

# Country Court Care Homes 2 Limited

# Woodlands House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Woodlands House is a care home providing nursing and personal care to 60 people aged 65 and over at the time of the inspection. The service can support up to 72 people across five wings, each with their own adapted facilities. Most people residing at the care home are living with dementia.

### People's experience of using this service

People told us they were happy with the standard of care and support they received at Woodlands House.

People were kept safe and protected against the risk of avoidable harm and abuse. People were cared for and supported by staff who knew how to manage risks they might face.

The provider recognised the importance of learning lessons when things went wrong and were keen to continuously improve the service. The quality and safety of the service people received was routinely monitored and analysed by the services management team. For example, managers were aware that not all staff had received up to date training and we saw a time specific action plan was already in place to address these gaps. Progress made by the provider to achieve this stated aim will be closely monitored by the Care Quality Commission (CQC).

The premises were kept hygienically clean and staff followed current best practice guidelines regarding the prevention and control of infection including those associated with COVID-19. Medicines systems were well-organised, and people received their prescribed medicines as and when they should. The service was adequately staffed by people whose suitability and fitness to work in an adult social care setting had been properly assessed.

The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives, community health and social care professionals and staff working there. The provider worked in close partnership with various community health and social care professionals and agencies to plan and deliver people's packages of care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at the last inspection

The last rating for this service was good (published 19 August 2019). The overall rating for the service remains good based on the findings at this inspection.

### Why we inspected

This inspection was prompted in part due to concerns we had received in relation to an increase in the number of incidents of falls. As a result, we undertook a focused inspection to review the key questions of safe and well-led.

We did not inspect the key questions of effective, caring and responsive. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Woodlands House

## 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.

As part of this inspection we also looked at the providers infection control arrangements, so we could understand the preparedness of the service in preventing or managing an infection outbreak.

#### Inspection team

The inspection was carried out by an inspector, a specialist advisor (SpA) and an Expert by Experience. The SpA is a registered nurse with experience of working with older people living with dementia. Experts by Experience are people who have personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Woodlands House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (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 CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. The inspector and SpA visited the care home in-person and the Expert by Experience made telephone contact with people's relatives two days later.

#### What we did before the inspection

We reviewed all the information we had received about the care home since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke in-person with ten people who lived at the care home, and a visiting friend and community tissue viability nurse. We also talked with various managers and staff who worked there including, the services registered manager, deputy manager, regional manager, two nurses, six care workers, including two team leaders, the head of hospitality, and two housekeepers.

We looked at a range of records that included six people's care plans, multiple staff files in relation to their recruitment, training and supervision, and medication administration record sheets. A variety of other records relating to the management of the service, including policies and procedures were also read.

#### Following the inspection

We received telephone and email feedback about the care home from eight relatives and four community health and social professionals including, three nurses.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to specific identified risk management plans.

# 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 good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

We had received concerns about the way the service prevented and managed falls in the care home, which we found to be unfounded during our inspection.

- Staff told us risk management plans gave them sufficiently detailed guidance on how to meet people's needs and keep them safe. Staff demonstrated a good understanding of how to prevent or manage risks people might face. For example, staff were aware of the signs to look out for and the action they needed to take to prevent or minimise the risk of people with mobility needs falling and injuring themselves. A member of staff told us, "We have all the mobility equipment we need to keep people safe."
- Staff had not completed training in falls prevention or pressure area care. The registered manager told us they had a plan in place to ensure staff completed this training within three months. We will check this training is completed.
- Regular checks were completed to help ensure the safety of the environment and people's care. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in the event of a fire.

### Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse.
- Staff were aware of safeguarding responsibilities and had confidence in managers to address any concerns. Staff had received up to date safeguarding adults training and knew how to recognise and report abuse or neglect.
- The provider had notified the relevant authorities without delay when it was suspected people using the service had been abused and appropriate safeguarding investigations carried out. The provider analysed such events and identified actions to take to prevent reoccurrence. At the time of our inspection no safeguarding incidents were under investigation.
- People told us they felt the service was a safe place to live. For example, a relative said, "I am one hundred percent sure that my [family member] is safe at Woodlands."

### Staffing and recruitment

- There were enough staff to meet people's needs and wishes.
- Staff were visibly present throughout the care home during our inspection. We saw staff on numerous occasions respond quickly to people's requests for assistance or to answer their questions. This was confirmed by a relative who told us, "I've observed when residents ask for assistance staff are very prompt to help them."

- The service currently had very few staff vacancies and continued to experience relatively low rates of staff turnover. This meant they were not over reliant on temporary agency staff. This also helped ensure people received continuity of care from a stable staff team who were familiar with their needs, wishes and preferences.
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role.

#### Using medicines safely

- Medicines systems were well-organised and people received their prescribed medicines as and when they should. A relative told us, "I was very impressed with the nurses who explained to my [family member] why taking their medicines was so important. Consequently, they no longer refuses to take their medicines."
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. Staff followed clear protocols for the safe receipt, storage, administration and disposal of medicines. Records showed staff received on-going safe management of medicines training and their competency to continue doing so safely was routinely assessed by nursing staff.
- Managers and nursing staff routinely carried out spot checks and audits on staff medicines handling practices, medicines records and supplies. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly. We found no recording errors on completed medicines records we looked at.

#### Preventing and controlling infection

- We were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19. Feedback we received from people about how the provider had managed COVID-19 was positive. For example, a relative told us, "Woodlands House has put very good systems in place to prevent people/their visitors and staff from getting the virus."
- Access to the care home had been restricted for non-essential visitors during the various COVID-19 lockdowns that have been put in place during the last 16 months. The provider was following government guidance on visiting into care homes.
- Staff used personal protective equipment (PPE) correctly and in accordance with current IPC guidance. We saw hand-sanitising stations and information was available throughout the care home. Staff received ongoing IPC training and demonstrated a good understanding of their IPC roles and responsibilities.
- The premises were clean. People told us they rarely smelt any unpleasant odours in the care home and staff responded to incontinence issues in a prompt and dignified manner. We saw housekeeping staff continuously clean various high touch points throughout the care home, including door handles, handrails and light switches.
- A 'whole home testing' regime was in operation at the care home, which meant everyone who lived or worked there was routinely tested for COVID-19.

#### Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received. A community health care professional told us, "A medicines recording error that happened at the care home was swiftly and professionally dealt when I brought it to the nurses' attention."



# 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 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.

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

- There were clear management and staffing structures in place. The registered manager was supported by the various senior managers who regularly visited the service including, a regional manager. The registered manager also had a deputy manager and a clinical lead nurse who worked exclusively at Woodlands House.
- People living at the care home, their relatives, community health and social care professionals and staff all spoke positively about the way the care home was managed. For example, a relative told us, "The manager is visible and very approachable", while a community health care professional remarked, "Overall I think it's a very nice, well-run care home. I find the home manager open and honest."
- We saw the service's previous CQC inspection report, which was clearly displayed in the care home and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Continuous learning and improving care

- Managers were keen to improve the service and they recognised the importance of continuous learning. A relative told us, "I have noticed that if there are any issues, the manager will likely resolve them, there and then."
- The quality and safety of the service people received was routinely monitored by managers and senior nursing staff at both a provider and service level. For example, they regularly checked staff were handling medicines safely, the care home was kept hygienically clean and people had a pleasant mealtime experience.
- Audits were routinely analysed to identify issues, learn lessons and develop action plans to improve the service they provided people. The provider had started to implement an action plan they had developed to improve staff training after an internal audit had identified gaps in some staff's knowledge and skills. For example, although we found approximately a fifth of staff had not received up to date falls and pressure sore prevention and management training, the registered manager told us at the time of our inspection a time specific improvement plan had already been agreed for these gaps in staff training to be resolved within the next three months. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- People received personalised care from staff. A relative said, "The [staff] do provide person centred care."
- The managers had a clear vision that was shared by the managers and staff. The registered manager told us they routinely used group team meetings to remind staff about the provider's underlying core values and principles.
- Managers were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

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

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives and staff.
- The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, this included regular one-to-one meetings with their designated keyworker for resident of the day, regular online individual and group meetings between relatives and staff, and bi-annual customer satisfaction surveys. The results of the most recent satisfaction survey indicated people were happy with the standard of care and support provided at Woodlands House.
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers. Furthermore, staff had ongoing opportunities to reflect on their working practices and professional development. Staff told us they received all the support they needed from the services management.

Working in partnership with others

- The provider worked in close partnership with various community professionals and external agencies including, the Local Authority, local Clinical Commissioning Groups (CCGs), GPs, palliative care nurses and social workers. A community nurse told us, "We have good professional relationships with staff at the care home who know when to call us if a service user needs deteriorate and they require end of life care. The way staff communicate with us has improved and they continue to work well with our community end of life care nurses."
- The managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.