

Woodlands Manor Limited

Woodlands Manor

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Woodlands Manor is a residential care home providing accommodation for up to 27 people with dementia care needs. The service provides upper and ground floor accommodation, some with ensuite facilities.

People's experience of using this service: People we spoke with felt safe living at the home. Risks to people's health and well being were assessed and there were measures in place to help reduce these risks. People's medication was also being stored and administered safely, by staff who had been trained to do this. There was a process in place to analyse incidents and accidents for patterns and trends. The home was clean and well maintained, and staff were recruited and selected safely after checks had been made on their character and suitability to work.

People were provided with good care by staff who were trained to do so. Staff were supported by their line manager to engage in regular supervision and had an annual appraisal. Staff supported people with their eating and drinking needs and the environment was adapted to support those living with dementia. People were supported in line with the principles of the Mental Capacity Act 2005. People who had restrictions on their liberty had appropriate DoLs referrals in place which were regularly reviewed.

Staff were kind and caring. People told us they liked the staff and we spent most of our time during the inspection sitting with people who lived at the home and talking to them and the staff. We observed positive familiar conversations taking place, and saw that staff clearly had good relationships with people who lived at the home.

Staff asked people for consent before providing care. People's care plans also reflected how they wanted their routines to be carried out and what was important to them. We saw staff prepare drinks for people in a specific way, and observed staff helping people to mobilise. We sat with people while they engaged in an activity and everyone was observed to be enjoying themselves. Complaints were investigated in line with policy and procedure. The home was accredited with the Gold Standards Framework which they were exceptionally proud of.

There was a registered manager in post who had been at the home for a long time. There was a care manager who assumed the day to day operational running of the home, and people said they knew them well. The registered manager was aware of what to report to the Care Quality Commission CQC by law. The registered manager, registered provider and quality assurance team undertook audits which took place at certain times in the year. Audits were effective for highlighting and correcting any issues with service provision.

Rating at last inspection: Last rated 'Good'. Report published July 2016.

Why we inspected: This was a planned comprehensive inspection based on the ratings at the last

inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Woodlands Manor

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was completed by two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has experience of using this type of service.

Service and service type:

Woodlands Manor is a care home. People in care homes receive accommodation and nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at on this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced and took place on 7 February 2019.

What we did:

Before the inspection, we looked at the Provider Information Return, which includes information from the provider about how the service is run and where they will make improvements. We also looked at notifications received from the home, which tell us how events that happen in the home are dealt with by the service. We also requested feedback from the local authority. We use this information to formulate our 'planning tool' which is shared with the inspection team to describe how the inspection should be carried out.

During the inspection, we spoke to four people, five relatives and nine members of staff. This included the registered manager, the registered provider, the quality and Compliance manager, the chef, and five care staff. We also spoke with one healthcare professional. We completed general observations around the

home and completed a SOFI (Short Observational Framework for Inspectors). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We looked at four care plans, staff files, medicine administration processes, complaints and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

Safe - this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to describe the course of action they would take to ensure that people were kept safe. This included reporting concerns to the registered manager, or escalating to the local authority or police.
- Staff had attended training in safeguarding and there were clear policies for them to adhere to with regards to how to whistle blow to CQC or others if needed.
- People told us they felt safe. One relative told us their family member was "Very safe" at the home.

Assessing risk, safety monitoring and management

- Risk assessments were clear, concise, and contained up to date information for staff to follow in relation to minimising risks for people. For example, one person was at high risk of falls, and had a plan in place for staff to stay with the person when they were in areas that were deemed to be high risk, such as the shower.
- There were safety checks in place on the environment and we spot checked a sample of certificates for the gas, electricity and fire checks to show they had been completed.
- Personal Emergency Evacuation Plans (PEEPs) were in place for people and had had been written to specifically suit the evacuation need of each person and how much support they would require in an evacuation.

Staffing and recruitment

- One person told us they did not always feel there was enough staff on shift, which we discussed at the time with the registered manager. Rotas showed adequate numbers of staff, and our observations throughout the day evidenced that there were staff on hand to help people.
- Staff recruitment and selection was safe. New staff were only offered positions once suitable checks had been carried out on their suitability to work with vulnerable adults. This included two satisfactory references and a Disclosure and Barring Service (DBS) check.

Using medicines safely

- Medication was managed safely. All medication was stored securely in a lockable trolley.
- There was a dedicated medication fridge. We did raise at the time of our inspection that fridge temperatures were not being recorded every day. The registered manager took action to address this straight away.
- There was a secure process for recording and storing Controlled Drugs (CDs). These are medications with additional safeguards placed on them.

- There were plans in place for people who required medication 'as and' when needed, often referred to as PRN. We saw that most, but not all people had a detailed protocol for when they required this type of intervention. The registered manager has since actioned this.

Preventing and controlling infection

- The home was stocked with gloves and aprons, which is referred to as personal protective equipment (PPE)
- We observed staff using the PPE effectively.
- There was information available for staff with regards to how to report outbreaks of flu or viruses.

Learning lessons when things go wrong

- We saw that where complaints had been substantiated there was action taken from this. For example, a review of staffing levels and additional training for staff had been arranged.
- All accidents and incidents in the home were clearly recorded along with the action taken.
- These were analysed monthly by the registered manager to look for trends. Records showed where patterns were seen, action was taken to see if lessons could be learnt or additional action needed to be taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person was assessed before they came to live at the home.
- The assessment process described the person's routines, choices and preferences.
- Care plans were compiled based on these assessments to ensure that people were receiving care which was right for them based on their needs.

Staff support: induction, training, skills and experience

- Staff training was up to date. The training matrix we viewed had some dates missed off, however, when we checked the staff training certificates we saw that they had attended this training recently, it had just not been updated on the training matrix. The registered manager actioned straight away.
- People and their visiting relatives told us that they felt staff had the skills and competence to support them.
- Staff we spoke with told us they enjoyed the training and felt they could always ask for more training if they needed it. Staff also said they engaged in regular supervision and appraisal with their line manager.
- All new starters were enrolled onto a three-day induction which was aligned to the principles of the Care Certificate.

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

- People told us they enjoyed the food. One person said, "I enjoy the food and I get a choice every day."
- We partook in the mealtime experience alongside people who lived at the home and found the food was nutritious, well presented and people told us they tasted good.
- There was information available for the chef to refer to for those who had special diets and specific likes and dislikes with regards to their food.
- There was information within people's care plans from dieticians and speech and language therapists (SALT) who made recommends regarding some people's food and fluid texture.
- There was documentation in place to track the amount of food and fluid people had consumed if they were at risk of dehydration or malnutrition.

Staff working with other agencies to provide consistent, effective, timely care

- The service had relationships with the District Nurses, GPs, Occupational Therapists, and SALT to ensure referrals were made in a timely way.
- The service worked alongside the hospitals and hospices to ensure that people's wishes were respected in

their final days.

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

- There were numerous adaptations made to the environment to support people living with dementia to orientate their way around.
- Various objects, such as twiddle muffs and rummage boxes were available in all communal areas of the home.
- There was directional signage which showed the way to the bathrooms and dining room, and people's doors had photographs on them, at their request.

Supporting people to live healthier lives, access healthcare services and support

- The home was part of a tele meds system. This meant that if staff were concerned with regards to the health of one of the people at the home they could video call an 'out of hours' healthcare professional for advice.
- The home had regular visits from GP's district nurses, SALT and OTs to assess people when needed.
- There was a section within people's care plans which was dedicated to documenting the outcome of hospital and GP visits.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible; Where necessary, mental capacity assessments were completed and best interest decisions involving the necessary representatives and professionals.
- Paperwork in relation to MCA and DoLS was clear and could see this was appropriately completed and where DoLS conditions were in place, these were being followed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Everyone told us they liked the staff and they felt they were caring and kind. Comments included, "You can ask them anything and they sort it out for you and see what they can do for you." One visiting relative told us, "The staff are brilliant".
- Our conversations with staff evidenced that they preserved people's dignity when providing personal care. One staff said, "I cover people with towels and blankets and make sure I ask them for consent."
- Each person's routines were clearly documented in their plan of care, including their preference and choices for personal care.

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

- Some people told us they were involved in their care plans. Each care plan was either signed by the person themselves if they had capacity to do so, or by their relative if they legally were allowed or following a best interest process.
 - People's care plans were reviewed with their input wherever possible.
- People were supported to maintain relationships and relatives were welcomed into the home.
- People who did not have any family or friends to represent them could request an advocate and information was contained in the home about these services

Respecting and promoting people's privacy, dignity and independence

- We observed staff discreetly asking people if they needed support with moving about the home, including using the bathroom.
- Where people had spilled food or drink on themselves staff were encouraging people to go with them to change.
- Staff were mindful in public areas, and when they spoke amongst themselves we observed they spoke discreetly.
- Care plans in reference to eating, drinking and washing and dressing were very much centred around people's rights to choose and be as independent as possible. Language and phrases, such as 'always ask me' and 'give me time to respond' were part of the description.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were focused around the needs of the people who lived at the home. For example, one care plan described how one person always liked to have a shower, even if they felt poorly, as this was important to them.
- There was documentation such as weight charts, fluid balance charts and malnutrition screening tools for people who needed them which were being completed accurately and in full by the staff.
- There was an activities coordinator who arranged trips out, as well as activities in the home for special occasions, such as Chinese New Year and Valentine's Day.
- Staff understood the Accessible Information Standard. People's communication needs were clearly assessed and highlighted in care plans.
- Information relating to people's private affairs was securely stored and not shared unnecessarily with others in accordance with GDPR legislation.

Improving care quality in response to complaints or concerns

- There was a complaints process in place.
- We saw that complaints had been responded to in line with the organisations policy and procedure.
- The complaints procedure was also on display in the communal area of the home, and was made available in different formats to support people's needs if required.
- We case tracked one complaint through, and saw that as an action, more training had been sourced for the staff, which shows that the organisation has learnt from substantiated complaints.

End of life care and support

- The service had gained its accreditation with the Gold Standards Framework for Care Homes which the managers and staff were exceptionally proud of.
- Care homes must have undertaken the full GSFCH training programme over 9 months, embedded this into their homes for at least 6 months and then undertaken a rigorous accreditation process 'Going for Gold' which had been achieved by Woodlands Manor.
- There was various documentation in place for each person which showed how their wishes were respected until the end of their life.
- By being able to provide this high standard of end of life care, people were able to stay in the home rather than have to be admitted to hospitals, nursing homes, or hospices.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and registered provider completed audits at various stages of the year..
- Audits were robust and detailed action plans were completed and shared with the staff team when issues were highlighted, for example, we saw the monthly catering audit had identified areas of improvement.
- The registered manager understood what must be reported to CQC in line with their legal responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and their relatives said that the managers were approachable. One visiting relative described the management team as "Easy to get on with you are never frightened to speak to them."
- The staff were complimentary regarding the management of the home and said that they felt supported to speak freely and raise any concerns they had.
- All of the staff we spoke with shared the managements enthusiasm for the 'Gold Standards Framework' and supporting people to remain at home.
- Team meetings and resident meetings took place, we were able to view the minutes of these.

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

- Regular meetings were held for people who lived at the home and relatives and they had the opportunity to feedback their views. Information was made available for people in alternative formats in accordance with their needs.
- Surveys were carried out annually. The results for the most recent survey were very positive. We also saw that a large number of compliments had been received into the home praising the registered manager and staff team for the care provided.

Continuous learning and improving care

- The registered manager discussed a new employee assist programme they had put into place to help support the staff.
- The registered manager had identified that there was not enough support for staff when a person who lived

at the home passed away. The employee assist programme offered confidential support and guidance to staff if they choose to access it.

- The registered manager told us that they had received positive feedback from the staff team regarding this.

Working in partnership with others

- There was links to the wider community and we saw that volunteers often came in to the home to read to people.
- The service had good links with the local hospitals and GP surgeries to ensure that people had access to healthcare when they required it.