

Leeland Limited

Woodlea Care Home

Inspection report

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Date of inspection visit: 21 & 23 January 2015
Date of publication: 05/03/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This was an unannounced inspection carried out on 21 and 23 January 2015. We last inspected the service in August 2013 and found they were meeting the Regulations we looked at.

Woodlea is a care home which provides accommodation for up to 34 older people who require personal care. The service is located on Bawtry Road Bessacarr, a suburb of Doncaster.

The home had a registered manager who had been registered since 2014. 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.

People we spoke with told us they felt safe living in the home and said staff were very good to them. We saw there were systems and processes in place to protect

Summary of findings

people from the risk of harm. Staff we spoke with were knowledgeable on safeguarding and were able to explain the procedures to follow should an allegation of abuse be made.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely. However, we found these were not always followed which could put people at risk.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. This legislation is used to protect people who might not be able to make informed decisions on their own. The registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest. They were also aware of the new requirements in relation to this legislation.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met. However, we found meal times could have been better organised, meals were slow to be brought out from the kitchen and some people had finished their meal before others were served at the same table. This did not ensure it was an enjoyable experience for people who used the service.

People's physical health was monitored as required. This included the monitoring of people's health conditions

and symptoms so appropriate referrals to health professionals could be made. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. For example we saw from care records that we looked at that people been referred and had received intervention from a speech and language therapist (SALT). This meant people with swallowing difficulties received food and fluids appropriate to their needs. People told us their GP visited every week but if they required them between visits staff always responded to their wishes.

We saw interactions between staff and people living in the home were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

Activities were provided. We saw people were involved in activities on the day of our visit. However, some people told us they would like more activities. The registered manager was addressing this.

The manager told us they had received one formal complaint in the last twelve months. We saw this was being dealt with appropriately. People we spoke with did not raise any complaints or concerns about living at the home. Relatives we spoke with told us they had no concerns but would discuss with the staff or manager if they needed to raise any issues.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the Registered Manager and the company's regional manager. The reports included any actions required and these were checked each month to determine progress.

During this inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found people did not always receive their medication as prescribed. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The people we spoke with who used the service told us they were well looked after and felt safe. Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

People had care plans and risk assessments associated with their needs and lifestyles. Medicines were stored safely and procedures were in place to ensure medicines were administered safely. However, we found these were not always followed which could put people at risk.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Requires Improvement



Is the service effective?

The service was effective.

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Most staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. The Registered Manager was aware of the new guidance and was reviewing people who used the service to ensure new guidance was being followed.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. However, the meal service we saw was unorganised and did not provide an enjoyable experience for some people. The registered manager had already identified this and was putting measures in place to resolve.

People had regular access to healthcare professionals, such as GPs, and district nurses.

Good



Is the service caring?

The service was caring

People we spoke with told us the staff were always patient and kind. People were happy with the care and support they received and their needs had been met. Relatives we spoke with told us people were always well looked after. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Good



Summary of findings

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Is the service responsive?

The service is responsive

There were arrangements in place to regularly review people's care plans. We saw when there were any changes in people's care and support needs these were clearly documented in their plans of care.

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated.

People told us they enjoyed the activities available to them. They told us they had entertainers come into the home and they were also able to access the community. However, people told us they would like more activities in house as most afternoons there was only the television to watch.

Good



Is the service well-led?

The service was well led.

People who used the service, their relatives and staff told us that members of the management team were accessible and approachable.

The provider asked people, their relatives and other professionals what they thought of the service. They also checked that the quality of the service was maintained to the required standards, using audit tools. We saw action was taken to address any areas identified as needing change or improvement.

Good



Woodlea Care Home

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 inspection took place on 21 and 23 January 2015 and was unannounced. The inspection team consisted of an adult social care inspector.

At the time of our inspection there were 24 people living in the home. Twenty three people at the home and one person was in hospital. The service could accommodate up to 30 people.

Before our inspection we reviewed all the information we held about the service. The provider had not completed a

provider information return (PIR) as we had not requested one. The pre-inspection information pack document is the provider's own assessment of how they meet the five key questions and how they plan to improve their service.

We spoke with the local authority commissioners and safeguarding vulnerable adults team. The local authority told us they had no concerns regarding this service.

We spent some time in the lounge and dining room areas talking to people to help us understand the experience of people who used the service. We looked at all other areas of the home including some people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care. We looked at four people's support plans. We spoke with eight people living at the home and three relatives.

During our inspection we also spoke with three members of care staff, the deputy manager the registered manager and the regional manager. We also looked at records relating to staff, medicines management and the management of the service.

Is the service safe?

Our findings

People we spoke with said they liked living Woodlea, most people told us they had chosen the home after they had looked at a number of homes. They told us they felt safe living there. One person we spoke with said, “I feel very safe living here, I have lots of friends so we always have company.” Relatives told us they had no concerns about the way their family members were treated. One relative said, “The staff are lovely, they look after everyone very well, can’t complain about anything.”

Staff were aware of the safeguarding procedure in the home. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. The training records showed that staff received training in the safeguarding of vulnerable adults although a number of staff were due an update in line with the providers policies. The care staff we spoke with told us that the training included teaching staff to recognise the signs of abuse, and what action they should take if they suspected someone was being abused. The staff we spoke with were knowledgeable about their understanding of safeguarding and the signs of abuse, as well as the actions they would be required to take.

Staff also had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. Staff we spoke with told us they wouldn’t hesitate to whistleblow if they suspected abuse and felt the manager would always listen to them. They did acknowledge that if required they would follow procedures and take it further if they didn’t respond appropriately. We saw staff had received training in whistleblowing as part of the safeguarding training.

We looked at four people’s care and support plans. Each plan we looked at had an assessment of care needs and a plan of care, which included risk assessments. Risk assessments included bathing, moving and handling and falls. The assessments we looked at were clear and gave good detail of how to meet people’s needs. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

Medicines were stored safely and procedures were in place to ensure people received medication as prescribed. However, we found some errors during our visit and we saw the audits in place had not identified the errors. The

registered manager and deputy manager carried out a full audit during our inspection following our findings. They identified a number of minor concerns, but also identified four instances where medication had not been given as prescribed. In these instances it may have had a detrimental effect on the people who had not received their medication.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

The registered manager took immediate action to address the concerns and arranged an urgent staff meeting for staff who administered medication. On the second day of our visit we saw the registered manager had put new quality monitoring systems in place to ensure the processes were followed and monitored.

Through our observations and discussions with people, relatives and staff members, we found there were enough staff with the right experience or training to meet the needs of the people living in the home. The deputy manager showed us the staff duty rotas and explained how staff were allocated on each shift. Staffing levels were determined by dependency levels of people who used the service. The rotas confirmed there was sufficient staff, of all designations on shift at all times.

We found that the recruitment of staff was robust and thorough. Application forms had been completed, two written references had been obtained and formal interviews arranged. We saw all pre-employment checks had been carried out prior to staff commencing work. The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service.

We saw the environment was well maintained and the standard of cleanliness throughout was to a good standard. We saw there were some areas that had been identified by the registered manager as requiring improvement. The registered manager showed us the requests to the provider for works to be approved. These included improvements to the medication room and laundry room, new floor covering in linen room and changing the store area to a small lounge. The registered manager described the checks they

Is the service safe?

carried out to ensure people were cared for in a safe and suitable environment. We saw that the fire alarm checks were carried out on the day of our visit and other checks were scheduled. This ensured people were cared for in a suitably maintained environment.

Is the service effective?

Our findings

People we spoke with told us the staff were lovely and looked after them well. One person said, “The staff look after me and are always there when you need them.”

People also told us the food had recently improved. One person said, “There is a new cook the food is much better, I have enjoyed the meal today it was a roast meal.”

People’s nutritional needs were assessed and people’s needs in relation to nutrition were clearly documented in the plans of care that we looked at. We saw people’s likes, dislikes and any allergies had also been recorded. We sat with people during lunch to observe the mealtime experience for people who used the service and we saw that staff offered people choices. Specialist dietary requirements were provided and there were choices of drinks available.

However, we observed the service of the meal was not well organised as it was slow to be brought out from the kitchen. Some people had completed their meals before others were served on their table. We saw one person kept calling out to staff asking the same questions. Staff spoke to the person with patience and we observed they became settled once they had received their meal. When meals were served they were well presented and hot. Although some people told us the portions were very large and they were unable to eat it.

We discussed this with the registered manager who told us they had identified these issues and were looking at ways to improve the experience for people. They said the cook was new in post and was learning what people’s needs and choices were. They also told us they had discussed the issues with the cook and things they had considered were to use a hot trolley and serve it in the dining room so people could smell the food and be involved in the portion sizes. The regional manager who was at the service on the first day of our inspection, told us the hot trolley would be approved so the improvements could be implemented. We saw the registered manager had recorded the issues on the last audit they carried out and had been planning to discuss it with the regional manager at her visit which was the day of our inspection.

In the records we looked at, we saw that care and support plans were regularly reviewed to ensure people’s changing needs were identified and met. There were separate areas

within the care plan, which showed when specialists had been consulted over people’s care and welfare. These included health professionals, GP’s and hospital appointments.

Training documentation we looked at demonstrated staff were able to maintain and develop their skills through training and development. The staff we spoke with confirmed they attended training and development to maintain their skills. Staff told us, “The training is good, we do a mixture of e-learning and face to face training.”

Staff also told us they could access training in specific areas for example one care worker told us they had attended training in end of life and dementia care. They told us this ensured they were able to meet people’s needs.

The registered manager told us all new staff completed an induction before they started work in the home, followed by shadowing an experienced member of staff until they felt competent. This was confirmed by staff we spoke with. This meant people could be assured that staff had the competencies and skills to meet their needs.

Staff told us they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the manager was always approachable if they required some advice or needed to discuss any issues.

Staff we spoke with had a good understanding of the Mental Capacity Act .The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff we spoke with were knowledgeable about this aspect of caring for people. Care plans we looked at clearly detailed people’s capacity in all aspects of their care. This ensured people’s rights were protected and staff were able to meet their needs.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to do so. As Woodlea is registered as a care home, CQC is required by

Is the service effective?

law to monitor the operation of the DoLS, and to report on what we find. The registered manager had previously made an application to the supervisory body and was fully aware of when this was required.

Is the service caring?

Our findings

People and their relatives we spoke with were very happy with the care provided. One person said, “The staff are lovely, they are caring and are always respectful.” Another person said, “I cannot fault the staff they are lovely. They are always patient and kind.”

A relative we spoke with said, “I am always made to feel welcome, staff are kind, considerate and respectful. My relative is always well presented and well looked after.”

During our visit the staff organised a memorial service for a person who had recently died. The people we spoke with told us it was lovely, as they had been good friends and it helped them cope with the loss. A relative told us, “It was a lovely idea, as not everyone is able to attend the funeral. It has helped my relative, who really appreciated the service. They also organised a collection for people who wanted to donate and buy some flowers.”

We looked at care and support plans for four people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual needs. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, and what was important to them. The information covered all aspects of people's needs and clear guidance for staff on how to meet people's needs.

Staff we spoke with were very knowledgeable on how to meet people's needs. One staff member explained to us how they maintained people's dignity and privacy, how they supported people with personal care in their own rooms with door and curtains closed. We observed that people were treated with respect and their dignity was maintained. We saw staff ensured toilet and bathroom doors were closed when in use, saw staff discretely ask people if they wanted the toilet. When staff used the hoist

we saw they explained what they were doing and ensured the person's dignity was maintained at all times. One person told us, “I don't like the hoist, but I know I need to use it as I can't stand, but the staff are very good when they support me.”

We observed interaction between staff and people living in the home on the day of our visit and saw interactions were warm, friendly and engaging. Staff showed concern for people's wellbeing in a meaningful way, and we regularly saw and heard staff checking that people were happy and comfortable. Some people were cared for in bed, we regularly observed staff check these people, staff knocked on doors before they entered and enquired if the person was comfortable and had everything they required. One person we spoke with who chose to stay in bed told us, “The staff are good they check on me and come to see me.” Another person said, “When I need assistance and use the call bell I don't have to wait long, the staff are always available.”

During our observation there was a relaxed atmosphere in the home; staff and people who used the service were laughing and joking together it was a very inclusive environment. Staff we spoke with told us they enjoyed supporting the people living in Woodlea.

We looked at the arrangements in place to enable people to be involved in decisions about their care. The registered manager told us that the home made sure people were aware of the local advocacy service so that people could have access to an advocate if required. Information about access to the service was displayed in the entrance area. People we spoke with said they did participate in their care planning if they wanted to. We saw evidence in care plans we looked at that people had been involved in reviewing their care needs and completing their likes and dislikes. This meant people were listened to and their views taken into consideration.

Is the service responsive?

Our findings

People who used the service and their visiting relatives told us the service was responsive to people's needs and requests. People and relatives we spoke with told us the registered manager, deputy and the staff were all approachable and made time to listen and resolve any issues or concerns. One relative told us, "If I have anything to raise the manager is always available to listen."

People's care and support needs had been assessed before they moved into the home. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in the care plans and reviewed on a regular basis. People's needs were regularly assessed and reviews of their care and support were held when required. For example we saw from care records that we looked at that people been referred and had received intervention from a speech and language therapist (SALT). This meant people with swallowing difficulties received food and fluids appropriate to their needs. We observed staff gave time for people to make decisions and respond to questions.

Relatives we spoke with told us they were kept informed of any changes and were involved in the care reviews. Health care professionals we talked with spoke very highly of the service. They told us the staff regularly called for advice and support if a person's needs changed such as a new illness or new symptoms. They said the staff followed their advice and on many occasions prevented the person being admitted to hospital. A health care professional said, "It is one of the better services we visit, the people are well looked after and the staff are very responsive to people's changing needs."

The registered manager told us that the GP's from the practice where people were registered visited the home every Monday to hold a surgery. This had been running for a while and had improved the service. It meant people's changing needs could be regularly reviewed and had cut down on emergency visits by the GP. People we spoke with told us this service was very good as it meant they saw their GP regularly. Although they said, "If I need a GP urgently the staff still request this."

The registered manager was also in the process of setting up a district nurse surgery monthly to look at pressure area care and wound care. The district nurses were to carry out a full review of all people who had been assessed as at risk of developing pressure sores then to visit each month with the GP's to offer advice and support. This is to identify risks to people early and try to prevent pressure sores developing by immediate input from the district nursing team to meet people's needs. The deputy manager also told us the district nursing team would also give support and advice for people who received end of life care to ensure all their needs had been identified and could be met by staff.

People were supported to maintain relationships with their family. Relatives spoken with confirmed they were kept up to date on any changes to their family member's care needs by telephone and they were welcomed in the home when they visited.

The Registered Manager told us people living in the home were offered a range of social activities. We observed some activities during our inspection people were playing dominos. However this was only a small group there was no other stimulation for other people who used the service. One person we spoke with said, "I like to play cards but we don't very often do this." Another person told us, "There could be more activities; there is sometimes only the television to watch." We discussed this with the registered manager who explained they were looking at more ways to engage people in activities and was due to discuss this with the activity coordinator. They had identified in their quality monitoring that activities required improvements.

Whilst improvements in activities were in the process of being implemented within the home, we saw there were activities taking place in the community people went out and entertainers came into the home.

The registered manager told us there was a comprehensive complaints' policy, this was explained to everyone who received a service. They told us they had received no formal complaints in the last 12 months. However, they had received one complaint the week of our inspection, which they were investigating. The registered manager was able to explain the provider's complaints policy and procedures. Staff we spoke with were also aware of how to deal with complaints. Relatives we spoke with told us if they had any

Is the service responsive?

concerns they would raise them with the manager. They told us if they raised any issues they were always listened to and the issues were resolved. One relative told us, "I can't really complain about anything it is a good service."

Relatives were encouraged and supported to make their views known about the care provided by the service. There were regular residents and relative's meetings giving opportunity for people and their relatives to contribute to the running of the home. We saw the minutes of the previous two meetings. The meeting on 14 January 2015 was attended by a speaker arranged by the registered manager. The speaker gave advice to relatives on how to

cope with memory loss when a loved one was living with dementia. This was arranged to help relatives and residents cope with a diagnosis of dementia. The registered manager told us this was well received by relatives and residents and they intended to organise other speaker to attend future meetings.

The Registered Manager told us residents meetings were held and gave people the opportunity to contribute to the running of the home. We saw minutes of meeting these were in easy to read format and showed involvement of people who used the service.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since April 2014. People we spoke with told us the registered manager was good, they were available and often came and talked to them. Relatives told us the registered manager and the deputy were very good they were always approachable. One person told us, “The gaffers good, it’s a good home.”

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the company’s regional manager. The reports included any actions required and these were checked each month to determine progress. Although the medication errors had not been identified as part of the monitoring systems. However, new systems implemented during our inspection would address this.

The registered manager told us they completed, daily, weekly and monthly audits which included environment, infection control, medication and care plans. The regional manager also carried out monthly audits. The January audit was taking place at the time of our visit and we were sent a copy of this audit. The audit had an action plan following visit and incorporated the issues we had identified with required solutions to ensure improvements were made.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of strong commitment to providing a good quality service for people living in the home. They told us the registered manager was approachable, supportive and they felt listened to. The staff we spoke with said they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner.

Staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the running of the home. We saw the meeting minutes for November and December 2014. The staff we spoke with told us the registered manager had an open door policy therefore staff or people who used the service and their relatives were able to contact them at any time.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any triggers or trends were identified. There had been some safeguarding referrals in the last year we saw evidence these were dealt with appropriately to safeguard people. There had been no whistle blowing concerns raised, but the registered manager and staff were aware of procedures to follow.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not always protected against the risks associated with the unsafe use and management of medicines.