

Woodlands of Woolley Limited

# Woodlands Residential Home

## Inspection report

Woolley Low Moor Lane  
Woolley  
Wakefield  
West Yorkshire  
WF4 2LN

Tel: 01924830234

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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

Woodlands Residential Home is a residential home, providing personal and nursing care to 19 people aged 65 and over at the time of the inspection. The service can support up to 27 people. The home provides care in a single, two storey building in a rural area.

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

People living at Woodlands Residential Home told us they felt safe. Risks associated with care and the environment were well managed, and there were sufficient, safely recruited staff on duty at all times. Staff who administered medicines did so safely, and there were no issues with stocks of medicines or the records relating to these.

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 were well trained, caring and had good support from the registered manager. There was a very good relationship with healthcare providers such as GPs which meant people received prompt and appropriate referrals when needed. Meals served at the home were of good quality, and met people's needs and preferences. People enjoyed the food and had choice in what was served.

People and their relatives were involved in writing and reviewing person-centred care plans which achieved good outcomes for people. Staff were knowledgeable about people's needs and preferences, and worked to prevent people from feeling socially isolated.

There was good leadership in the home, and well-motivated staff. The registered manager used robust systems to monitor, measure and improve the quality of the service. People and staff were able to contribute ideas and suggestions, and were able to make complaints when concerns arose.

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 last inspection and update

The last rating for this service was requires improvement (published 16 August 2018), and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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.

# Woodlands Residential Home

## **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 team consisted of two inspectors 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.

#### Service and service type

Woodlands Residential Home 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service, including action plans, inspection reports and notifications which the provider is required to send us about incidents in the home.

We contacted other health and social care organisations who commission services from the home or support people living there, to ask if they had any information they could share with us.

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 of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with the registered manager and eight staff, including the cook. We also spoke with seven people who used the service and two visiting relatives. We reviewed records including five people's care records, multiple medicines administration records and other information relating to the running and monitoring of the service.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection we found some risk assessments were not present in people's care documentation, and there was a lack of administration records for some medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People and their relatives told us they had no concerns about safety at the service. One person told us they felt reassured by being able to use a call bell to request assistance when in their room. They said, "I have a buzzer, and that's a comfort to me."
- Care plans contained up to date assessments of risks and guidance for staff to follow in order to minimise these risks.
- There were no concerns with the storage, administration and management of medicines, including prescribed creams and ointments. The medicines round was well managed, and people were given explanations about what they were taking, and discreetly observed to ensure they had swallowed tablets before the records were updated.
- One person received one of their medicines covertly. This medicine was hidden in a drink and the person would not know they were taking it. This is sometimes necessary when the person lacks capacity to understand why they need the medicine, and there would be substantial impact on their overall health and well-being if they did not have it. The person's GP and pharmacist had been consulted to ensure the medicine was given safely.
- Environmental risks were monitored and addressed. At the time of our inspection there was building work in progress, and we saw a risk assessment had been completed before this began.
- Maintenance was kept up to date, and we saw the programme of redecoration had continued to make improvements in the overall appearance of the home.

Systems and processes to safeguard people from the risk of abuse

- Potential safeguarding incidents were identified and reported to the relevant authorities promptly, and investigated by the provider as required.
- Staff understood how to recognise and report on any concerns and had regular training to ensure they had the knowledge and confidence they needed to ensure people were always kept safe.
- Information about the signs of potential abuse and how and where to report these to bodies such as the local authority was displayed on the public noticeboard.

#### Staffing and recruitment

- Staff continued to be recruited safely and were present in sufficient numbers to give people prompt assistance when they needed it.
- People we spoke with confirmed there were enough staff at all times. We asked whether call bells received a good response, including at night, and people did not have any concerns about this aspect of their support.

#### Preventing and controlling infection

- The home was in a good state of repair and cleanliness. This is an important factor in good infection control practice.
- Staff had access to aprons and gloves when needed, for example when providing personal care.

#### Learning lessons when things go wrong

- There were good processes in place to enable the registered manager to make changes which prevented repeat occurrences. Accident and incident records and complaints were reviewed to identify any avoidable circumstances, and records were collated over time to help identify any trends.



# 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 needs and preferences were discussed and documented before they started using the service. This enabled the provider to make a decision about what they would need to do to meet these needs.
- Information in care plans was well organised and easily accessible. Staff told us they found the documents easy to work with, and said the information was easy to follow. We found staff knew people's needs and preferences well.

Staff support: induction, training, skills and experience

- Staff training and support remained effective in ensuring staff had the skills and experience needed to provide good care to people. This included ensuring training was kept up to date with refresher courses and discussions about good practice in supervision meetings.
- When we spoke with staff they told us they felt they had a good quality of support and worked well together as a team. One staff member said, "Yes, we are a good team, at the end of the day we're here to look after residents, we like to say we're one big happy family."

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

- People's feedback about the food served at the home was very positive. Comments included, "Look how tender the meat is," and, "It's the best I've ever had is this pastry," and, "I'm really enjoying it."
- People's dietary preferences and needs were known and provided for. Where people needed assistance to eat their meals we observed this support being given in a discreet and caring way.
- When people were at risk because of unplanned weight loss, action was taken to ensure they had the healthcare support they needed.
- We saw people ate in a relaxed, sociable environment and mealtimes were not hurried. When we arrived, we saw people having breakfast at times which suited them.
- People were asked to make suggestions for additions to the menu, and we saw these were acted on. Menus were discussed in resident meetings, and there was a poster on the noticeboard encouraging people to ask for alternative choices at mealtimes if they wished.

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

- People were well supported to see a range of health and social care professionals when this was needed to maintain their health and well-being.
- In addition to attending in response to urgent needs, doctors from a local GP practice held a weekly surgery in the home.

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

- The registered manager and provider had developed a series of audits to check on the adaptation of the home and make any identified improvements which could help people living with conditions such as dementia and sensory impairments. As a result, some signage had already been improved to help people find their way around the home independently.
- A further audit was planned for the month after our inspection, and we discussed with the registered manager some guidance which they could refer to in order to make further improvements in this area.
- Our observations showed people who used aids for their mobility, such as wheelchairs and frames, had space to move around safely.

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.

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.

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.

- Systems remained in place to ensure people's capacity to make decisions were assessed, and appropriate support put in place to enable decisions to be made in people's best interests when needed.
- There were good systems in place to recognise when people may need a DoLS and when to submit an application. When DoLS expired we saw timely applications for a renewal had been submitted.

# 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, good. 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 told us they got on well with staff and our observations supported this. We observed staff making conversation with people, using appropriate humour where the person initiated this tone. This contributed to a very relaxed but lively atmosphere in the home. A relative told us, "I'd come here myself if I could. I'd like to think I could come somewhere like this."
- Staff gave us examples of how they used their knowledge of people's interests and preferences to start meaningful conversations with them, and told us how they enhanced people's days with appropriate humour and lively rapport. Our observations showed people enjoyed chatting with staff.
- The registered manager had recently begun a new initiative to create a 'portrait of a life' display in people's rooms. A meaningful, framed display of photographs and anecdotes about their life the person had chosen was on the wall, and gave staff prompts to have meaningful conversations when assisting people with personal care or spending time with them.
- The service had received heartfelt compliments which relatives had written in a book kept at the entrance. One relative had said, 'Thank you for everything you do, all the staff are so caring and loving and patient.' Another relative wrote, 'We have been to see [name of person] today. She is really happy and she loves it here.'
- Based on observations, conversations with the registered manager and staff, and our review of records, we concluded that discrimination was not a feature of this service. People were treated as individuals regardless of characteristics such as gender, faith or disability.

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

- Care plans contained detailed information about people's preferences and the ways in which they wished their care to be provided. Although people we spoke with said they had little interest in their care plans, we saw they and families were involved in meaningful reviews of their care and supported to express opinions and wishes.
- A poster in the home encouraged people to ask to read and contribute to their care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff were discreet when discussing personal care needs with people and gave people time to understand and process information when speaking with them. We saw staff were patient when people failed to understand what had been said to them and tried alternative phrasing to assist their comprehension.
- We saw reminders used to help people remain safe and independent. For example, on one person's

walking frame we saw a laminated sign in large print had been attached to remind the person to use it when mobilising. This reduced the number of times staff had to intervene when the person wished to go somewhere.

- A staff member told us, "I would have a relative of mine here, I'd recommend it. It's all about giving people independence."

# 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 requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection we found care plans had not always been updated to reflect people's current needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- Care plans were regularly reviewed to ensure they represented people's up to date needs. People and their families were involved in this process.
- In a survey, a visiting social care professional had added comments about people's care plans. They said, 'Care plans are very well written and up to date with accurate information. They are very person-centred, clear, and concise.'
- Staff told us they got a very detailed handover at the start of their shift which enabled them to understand any needs that may have changed since they were last at work. We observed part of a handover which confirmed this feedback. The information shared was very person-centred and included information about the quality of the person's day and what they had been doing rather than focusing on tasks and needs.

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.

- All care plans contained an up to date, comprehensive screening tool used to establish how people could best be supported to communicate and access information. Consideration was given to a number of adaptations including print size, language including braille, and the format of documentation.

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

- There was a responsive programme of activities in the home, which prioritised what people said they wanted to do rather than a set programme. During our inspection we saw lively participation in a quiz which people enjoyed, and a game being played. For both activities we saw staff working to ensure anyone who wanted to join in was supported to do so.
- Some people chose to spend time in their rooms. We spoke with them and they told us this was their

preference, and staff visited regularly to check on them and tell them about things going on in the home. One person said, "They [staff] come and talk to me – I don't feel alone."

#### Improving care quality in response to complaints or concerns

- There were good systems in place to ensure complaints and concerns were resolved to the best of the provider's ability, and clear records to show how issues were investigated and outcomes communicated. Identifying any lessons learnt and the action taken to prevent recurrence of the same situations was the final stage in this process.
- Information about how to complain was prominently displayed in the home. Although care plans contained signed confirmation that the right to complain had been explained to people when they started using the service, people had been asked about this in a recent survey, and we saw a low level of awareness had been recorded. As a result, the registered manager had taken action to improve people's knowledge in this area by speaking with them individually.
- One person we spoke with said they had made a complaint and were happy that appropriate action had been taken.

#### End of life care and support

- People were supported to document their wishes for the kind of care and support they wanted to have when they reached the end of their lives. Plans were written using people's own words and included information about how people's faith needs would be met, their wishes about the type of pain relief and medical treatment, who they would want to visit them and whether they would prefer to remain at home for this support.
- A family member told us their relative was receiving, "loving support and kindness" from all staff. They told us, "Staff hug [name of person] and look after them so well. They even go and get the types of food she will still eat in their own time and make sure she has it." They said staff also gave sensitive and genuine support to relatives visiting people at this stage of life, including answering any questions they may, or asking GPs to call and speak with them.

# 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 requires improvement. At this inspection this key question has now improved to good. 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

- We observed a homely, person-centred atmosphere at the service, and feedback from people and their relatives confirmed this was also their daily experience. Staff knew people well, were discrete about personal care needs, and engaged in meaningful conversation with people throughout the day.
- Care plans were written in person-centred language and reflected people's individual abilities, preferences and needs. We saw meaningful reviews of care and support resulted in positive outcomes for people.
- A relative we spoke with told us about how one person had changed when they moved to Woodlands Residential Home. The person had lost interest in their personal appearance and had decided to limit how much they mobilised. The relative told us, "I don't know how they [staff] did it, but [name of person] started wanting to have their hair done again, and with encouragement they started walking about more."
- Staff told us they would be happy for their relatives to live at Woodlands Residential Home because they had confidence in the quality of the service.
- Health professionals had been sent surveys, and we saw wholly positive feedback from them. One health professional had written, 'It is always a pleasure coming to Woodlands. Proactive staff team. Another had said, 'I always look forward to my weekly visits to Woodlands. Staff are knowledgeable about the residents and document/communicate my visits well. All actions are always carried out.'

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

- Records showed all incident records contained a prompt to consider whether the threshold for duty of candour had been met, and showed which relatives had been contacted and when.
- Relatives we spoke with confirmed they were kept updated, and said they felt there was a very open culture in the service.
- We saw information on display in the home about the duty of candour and what people and their relatives should expect from the provider.

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

- Governance systems to measure, monitor and improve quality in the service were now robust and meaningful. The registered manager collated and analysed information to ensure emerging trends and any lessons learnt could be identified and acted on.
- Staff told us the registered manager was a good leader who supported them well, including by always

working at weekends. Staff also told us the provider had a good presence in the home and was approachable.

- The registered manager had a good knowledge of their regulatory responsibilities, and what they needed to do to meet the requirements of other legislation such as the MCA, Equalities Act 2010 and the Accessible Information standard.
- There was appropriate delegation of responsibility which supported leadership practices in the home. New 'champion' roles were being developed, to give key staff enhanced knowledge in areas such as dignity, dementia, end of life care and nutrition. There was a clear plan in place to provide additional training to these staff which they could then use to drive improvements in practice in the home.
- Staff retention rates were very good, and staff told us they enjoyed the working culture at the home.
- The registered manager shared information with management from the provider's other services, and sought training to increase their knowledge of good practice. We saw they used this learning to make improvements in the service.
- Staff we spoke with told us they found the registered manager and provider very approachable and said they would be encouraged to share ideas and suggestions.

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

- The registered manager had good processes in place to ensure people, relatives and staff were consulted and encouraged to share their opinions and suggestions. Regular meetings and surveys were used to capture this feedback, and actions were taken as a result. People and staff told us the registered manager always listened to their suggestions and took action where they could.
- People and their relatives told us the registered manager and staff were approachable, and listened when they made suggestions or expressed concerns.

Working in partnership with others

- The registered manager had built strong links with the local community and other health professionals, including very effective partnership working with the local GP practice which was of particular benefit to maintaining people's general health.
- The registered manager sought out training and other opportunities which enabled them to learn about best practice, and put lessons learnt into action.