of each person who lived at Woodlands Lodge. Staff were familiar with people's support needs as well as their likes, dislikes and preferences. People received support from consistent and regular staff which meant that positive relationships could be developed over time.

There was equality of opportunity at Woodlands Lodge; people were treated equally and fairly regardless of their protected characteristics (such as age, gender, culture, religion and disabilities). People's protected characteristics were established from the outset and support measures were appropriately put in place from the outset. For instance, one person required specialist support in relation to the area of communication. The registered manager ensured that a variety of different measures were in place to suitably support the needs of the person, care records contained guidance and advice and staff were familiar with support that needed to be provided.

For people who did not have any friends or family to represent them, details of local advocacy services were made available. Advocates represent people when specific choices and decisions need to be made in relation to their health and support needs. The registered manager told us they would support people to access these services should it be required.

All confidential and sensitive information was securely stored and protected in line with General Data Protection Regulation (GDPR). Records were secured in locked offices and confidential information was not unnecessarily shared with others.

People and relatives were provided with a 'Service User Guide' from the outset. The guide contained essential information about the quality and safety of care people could expect to receive at Woodlands Lodge. This meant that people and relatives could familiarise themselves with information in relation to privacy, dignity, independence, safety, choice, quality of care, healthcare, lifestyle, concerns and complaints, the environment and staffing levels.

## Is the service responsive?

### Our findings

We received positive comments about the responsive level of care people received from staff at Woodlands Lodge. Comments we received included, "They [staff] are very responsive they do listen if we need anything", "Nothings too much trouble if you want anything they just do it", "The whole team here are great always happy to help" and "We can raise concerns if we need to."

People's level of care was assessed from the outset, care plans and risk assessments were established and people told us that they received a responsive level of care from the staff at Woodlands Lodge. People received care which was 'person-centred' and tailored around their needs however, care records did not always provide sufficient detail in relation to people's life histories, preferences, social interests and hobbies. We raised this with the registered manager at the time of the inspection who confirmed that a newly revised 'This is me' booklet was being implemented.

Following the inspection, we received a copy of the 'This is me' booklet. This was designed to capture important information about people's childhood memories, significant relationships, places, employment histories, social activities and interests, life events as well as likes, dislikes and preferences.

The registered provider had an up to date complaints policy in place. People and relatives were familiar with the complaints procedure and told us they would feel confident raising any issues they had with staff and/or management. At the time of the inspection, there were no complaints being responded to. The registered manager ensured that all verbal and written complaints were recorded and responded to in accordance with the organisational policy. There was also evidence of the actions that had been taken in response of any complaints received.

We received positive comments about the variety of activities that were arranged for people living at Woodlands Lodge. There was a dedicated activities co-ordinator in post who was responsible for arranging a range of fun and stimulating activities. Woodlands Lodge had developed strong links with the local community; relationships had developed with the local Church, local nursery and people were supported with regular outings to local restaurants. Other 'in-house' activities included singing and dancing events, annual anniversaries and birthday celebrations, religious services, cocktail afternoons, Easter egg hunts and Christmas Fayres. The registered manager also confirmed that people who lived at Woodlands Lodge had the opportunity to participate in a choir which was in the process of being established. One relative told us, "They (the home) has an activities manager who is fantastic."

We asked the registered manager if 'End of life' care was provided to people who had been assessed as being at the end stages of their life. End of life care was provided in a dignified and sensitive manner; people's advanced decisions and wishes were respected and people had the opportunity to express their end of life preferences and desires.

## Is the service well-led?

### Our findings

During the inspection we received positive comments about the leadership and management of Woodlands Lodge. People and relatives told us that the staff team and management were very responsive, provided effective lines of communication and supported people in a compassionate and respectful manner. One relative said, "The manager is fantastic."

At the time of the inspection there was a registered manager in post. They had been registered with CQC since December 2017. The registered manager was aware of their regulatory responsibilities and the statutory notifications that needed to be submitted to CQC in relation to significant events and incidents. This meant that CQC were able to accurately monitor, assess and review information we received in relation to the safety of people who were living at Woodlands Lodge.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. As this inspection was the first inspection since provider registered with CQC there were no ratings to display. Following the receipt of the final inspection report the registered provider will be required to display their ratings at the registered address as well as on the website.

During the inspection we checked to see what quality assurance processes were in place to monitor, assess and improve the quality and safety of care people received. Audits and checks were completed in a number of areas such as accidents and incidents, complaints, staffing levels, fire safety, infection control, health and safety, medication management, maintenance management, care records and house-keeping. Although the provision of care was consistently monitored and reviewed, care records did not contain a sufficient amount of person-centred information.

We checked to see how the registered provider maintained oversight of the provision of care people received. Satisfaction surveys were circulated to people (and their relatives) as a measure of monitoring the quality and safety of care being delivered. People were encouraged to share their views and opinions in relation to the environment, provision of safe care, quality of meals, choice and overall satisfaction. Comments we reviewed during the inspection, included 'I am very happy', 'All staff show compassion and care', 'excellent all around', 'I am very satisfied.' This meant that the quality, standards and safety of care were regularly assessed and improvements were made based on the feedback that was received.

We received positive feedback about the level of leadership and management from staff at Woodlands Lodge. Comments we received included, "It's absolutely fantastic here, best place I've ever worked", "[Manager] is brilliant, very approachable, the support is always there", "I love working here, people receive high level of care, always plenty of staff and well managed", "[Manager] is fair, approachable" and "I'm lucky to work in such a nice environment."

Communication processes were reviewed during the inspection. Staff told us that they received daily

updates in relation to people's support needs and level of risk. A daily communication book was in place; this contained information in relation to any significant events that had occurred throughout the course of the day as well. Staff handovers were also taking place when there was a change in staff. This meant that staff were consistently updated in the relation to any significant events/incidents which may have occurred.

We saw a range of different meetings regularly taking place. We saw evidence of senior and staff meetings, activity co-ordinator meetings, as well as 'resident' and relative meetings. The meetings that occurred enabled the registered manager to actively involve staff and people in the provision of care and to review areas of improvement and development that needed to take place.

The registered provider had a range of different policies and procedures in place. All policies contained the most up to date and relevant guidance and information staff needed. Staff were familiar with different policies such as health and safety, safeguarding, equal opportunities, consent to care and treatment, medication administration, end of life care, infection control and risk management.

The registered provider had an 'Emergency Contingency Plan' in place. This plan contained essential information for staff to follow in any given emergency. It contained key contact numbers, emergency accommodation arrangements, evacuation procedures and emergency transport arrangements. This meant that the safety of people living at Woodlands Lodge would not be compromised if an evacuation was required.