Countrywide Care Homes (2) Limited

Woodland Care Home

Inspection report

189 Woodland Road
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Norwich
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Tel: 01603787821

Date of inspection visit:
16 June 2016

Date of publication:
18 July 2016

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

Woodland Care Home provides accommodation, personal care and nursing care for up to 46 older people including those living with dementia. Accommodation is located over two floors. There were 30 people living in the home when we visited.

This inspection was unannounced and took place on 16 June 2016.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff had received training and had an understanding to ensure that where people lacked the capacity to make decisions they were supported to make decisions that were in their best interests.

The provider had a robust recruitment process in place and staff were only employed within the home after all essential safety checks had been satisfactorily completed.

People's privacy and dignity were respected at all times. Staff sought, and obtained, permission before entering people's rooms to provide personal care.

People's health, care and nutritional needs were effectively met. People were provided with a varied, balanced diet and staff were aware of people's dietary needs. Staff referred people appropriately to healthcare professionals. People received their prescribed medicines and medicines were stored in a safe way.

Wherever possible people or their families were involved in the planning of the care people received.

People were encouraged to maintain hobbies and interests and join in the activities provided at the home and in the community

The provider had an effective complaints process in place which was accessible to people, relatives and others who used or visited the service.

The provider had effective quality assurance systems in place to identify areas for improvement and appropriate action to address any identified concerns. Audits, completed by the provider and registered manager, showed the subsequent actions taken, which helped drive improvements in the home.

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.

People were supported to take their prescribed medicines.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

The service was effective.

People were assessed for their capacity to make day to day decisions. Appropriate DoLS application were being made to the authorising agencies to ensure that people were only deprived of their liberty in a lawful way.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People could choose how and where they spent their time.

Is the service responsive?

Good

The service was responsive.

There were opportunities for people to develop and maintain hobbies and interests and spend their time in a meaningful way.

People's care records were detailed and provided staff with sufficient guidance to help provide consistent, individualised care to each person.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

Is the service well-led?

Good

The service was well-led.

The culture of the service was positive and inclusive.

The management team were described as approachable by staff and families.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Woodland Care Home

Detailed findings

Background to this inspection

Start this section with the following sentence:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 16 June 2016. It was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service. Their area of expertise was in caring for older people and those living with dementia.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well and the improvements they planned to make in the service. We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

During our inspection we spoke with nine people and four relatives. We also spoke with the registered manager and four care staff who worked at the home. Due to the complex communication needs of some the people who lived at the home we observed how the staff interacted with people to help assist us in understanding the quality of care they received.

We looked at three people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Good

Is the service safe?

Our findings

People we spoke with all told us they felt safe. One person said, "Oh yes, I feel safe. They [staff] are lovely girls; they come in for a chat. It's just like home in here". Another person said, "I feel quite safe. The staff are good and kind; they would do anything for you".

All the staff we spoke with told us they had received training to safeguard people from harm or poor care. They showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, "Yes, I have completed safeguarding training. I have also completed a refresher session this year". Another member of staff described things to look out for and said, "If someone had a change in their behaviour, appetite or mood, had unexplained bruising or was not at ease around a person, I would tell the senior or the registered manager so that they could check that no abuse was occurring". Another staff member said, "If I saw a staff member speaking or shouting to a person disrespectfully or not respecting their dignity, I would report them to my senior or the (registered) manager".

People had detailed individual risk assessments which had been reviewed and updated. Risks identified included, but were not limited to: people at risk of falls, moving and handling risks and poor skin integrity. Where people were deemed to be at risk, these risks were monitored. We saw documented 'repositioning charts' for people with poor skin integrity who required regular assistance or prompts from staff to change position. People at risk of malnutrition had documents in place to show that they were weighed on a regular basis. Where there had been an issue and a person was at risk due to their unintentional weight loss, staff had made referrals to the relevant healthcare professionals. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The registered manager audited incident and accident reports and identified where action was required to reduce the risk of recurrences. For example, where a person had had a number of falls they had sought additional advice about the use of bed rails where this was deemed appropriate.

We found that there were sufficient staff to meet people's needs. A member of staff said, "Yes there is enough staff to meet people's needs. Although it would be nice to have more to spend more social time with people". One person said, "The staff are very busy, too busy to chat. I wait sometimes but not too long". Another person said, "Sometimes you wait, but not too long. There has to be two carers because I need help and they use that (points to the stand-aid hoist). It depends how busy they [staff] are". A third person told us, "They [staff] come as soon as they can". Staff took their time and explained what they were doing before people were supported with their moving and handling.

We noticed that staff were visible in all the different areas of the home, either supporting people to meet their personal needs, serving drinks, meals and spending time with people talking to them. We heard staff checking with another member of staff that they were remaining in the lounge before they left to support

another person. This ensured that people had a member of staff available if they required some support.

The registered manager told us that they assessed regularly the number of staff required to assist people with higher dependency support and care needs in line with their company's policy on staffing levels. Records we looked at confirmed this.

Staff confirmed that they did not start to work at the home until their pre-employment checks including a satisfactory criminal records check had been completed. One member of staff told us they had answered an advert and completed an application form. The registered manager had then sent off for their references, one personal and one from their previous employer. The registered manager applied for a criminal record check (Disclosure and Barring Service (DBS)). The member of staff confirmed they did not start work until their DBS had been returned and was clear. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work. This meant that the provider had taken appropriate steps to ensure that staff they employed were suitable to work with people living at the care home.

People we spoke with told us about the medicines. One person said, "Yes I know what I take. There are no problems with my medication. The nurse sorts everything out. I'm on [name of medicine] for pain". Another person said, "Yes. No problems with my tablets. The doctor prescribes for me. Everything is spot on, I know what I take. The staff are very good; they [staff] turn me every two hours. I have tablets regularly to control the pain". A third person said, "Yes, it's all sorted out. The nurse sorts it out, she's very good. If I need pain relief I get it from the nurse". We observed the administration of medicines during the morning and at lunch time. Medicines were administered and signed for correctly. Nursing staff made conversation and interacted with people whilst they were supervising them taking the medication. Where people needed extra prompting and time to swallow tablets, this was given. If people had been having difficulty with swallowing, GP advice was sought and liquid medication prescribed.

Medicines were stored securely and within the required temperature range. This ensured the quality of medicines remained effective. Medicines were reviewed by the GP and any changes were actioned swiftly. Monthly audits were conducted and any issues were highlighted and appropriate action taken. This showed us that the provider had systems in place to help ensure people were safely administered their prescribed medicines.

Good

Is the service effective?

Our findings

Relatives we spoke with told us that people's needs were well met. They told us, "They're [staff] very good. [Family member] is certainly well cared for". Another relative said, "[Family member] is as comfortable, clean and safe as possible. The staff know what they are doing".

Staff told us they received regular supervision and support. This was to ensure they had the opportunity to discuss their support, development and training needs. Training records showed that staff had received training in a number of topics; these included fire safety awareness, infection control and food safety, moving and handling, safeguarding people. A member of staff said, "I have had training in dementia care, moving and handling, health and safety, fire safety, SOVA (safeguarding people at risk from harm), infection control and MCA (Mental Capacity Act 2005 and DoLS (Deprivation of Liberty Safeguards). The (registered) manager makes sure that we all complete all of the necessary training".

The 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. The application procedures for this in care homes and hospitals are called the DoLS.

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All of the staff we spoke with had an understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS. The nurse and staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. The registered manager had submitted one application for a DoLS to the supervisory body (local authority) and they were waiting the outcome.

Relatives told us that they were very happy with the food being provided. One relative said, "Oh yes, the food's good here. I have my lunch with [family member] sometimes". Another relative said, "[Family member] is eating much better here than in the hospital". There were menus available. This meant that people were given the opportunity to choose their meals as they could have been. Staff told us they asked people daily what they would like to eat from the choices available.

We observed lunchtime in various dining areas. Some people either sat at a table or remained in their chairs in the lounge. This showed that staff supported people's choices.

People were asked if they would like to wear a tabard to protect their clothes. People were sat at the tables for over twenty minutes before the lunch arrived. Meals were already plated up when they were served to

people. This meant that people had little choice of portion size or able to serve themselves. Staff told people what was on their plates and then asked if they would like gravy. People were then offered cutlery that suited their needs either a knife and fork or a spoon. One member of staff asked one person if they would like some help to eat their meal, they accepted the assistance. The member of staff explained what they were eating and offered it giving them time to complete each mouthful. Throughout the meal people were being asked if they wanted more to drink.

Appropriate diets were provided to people who required them and people were referred to a dietician when needed. For example, we saw that some people's diets included "nourishing drinks". This showed that people at an increased risk of malnutrition or dehydration were provided with nutritional supplements which supported their health and well-being. We noted that where people's intake of food or fluid was being monitored, the records were completed accurately. This was to help identify any change in people's food and fluid intake.

Drinks and snacks were available throughout the day. One relative said, "There are drinks for the residents around all the time. Visitors can make themselves a drink downstairs too". Another relative said, "If you want a snack you just ask".

A relative confirmed that the doctor visits regularly. One person told us, "I see the GP here when I need to. They come in every week". They told us that the staff keep them updated on their family member's health.

Staff made appropriate referrals to healthcare professionals and records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician, the dentist, opticians and therapists. One person said, "Yes I see the home's GP, (the visiting GP) he's alright. I've seen the optician and have new glasses, it was a good service". Another person said, "I have recently had my blood taken. I've also had my eyes tested by the optician". A third person told us, "The dietician has been to see me, the chiropodist comes and the staff do my nails for me". People with diabetes were being regularly monitored and reviewed by qualified staff. Blood sugar recording charts showed that the monitoring was carried out regularly and any concerns had been raised with the GP. This meant that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

Our observations showed the staff were kind caring and respectful to the people they were looking after. Staff called people by their preferred name and spoke in a calm and reassuring way. One relative told us, "Most certainly, they [staff] are very, very nice here". Another relative said, "They [staff] are kind and caring, they're great".

We saw a member of staff kneeling next to a person and talking to them quietly and discreetly. A member of staff spoke to a person who looked uncomfortable in their chair and asked if they would like another cushion. They then went to fetch them a cushion to make them more comfortable. After this they sat with them and chatted about their day and if they were going to join in the organised activities later that day. Staff spent time talking with people about things personal to them throughout the day. This showed us that staff were considerate of people's needs.

Visitors told us that they could visit whenever they wanted and there were no restrictions. One person said, "Visitors can come and go as they please. I have friends with babies who come, and that's okay". Another person said, "Yes, my sister and family visit me. The staff are very welcoming". One relative said they liked to come at mealtimes to support their family member with their meals.

People told us they had been involved in the care plans which they felt were very thorough. One person said, "Yes, of course. I'm involved in my regular reviews". Another person said, "Yes (I am involved in my plan). The carers know what I need and get on with it. They would do anything for you".

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans. One person said, "Oh yes, they know all about me, about my dog and how much I miss him". Another person told us, "[Name of registered manager] knows all about me and how I like things".

Relatives told us that staff respected people's privacy and dignity when supporting them. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered. When we asked one person if the staff respected their privacy they said. "Absolutely, yes. Curtains and door closed and I am covered up as much as possible". Another person said, "Oh yes, I find them very respectful". This meant that staff respected and promoted people's privacy.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, they told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Good

Is the service responsive?

Our findings

People, and their relatives, said that staff met people's care needs. One relative said, "Absolutely. They take great care with [family member]. Another relative said, "The staff are always around. I come most days and I see them looking after [family member] really well. I'm here a lot, I know they do". Overall, we saw that people were happy with lots of smiles and laughter and people confirmed they were well looked after.

Pre admission assessments were undertaken by the registered manager. This helped in identifying people's support needs and care plans were developed stating how these needs were to be met. People were involved with developing and reviewing their care plans as much as was reasonably practical. Where people lacked capacity to participate, people's families, other professionals, and people's historical information were used to assist with people's care planning.

People's care plans contained specific documents, to be maintained by staff, to detail care tasks such as personal care having been undertaken. Where people were deemed to be at risk of poor skin integrity, weight loss and dehydration we saw that records were in place to monitor and respond to these risks. However, we found that some of the detail was not consistent. It did not cross reference to other information that would give a complete picture of the person care. This put people at risk of receiving care that did not meet their care needs and support. The registered manager had identified the issues through their auditing process and an action plan was in place to ensure information was up to date. Daily records contained detailed information about the care that staff provided which met people's needs.

Staff we spoke with were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, and they provided care in a way people preferred. One member of staff said, "We put the people who live here first. I love working here". Another member of staff said, "They [people who live at the service] receive the care and support they need. Staff here really care and we work well together".

There were notice boards in corridors showing the regular activities that took place. These included religious services, a singer, arts and crafts and another external music entertainer. One person told us, "I don't get bored. I read (not as well or as much as I used to) and watch TV". Another person said, "I like gardening. I used to do some gardening here but can't do it now".

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had brought in their own furniture and that rooms were personalised with pictures, photos and paintings. This was to help people orientate themselves as well as being personal to them.

Visitors we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "I have no complaints and would tell the staff (if I had)". One visitor said, "The (registered) manager listens to me all the time. No, no complaints".

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time living at the home. There was a complaints procedure which was available in the main reception area of the home. We looked at a recent complaint and saw that it had been investigated and responded to satisfactorily and in line with the provider's policy. The registered manager had also discussed the issues with staff at the team meeting. This showed us that the service responded to complaints as a way of improving the service it provided. People we spoke to made comments such as; "I have no complaints it's just like home here" and "I have no complaints". A relative said, "It's very very nice here. The staff are so kind and caring".

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. People and relatives said that they knew who the registered manager was. One person said, "Oh yes, they're often around. In the evening [registered manager's name] will come round to say goodnight and ask if I'm alright". Another person said, "Most certainly. [Name of registered manager] is her name".

The registered manager was very knowledgeable about what was happening in the home including, which staff were on duty, people whose health required a GP visit or other professional support such as the dietetic nurse. This level of knowledge helped them to effectively and safely manage the home and provide leadership for staff.

There were clear management arrangements in the home so that staff knew who to escalate concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. The registered manager had put together a comprehensive action plan that looked at improvements that were being made to the quality of the care provided at the home. This allowed them to continually reflect on the action that was needed to make further improvements in the quality of people's care.

Staff told us that they felt supported by the registered manager. One staff member said, "The [registered] manager encourages us to let them know our views". Another said, "They are good and very approachable". Staff all said that the (registered) manager was approachable and had an open door policy. All said they could speak freely at team meetings and during supervision.

Staff felt there was good teamwork. One of them said, "As a team we all get on well together and help each other out. We all have a good laugh and the atmosphere is calm and relaxed". We observed this to be the case during our inspection.

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "Yes, the staff working here are kind and treat people well. The (registered) manager takes action if they are told that a staff member is not treating people right".

There were regular staff meetings for all staff during which they could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in an effective way. Staff said that their senior carer informed them of incidents when issues occurred and that they were discussed to ensure that these did not happen again.

People were given the opportunity to influence the provision of the service that they received through residents'/relatives' meetings. People we spoke told us, "They have meetings which I've been to in the past". People and visitors told us they felt they were kept informed of important information about the home and had a chance to express their views.

There were quality assurance systems in place that monitored people's care. We saw that the registered manager completed audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such care planning, medication and health and safety. Where action had been identified these were followed up and recorded when completed to ensure people's safety.

Records showed that the registered provider referred to these action plans when they visited the home to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the provider had an approach towards a culture of continuous improvement in the quality of care provided.

A record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training and to make arrangements to provide refresher training as necessary. Staff told us that the nurses regularly 'work alongside them' to ensure they were delivering good quality care to people.

Records, and our discussions with the registered manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.