

Woodlands (Colchester) Limited

Woodlands Residential Home for Ladies

Inspection report

76 Lexden Road
Colchester
Essex
CO3 3SP

Tel: 01206571200
Website: www.woodlandscolchester.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Woodlands Residential Home for Ladies provides accommodation, care and support for up to 23 female residents. There were 20 people living in the service when we inspected on 2 March 2016.

There was a registered manager in post. 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.

During our inspection we found areas where the service needed to make improvements. The director representing the provider and the registered manager were proactive in their response to our feedback and were clear that they would be taking immediate action.

Staff and management knew the people living at the service well and were responsive to their needs. However, the records which were in place at the time of our inspection did not reflect this. There was no formal quality assurance system in place to ensure identified shortfalls were addressed promptly.

All care providers have a statutory requirement to notify us about certain changes, events and incidents affecting their service or the people who use it. The service had failed to notify us when a person using the service sustained a serious injury. We had also not been notified of the deaths of people using the service.

You can see what action we told the provider to take at the back of the full version of the report.

People received care that was personalised to them and met their needs and wishes. Staff listened to people and acted on what they said. The atmosphere in the service was friendly and welcoming. Feedback from people and relatives about the staff and management team was positive and very complimentary.

Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

People were provided with their medicines when they needed them and in a safe manner. We found shortfalls with regard to medication record keeping. The provider has informed us of actions they have taken to rectify this.

There were sufficient numbers of staff to meet people's needs. Recruitment processes checked the suitability of staff to work in the service. People were treated with kindness by the staff. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner.

Staff were trained and supported to meet the needs of the people who used the service. The service was up to date with the Deprivation of Liberty Safeguards (DoLS). People's nutritional needs were assessed and

met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People were provided with personalised care and support which was planned to meet their individual needs. People, or their representatives, were involved in making decisions about their care and support.

A complaints procedure was in place. People's comments, concerns and complaints were listened to, addressed in a timely manner.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

Following our inspection the provider demonstrated to us that they had developed an auditing tool and action plan and demonstrated how this would form the basis of a more robust and efficient management system.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People were provided with their medicines when they needed them and in a safe manner. However, we found shortfalls with regard to record keeping.

Care plans in the process of being updated did not give clear guidance to ensure that risks to people were minimised.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Good ●

Is the service caring?

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people. People's independence, privacy and dignity was promoted and respected.

Staff took account of people's individual needs and preferences.

People were involved in making decisions about their care and their families were appropriately involved.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

There were no formal quality assurance systems in place to ensure identified shortfalls were addressed promptly.

The service was not sending statutory notifications as required by law.

There was an open and transparent culture at the service. Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

Feedback from people and relatives about the staff and management team was positive and very complimentary.

Requires Improvement ●

Woodlands Residential Home for Ladies

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 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 2 March 2016 and was carried out by two inspectors. Prior to the inspection we reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with the registered manager, a director representing the provider and seven members of staff including care and catering staff. We also spoke with one volunteer on a college placement.

We spoke with ten people who used the service, four relatives, two visiting healthcare professionals and a visitor who was conducting a religious service. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care needs were being met we reviewed five people's care records and other information, for example their risk assessments and medicines records.

We looked at three staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person told us "I feel absolutely safe" and another said "I feel completely safe and secure here. Very happy and settled."

The director and registered manager were in the process of implementing a new care plan system. Some peoples current records were not easily accessible which mean that there was not clear guidance for staff to ensure that people's needs were being met and risks minimised. We saw that a person with a pressure ulcer was receiving the appropriate care and treatment, including the involvement of the community nursing team. However, reporting and recording systems in relation to this were not robust which meant there was a risk that not all staff would be aware of the support to be given to the person. We made the registered manager aware of this during our inspection and she took immediate action to rectify this.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. A relative told us "[Relative] isn't on much medication. What [person] is on is managed well." We saw that medicines were administered safely and were provided to people in a polite and safe manner by staff. People were prompted, encouraged and reassured as they took their medication and given the time they needed. The medicines trolley was secure and only accessed by one member of staff at any one time. People were encouraged to maintain independence in relation to their medicines if they were able. One person told us "I look after my own creams and eye-drops and they have my tablets." Staff had been trained to administer medicines safely and had received additional supervision to ensure that they were competent in this role. Staff who did not administer medicines had also received training so that they were aware of procedures and their responsibilities within their job role. For example, they knew what action to take when the medication were delivered to the service.

We found that Medication Administration Record (MAR) charts were not always completed in line with best practice. For example, gaps were found in the records which meant it was not clear whether medicines had been administered. We saw on one person's MAR chart that they had been prescribed varying doses of Warfarin which were to be given as indicated following a blood test (INR test) taken to monitor the effects of Warfarin on their blood. Doses not required had not been scored through to indicate what should be given and when. Conversations with staff administering medication confirmed that they were aware of the procedures to follow and followed the instructions given on the INR test records. However, these were not kept together with the MAR charts so there was the potential that an error could occur. There were no protocols in place for medicines which were to be administered as required, such as paracetamol and variable doses for this type of medication were not always recorded. Without robust recording there is a risk that the service cannot demonstrate action taken should there be any concerns or clarifications needed.

The registered manager told us they would take action to address these matters immediately.

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adults and whistleblowing procedures and their responsibilities to ensure that people were protected from abuse. They knew how to

recognise and report any concerns to the appropriate professionals who were responsible for investigating concerns of abuse.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks were undertaken to reduce the risks to people if there was a fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if this was necessary.

Staff understood people's needs and their individual risks and how these were safely managed. For example, we saw a member of staff walking alongside a person who was using their walking frame. The person was a little unsteady and at risk of falling, but had told staff they did not want to use their wheelchair to move around. The member of staff had respected the person's choice and suggested they walk with them to make sure they did not fall and remained safe.

One person told us "I have a key to the front door and can come and go as I please." They told us that they always let a member of staff know before leaving and when they came back. We saw risk assessments in place which showed that potential risks had been discussed with the person and an agreement had been reached so that their independence could be maintained.

There were sufficient numbers of staff to care and support people according to their needs. This included answering call bells in a timely manner. A person told us "There are usually enough people around." A relative said "There are always plenty of staff, [person] has two to help [person] get up." Each evening, additional staffing hours were allocated depending on the needs of people that day. For example, to help with bathing and to be able to accommodate what people would like to do.

There was an established staffing team in place with sufficient numbers to provide the support required to meet people's needs. Discussions with the staff and management team told us that there was a low staff turnover. They also told us that agency staff were not used to provide cover as existing staff, including the management team, covered shifts to ensure consistency. This meant that people were supported by people they knew and who understood their needs .

We looked at the recruitment records of three staff members which showed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person said "All the [staff] here are very good, understand what you need and how to help you. Yes I think they are very well trained." Another person said "They all know what they are doing and I feel safe in their hands." A relative commented "I think they [staff] are all excellent, very assured, well trained and know what they are doing."

Staff were provided with the training that they needed to meet people's needs and preferences effectively. This included supporting people with diabetes and people living with dementia. They received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. One visiting family member told us that their relative had a specific health concern and the staff had received training relating to this so they knew how best to support them.

Staff told us that they felt supported in their role and had regular one to one supervision and team meetings, where they could talk through any issues, seek advice and receive feedback about their work practice. They described how the management team encouraged them to professionally develop and supported their career progression.

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. The application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that there had been no applications made under DoLS to the relevant supervisory body, this was because people living in the service had capacity to make their own decisions. However, they understood when applications should be made and the requirements relating to MCA and DoLS.

People told us that the staff sought their consent and acted in accordance with their wishes. This was confirmed in our observations. We saw that staff asked people's permission before they provided any support or care, such as where they wanted to be in the service and if they needed assistance with their mobility.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Feedback about the food was very complimentary. One relative told us "I think the quality of the food here is superb. People get plenty of choice and can have whatever they want when they want. It is home cooked and very tasty." A person said "I like the meals here, the ambience and chatting with my friends enjoying a good meal. It is nice." A relative said "We often stay for lunch. They

are very welcoming and set up an area in the conservatory. It is really nice; there is a good choice of meals."

We saw that people were offered a choice of what they would like to eat. The meal time was not rushed and people were supported in an appropriate way when needed. One person was being supported to eat by a member of staff who was sitting nearby in case they were needed. They were asked "Are you finished or would you like some more?" When they responded, "I don't know yet," the member of staff said "I'll ask you again in a bit then" and gave the person the time they needed to finish what they wanted of their meal. The staff were aware of people's preferences but still asked them what they would like rather than making assumptions. We heard one member of staff ask "What would you like? You don't like strawberries and cream do you?" They gave the person several different options so they could decide what they would like as an alternative. The kitchen recorded food which was being returned after a meal to enable people's nutritional intake to be monitored and to identify when someone may be at risk of malnutrition.

People had access to health care services and received ongoing health care support where required. We saw records of visits to health care professionals in people's files. Care records reflected that people, and or relatives/representatives on their behalf, had been involved in determining people's care needs. This included attending appointments with other professionals such as specialist consultants and their doctor.

People told us about the chiropodist who visited and confirmed that they were supported to attend healthcare appointments. One person told us "My family can't always take me but that's fine I understand and I don't mind as one of the [staff] will come. I never go on my own. I think that is really good we get accompanied." Their relative added "I can't make all the various appointments. However it is very reassuring to know [person] does not go on their own. Imagine how awful that would be. I have nothing but praise for the management and staff they take responsibility for people and ensure they are well looked after."

The registered manager told us that people living at the service were able to retain their own doctor if they were happy to continue to visit them at Woodlands. A person told us "They are very prompt for sending for the doctor if you need one."

Is the service caring?

Our findings

The atmosphere within the service was welcoming, relaxed and calm. One person told us "I have got company and friends now. I'm not lonely anymore. I look forward to each day. I feel so happy here. The atmosphere from the moment I came was welcoming and friendly from everyone here. It has become a home from home. I have never looked back."

People were extremely positive and complimentary about the care they received. One person told us "They are all marvellous all the staff. I would highly recommend this place. Best thing I ever did moving in here." Another person said, "We have a lot of fun. It is very good here. I loved it from the day I came in, the staff are lovely." A relative told us, "This home is wonderful. I would come here if I could. They are so patient, gentle, loving and kind. They really seem to care and the food is amazing."

Staff demonstrated empathy, understanding and warmth in their interactions with people. They talked about people in an affectionate and compassionate manner and were caring and respectful, for example they made eye contact, gave people time to respond and explored what people had told them to ensure they had understood and were doing the right thing.

Staff showed genuine interest in people's lives and knew them well. They understood people's preferred routines, likes and dislikes and what mattered to them. For example, a member of staff described how two people enjoyed sitting in the conservatory to read in the morning and listen to the radio. This was their preferred routine. After lunch they would decide if they wanted to go to the main lounge and join in the activities or return to their bedroom to rest. One person told us "The carers know what is important to me." Another person said "We are glad we came here, it is very nice. They know us well." The director told us "We get to know carers interests and try to match them to resident's needs and interests."

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. People and their relatives, where appropriate, had been involved in planning their care and support. This included people's likes and dislikes, preferences about how they wanted to be supported and cared for. One person told us "I am involved. They write everything down."

A relative told us "[relative] has a DNA-CPR in place. [Relative] has been in those decisions. The staff make sure [their] wishes are listened to." The DNA-CPR (Do Not Attempt Cardiopulmonary Resuscitation) form had been made following best practice guidance by ensuring relevant clinicians were involved and consent was agreed with the person.

People had been supported when making decisions about the possibility of moving into Woodlands. A relative of a person who had recently moved in told us "They have been amazing. When we came to visit they were happy to show us around, even though it was a busy time. We could see [people] were bright and cheerful and the staff were very friendly." They added "While we were deciding they kept in regular contact. They were very welcoming but not pushy. It was a very collaborative process and they were very inclusive of [relative]. They asked [relative] what was important to [relative]. It was all about [relative]. It's all been about

[relative]."

Throughout our visit we saw that people wherever possible were encouraged by staff to make decisions about their care and support. This included when they wanted to get up or go to bed, what they wanted to wear, what activities they wanted to do and what they wanted to eat. People's choices were respected by the staff and acted on.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. A person told us "They [staff] always knock on the door before coming in. They ask if I am ok and what I need. We have a chat and a giggle as they help me." Another person told us "They help me with [personal care] they do my back and put cream on my legs as I can't do that. They help me to still be able to do the rest myself."

Is the service responsive?

Our findings

People received care and support specific to their needs and requests for assistance were answered in a timely manner. One person told us "We've got a bell, we can ring when we want someone."

A new care plan system was in the process of being implemented, however some records were not easily accessible whilst this work was being carried out. The director and registered manager were aware they needed to ensure that up to date information was shared effectively with staff to avoid misinformation or misunderstanding about how people's care needed to be provided. We saw new Individual Plans of Care which were person centred and contained detailed information about the care and support that each person required and preferred to meet their assessed needs. During our conversations with staff they demonstrated that they had a good understanding of people's needs and how to respond if they noticed a change in a person's well-being.

We saw in one current care plan that it reflected information about the person's physical health, emotional and mental health and social care needs. These needs had been assessed and the care plan had been developed to meet them. It was clear the person had been involved as the information was personalised and reflected preferences and choices. In other people's records we saw details about what they liked to wear, how they liked to be approached and addressed. We also saw that some records contained information about people's life history and the things that were important to them.

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes. This was reflected in the way that they interacted with people and the discussions they had.

Relatives told us that they were kept up to date about people's health and well-being. This was reflected in the communication logs in people's care plans. Where this was appropriate, this included being advised of upcoming appointments with professionals such as the doctor and optician and in the adverse event of a fall what actions had been taken. A relative told us "They ring regularly to let us know what is happening. They talk about every aspect of [their] care." Another relative said "I have spoken with the management team about concerns in [person's] health, even at weekends they will ring you back and talk to you. The on call system is very good. They are quick to respond and get back to you."

People told us they were supported to participate in activities which were important to them. One person said "I love the quizzes and the entertainment. They [staff] always make a fuss." Another said "They get [people on work experience] to come in and help a fortnight at a time. They have exercises and entertainment, it's quite nice." They added "The library comes every three to four weeks and we can have a daily paper if we want it."

We saw how staff respected people's beliefs and opinions and were given the opportunity to decide what activities they wished to participate in. One person said "I like the [religious] service we have that is good. I enjoy singing the hymns. I also like it when [another person who lives in the service] plays the piano and we

all have a sing song. What is good here is that [staff] don't push you to join and you can go to the conservatory if you want quiet time." We were told by staff how they supported people with their culture and beliefs.

There was a complaints procedure available in the service. This explained how people could raise a complaint. Records showed there had been no formal complaints received in the last 12 months. The registered manager and director told us that they spoke with people and relatives on a regular basis and any concerns were addressed immediately. This prevented people being unhappy enough to raise a formal complaint. They shared examples of how they had addressed concerns including replacing a mattress for a person who had recently moved into the service..

People, their relatives and a visitor that we spoke with told us that they knew who to speak with if they needed to make a complaint but had not done so as any concerns were usually addressed by a member of staff. A person living at the service told us "No issues, I am perfectly fine here. I would speak to [staff member] or [registered manager] or [director] if there was anything troubling me. The management all pop by every day so there is plenty of opportunity to talk to them if I was worried."

People confirmed that the management team listened to and acted on feedback. One person told us "The management are open to suggestions and will take notice. I remember the menu changed as we all said we liked the roast dinners and we get that twice a week now."

Is the service well-led?

Our findings

There were no formal monitoring and auditing systems in place to ensure the quality and safety of the service. Whilst the leadership of the service could clearly demonstrate the importance they placed on providing a good quality service they had not set up systems to ensure they could independently identify shortfalls. This meant that they had missed opportunities to improve the service.

We found shortfalls in relation to how the care plan improvements were being implemented and with some medication records. Further to this it was not clear how the leadership ensured that they did not become isolated and were able to keep up with changes and guidance for best practice. The registered manager acknowledged this and advised they would look immediately at introducing systems to effectively monitor the whole of the service provision.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was not sending us statutory notifications. . All care providers have a statutory requirement to notify us about certain changes, events and incidents affecting their service or the people who use it. In the 12 months prior to the inspection we had only received one such notification from the service and we queried this with the director and the registered manager. They acknowledged that there had been occasions when they should have submitted a notification, in particular, an incident where a person using the service sustained an injury and the death of a person using the service.

This was a breach of Regulation 16 CQC (Registration) Regulations 2009 Notification of death of service user and Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents.

It was clear from our observations and discussions that there was an open and supportive culture in the service. Feedback from people and relatives about the staff and management team were positive and very complimentary. A person living at the service told us "Staff are always available if you need them. Very approachable if something is troubling you." A relative said "I would consider living here when the time comes. I have and would recommend this place, the care is astonishing." Another relative commented "I have nothing but praise for all the staff here. They are simply marvellous. Nothing is ever too much trouble when you ask. The management team are always available if you need them even at weekends"

The management team were a visible presence in the service and held in high regard by people, their relatives and the staff. One person told us "The two who are in charge are very nice, you see them about." Another person said "I see [director] and [registered manager] often. They always have the same kindness." A relative told us the management team were, "Visible and available to talk to if you had any concerns."

Staff told us that they felt supported and listened to and that the registered manager and provider were approachable and supported them when they needed it. This included providing additional assistance if a member of staff was off work at short notice due to illness. One member of staff told us "I have felt really

supported in the short time I have been here. Everyone has been really nice and helped me.The management team are very hands on and here most days." Another member of staff said "Management are very supportive and will help whenever you need it. They will support on the floor if we are short and you know they have your back. We all work as a team to look after the people here."

Staff were encouraged by the management team and were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. We saw that care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times. One staff member told us "I love coming to work; it's a lovely place I enjoy what I do."

We saw that people living at the service had been asked to complete a care and treatment satisfaction questionnaire which asked them whether they received the support they needed in a courteous, respectful and dignified manner and asked specific questions in relation to their physical, mental and emotional needs. This had enabled the management team to follow up and address any areas of concern.

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 16 Registration Regulations 2009 Notification of death of a person who uses services The service had not submitted statutory notifications in relation to the death of people using the service.
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The service had not submitted a statutory notification in relation to the serious injury of a person using the service.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were no formal monitoring and auditing systems in place to ensure the quality and safety of the service.