

Woodland Residential Care Home Limited

# Woodland Residential Care Home Limited

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

Woodland Residential Home Limited is a residential care home. It is registered with us to provide accommodation and care to a maximum of 38 older people, some of whom may be living with dementia. On the day of our inspection 30 people were living at the home. People's bedrooms are all situated on the ground floor. People have access to communal areas within the home and access to the home's gardens.

The home was last inspected on 1 October 2015, where we gave the service an overall rating of good. At our last inspection, we rated the key question of well-led as requires improvement. This was because the provider had not ensured the quality monitoring systems in place were effective in identifying where improvement was needed. At this inspection, we have given the service an overall rating of good and kept the key question of well-led as requires improvement.

The provider had systems in place to monitor the quality of care provided. At our last inspection we found these were not effective in identifying when people's care records had not been updated or reviewed. At this inspection we again found some people's care records were not up to date or reviewed in line with the provider's system. The provider had also failed to notify us when applications to lawfully deprive people of their liberty had been authorised.

People were happy with the care and support they received and gave positive comments about the staff and management at the home. Staff felt supported in their roles and were confident that if they had concerns these would be listened to.

People continued to feel safe living at the home. Staff had received training in and understood how to protect people from any harm and abuse. Staff knew how to and were confident in reporting any concerns they may have about a person's safety. Plans were in place to help to reduce any risks to people's safety and wellbeing, although these were not always reviewed in line with the provider's systems. Staff understood the support they needed to give to people to keep them safe. People were happy they were supported by sufficient numbers of staff to safely meet their needs. People received their medicines safely and when they needed them, as prescribed.

Staff received the training and support they needed to support people effectively. Staff sought people's consent and people's right to make their own decisions about their own care and treatment was supported by staff. People were supported to eat and drink enough and had a choice as to where to eat their meals. People's nutritional needs and any risks associated with these were assessed and reviewed as required.

People were supported by staff who knew them well and had good relationships with them. People were involved in their own care and staff treated them with dignity and respect.

People received care that was individual to them and responsive to their needs. People knew how to raise concerns and complaints about their care and felt comfortable to do so if needed.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remains Good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remains Good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remains Good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service remains Good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service remains Requires Improvement.</p> <p>The provider had quality monitoring systems in place, but these had not been effective in identifying when records had not been updated or reviewed. People gave positive comments about the management at the home and were confident if they had any issues they would be sorted.</p>	<p><b>Requires Improvement</b> ●</p>

# Woodland Residential Care Home Limited

## **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 checked 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 was a comprehensive inspection which took place on 31 October 2017. The inspection was unannounced.

The inspection team consisted of one inspector and one 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.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection.

During the inspection we spoke with 11 people who lived at the home and five relatives. We spoke with 11 staff which included care staff, the deputy manager, the administrator, the registered manager and the provider. We viewed the care records for five people which included daily support records, medicine records, records of consent and the assessment of risk. We also looked at records relating to the management of staff and the home.

We observed people's care and support in the communal areas of the home and how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to

help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

At this inspection, we found people continued to be supported in a safe way and were protected from avoidable harm and abuse. The rating continues to be Good.

People continued to feel safe living at Woodland Residential Care Home Limited with the support they received from staff. One person said, "The staff are very good. They look after me and keep me safe because I cannot do what I used to do." Another person said, "I like it here. We are safe, the place is secure, I have no worries." Relatives were also happy their family members were safe living at the home. One relative said, "I know that [person's name] is looked after safely. I'm happy they're safe and that staff support them safely."

People continued to be protected from avoidable harm and abuse because staff received the training they needed to be able to recognise, respond to and report abuse. One staff member told us they would contact one of the managers if they had any concerns about people's safety. The deputy manager told us they would contact the local authority to report concerns and would take advice from them.

The risks to people's safety and wellbeing had been assessed. These included risks associated with people's mobility, skin or their environment. Staff were able to tell us about the risks associated with people's care and how they supported them safely. Any new risks were identified and assessed and we saw plans in place to ensure people's safety. Staff told us that when risks to people changed they were kept informed through shift handovers and communication within the staff team. From the records we viewed we found two people's risk assessments had not been kept up to date. However, this had not had a negative impact on people because staff were clear about the support they had to give to people to keep them safe. We spoke with the registered manager about these risk assessments not being up to date. They told us they were not aware these were not up to date and would ask staff to review these.

People who needed assistance with their mobility were safely supported by staff. We saw people were relaxed and staff supported people with care and attention. One relative said, "I've seen staff move [person's name] and they are very gentle. They talk to them, even though they can't answer them." We did, however, see one incident where staff assisted one person to stand by using an unsafe moving and handling technique. This technique is no longer used because it has potential to cause harm. On this occasion the person was safe and was not harmed and we were assured this was an isolated incident. We spoke with the registered manager about what we had seen. They confirmed all staff were up to date with moving and handling training. They were disappointed but told us they would address this with staff.

We saw people were supported by sufficient staff to safely meet their needs. People and relatives felt the staffing levels at the home enabled their needs to be met safely. People told us that since our last inspection more staff had been employed and although they sometimes had to wait for assistance it did not have a negative impact on their care. We spoke with one person who was living at the home at our last inspection. They said, "I am still here and still happy here. I am still well looked after and still feel safe and cared for, although I have noticed how much busier the girls are now as we all get older and need more." The registered manager told us that since our last inspection they had increased staffing numbers in response to

people's changing needs. They had also introduced a daily staff planner which ensured staff were clear on their responsibilities for that day.

Medicines continue to be managed safely and people were given their medicines as prescribed. People told us they received their medicine when they needed it. Relatives told us their family members' medicines were always given on time. Staff confirmed with people that they were happy to take their medicine before they gave it to them. We saw staff support people to take their medicine safely and with the assistance they required. Systems were in place to protect people from the unsafe storage and administration of medicines. These were checked and reviewed regularly by managers at the home.



# Is the service effective?

## Our findings

At this inspection, we found people continued to be provided with effective care and support. The rating continues to be Good.

People and relatives continued to have confidence in the skills and knowledge of the staff that supported them. New staff worked alongside more experienced staff to get to know people and their own roles. Staff who were new to care were required to complete the Care Certificate. This is a set of standards that social care and health workers must adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Staff were supported through regular one to one and group meetings where they had opportunities to discuss their training, work practice and any support needed with managers.

People told us staff enabled them to make choices and decisions and sought their consent before they helped them with their care. We saw that staff confirmed people were happy with the support they gave, whether it be confirming what drink they wanted or asking if they wanted support with personal care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Where required, people's ability to consent to their care and make specific decisions had been assessed. We saw capacity assessments had been completed and best interest's decisions made on behalf of people. The deputy manager told us they worked closely with the local authority in identifying when people may need to be lawfully deprived of their liberty in order to keep them safe.

People told us they continued to have enough to eat and drink throughout the day and we saw plenty of drinks and snacks available. One person said, "The food is good and I am never hungry and I like that, no rumbling tummy!" Another person said, "The food is usually very nice and always edible. You can have a drink and a biscuit or two when you want it. If I didn't like what the food was, I am certain they would prepare me something different if I asked for it." People's nutritional needs and any risks associated with this were assessed and reviewed as required. Staff monitored people's weight and we saw that specialist support and advice was obtained from the GP and speech and language therapy team when it was needed. This helped to ensure people were able to eat and drink safely.

We saw that during the lunchtime meal staff ensured people were comfortable to eat their meal. Some people chose to stay in the lounge or their rooms to eat their meals. Staff positioned tables in front of people in a way that ensured they were able to reach their meals. However, for these people, their main meal and hot desert were served on a tray at the same time. The hot desert was not covered which meant it had cooled by the time it was ready to be eaten. One relative told us their family member often complained to them that their food was cold. We also saw that staff appeared so focused on ensuring every person had their meal they did not always notice when some people needed support. We saw two people struggling to

feed themselves and support was only able to be given when staff had served everyone's meals. However, where people were physically unable to feed themselves, individual staff sat with them and supported them to eat their meals. We spoke with the registered manager about what we had seen. They told us staff had access to equipment such as plate guards which would help people to eat independently. Although disappointed, they told us they would speak with staff and review staff activity and deployment at mealtimes.

People told us they were able to access healthcare services when they needed them. One person told us, "They (staff) will arrange the doctor if I say I am not very well. The chiropodist comes in and a lady and the staff do our finger nails and the hairdresser comes on Wednesday." Referrals were made as required to health professionals such as district nurses, speech and language therapists or optician.

## Is the service caring?

### Our findings

At this inspection, people continued to receive care and support that was provided in a kind and caring way. The rating continues to be Good.

People and relatives continued to feel staff adopted a kind and compassionate approach towards their work and commented on how good the care was despite staff being so busy. People and relatives described staff as helpful, friendly and said that nothing was too much trouble for them. One person said, "The staff are all very kind and caring and look after me." One relative told us they felt the home was "relaxed" and that staff were "one hundred percent caring and attentive".

People continued to feel involved in their own care and support. Relatives told us they were also kept involved, where appropriate in their family member's care. People felt staff encouraged them to express their views and helped them to make choices about their day-to-day care. We saw staff involve and consult with people about their routine care, such as how they wanted to spend their time.

We saw most staff supported people in a caring manner. We did see that during lunchtime some staff supported people with their meals without any communication or interaction with the person. However, when staff spoke with people they were focused on that person and clearly enjoyed caring for people. People looked relaxed in the company of staff and we heard friendly and relaxed communication which indicated staff understood people's personalities and communication preferences. Some staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion.

People and relatives told us they were treated with respect and dignity by staff and were never made to feel embarrassed when being supported. One person said, "They (staff) have to help me to the toilet and they have to do private things for me, but I am never made to feel awkward or embarrassed or a nuisance. Nothing is too much trouble, which is reassuring. I could not go anywhere if it wasn't for them helping me." Relatives told us they always felt welcomed by staff and were often offered drinks and meals when they visited their family members. We saw staff gave people time and encouragement to carry out tasks themselves, such as helping to lay the dining tables. This helped to maintain people's independence.

## Is the service responsive?

### Our findings

At this inspection, people continued to receive care and support that was responsive to their needs. The rating continues to be Good.

People continued to receive care that met their individual needs and requirements. They felt that staff knew their preferences and that these were respected. People and relatives confirmed that staff were quick to help, responded to their requests and call bells were responded to. One person told us, "The room I have is small, but very nice and perfect for my needs. I have a call bell and if I use it the staff always come very quickly, well as quick as they can, but they do have a lot to do here as some people need more help than others." We saw that when people requested the toilet, staff were prompt to respond and when staff were asked to fetch things from people's rooms they did so quickly.

People and their relatives told us they were happy with the level of involvement in care planning. One relative said, "I feel involved in everything about [person's name] care. Staff keep me updated and I am happy with the support they receive."

Care staff were able to describe the care and support required by individual people. They demonstrated they knew people's care needs well and understood their personalities and preferences. This enabled staff to provide care that was centred around each person as an individual and responsive to their needs. Senior staff had responsibility to keep people's care records up to date and review their needs monthly. However, of the care records we looked at we found this had not been done and two people's care records did not accurately reflect what staff told us their care needs were.

People told us they enjoyed the events and activities that were arranged at the home. They told us how much they had enjoyed getting involved with the preparation and decoration of the home for Halloween. One person was helping with the upcoming firework party preparations and barbeque which people told us they were looking forward to. This person said, "I like to help out a bit as it makes me feel useful and I like to think it helps them (staff). I help with setting the tables and getting them ready." They were already thinking about Christmas and making decorations and decorating everywhere as well as Remembrance Sunday.

People and relatives were clear how to raise a complaint if they needed to. They told us they would feel comfortable talking to staff or managers if they had any issues. One person said, "If I have or had a problem, I would just tell the staff. But I haven't had one." One relative told us they saw the registered manager when they visited and had the opportunity to talk about how things were and any concerns they had. The provider had a system in place to record, investigate and respond to any complaints received. The registered manager told us that two complaints had been received since our last inspection. They told us that because they spent time with people and relatives around the home this provided an informal mechanism to deal with any concerns they may have.

## Is the service well-led?

### Our findings

At our last inspection we rated this key question as requires improvement. This was because the provider had not ensured they were meeting their regulatory responsibilities in ensuring a registered manager had been in post at the home. They also had not ensured that the quality monitoring systems were effective in identifying and driving improvement. At this inspection we have kept this rating as requires improvement.

We spoke with the registered persons about the actions they had taken to improve their rating for well-led and address the concerns we found at their last inspection. The registered manager told us the provider had made, "considerable changes and improvements" to the home. For example, a new porch, kitchen and bedroom had been created, communal areas had been redecorated and cosmetic improvements made throughout the home. Staff deployment had been improved throughout the home following an increase in staff numbers. The deputy manager told us that these improvements had meant there was more time for staff to speak with people. However, we saw that at lunch time staff deployment did not fully meet people's needs. A new medicines system had also been implemented since our last inspection to further improve the management of medicines at the home.

Since our last inspection the manager had been registered with us as the registered manager. They were present for this inspection. 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.

We looked at how the provider was meeting their regulatory responsibilities and how they continued to monitor the quality of the service they provided. The managers at the home completed regular audits of all aspects of care provision. This included checking people's care records, the management of medicines, accidents and incidents and any comments or complaints received. However, the deputy manager told us that people's care records had not been checked "for a while". This was because there had been issues with the new medicines management system and the managers' focus had been on that. We found that some people's care records had not been kept fully up to date and monthly reviews had not always been completed by staff. One person had not had their risk assessments fully updated since they had been discharged from hospital a week earlier. We also found another person's care record did not accurately reflect their support needs. Staff understood what they needed to do to keep these people safe but this information was not in their care records. Staff told us they were kept updated on people's care needs through communication from managers and senior staff. The deputy and registered manager told us they were not aware these records were not up to date and that they would take action to ensure these were reviewed. Although this had not had any impact on people's care, this was a concern we had identified at our last inspection. Because of this and the lack of improvement in this area, we have kept the rating as requires improvement.

The registered manager told us they completed daily observations around the home and this was another way they ensured the quality of the service was monitored. They told us they had not noted the issues we

found at lunch time, but their observations did not always include meal times. During their daily observations they would observe staff practice, including their moving and handling practices. They told us all staff worked alongside more experienced seniors to ensure their competency with regards moving and handling practice. They told us that no records were kept of these daily observations or of when staff worked alongside more experienced seniors. Because no records were kept the registered manager could not evidence which staff had been observed as competent or that their observations were robust enough to drive improvement.

We looked at whether the provider had submitted statutory notifications to us, in line with their registration requirements. These notifications ensure that we are aware of important events affecting the people who use services, and play a key role in our on-going monitoring of services. We found the provider had failed to notify us when applications to lawfully deprive people of their liberty had been authorised, as they are required to do. The registered manager had allocated this responsibility to the deputy manager but had not ensured they understood the requirement for submitting these notifications. The registered manager was unaware of the requirement to notify us under these circumstances, but assured us they would submit the required notifications moving forward.

The provider lived on site and was at the home on a daily basis. They met with the registered manager weekly for a formal meeting and they saw and spoke with the managers each day. The registered manager told us, "We have a general chat to keep [the provider] in the loop. [The provider] doesn't get involved in the regulation or management but is a presence around the home." They told us they felt supported within their role and the provider always checked on their welfare.

People and their relatives were positive about the management of the home and the relationship they had with managers. Although managers were not visible around the home on the day of our inspection, relatives told us they saw them often when they visited their family members. People knew managers were upstairs in their office and were confident if they had any issues they would be sorted. The registered manager told us, "Relatives will often pop up to the office to have a chat."

Staff told us they felt supported by managers and had regular meetings with them. They confirmed managers were available at any time and staff would contact them if they had any concerns. One staff member told us, "The home has changed for the better since the last inspection, it's more homely."