

Woodlands Care GRP Ltd

Woodlands Westhoughton Dementia Care Home and Services

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

Woodlands Westhoughton is a purpose built two storey residential care home. The home cares for 55 people living with dementia. On the day of the inspection there were 53 people living at the home. The home is situated in Westhoughton and is close to local amenities.

At our last inspection on 26 January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered manager and the provider were approachable towards people and staff members. People told were encouraged to be involved in decisions and improvements about Woodlands and their suggestions were valued by the provider.

People remained safe from the risks of abuse and ill-treatment. This is because staff members knew how to recognise and respond to concerns.

People were supported by enough staff to meet their needs and people received their medicines safely. Staff members had the training and skills to meet people's needs.

The provider followed safe recruitment procedures when employing new members of staff.

People had care and support plans that reflected the areas of their lives which they needed assistance and support with. When changes occurred in people's needs these care and support plans were reviewed to reflect the changes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were aware of current guidance which directed their practice and people's human rights were protected by the staff who supported them.

People received support that continued to be caring. Staff members respected people's privacy, dignity and promoted independence.

The provider had systems in place for receiving and responding to concerns and complaints.

Staff members felt valued as employees and their opinions and ideas were encouraged by the provider.

The provider had systems in place to monitor the quality of the service and where necessary made changes

to drive improvements.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

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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.

The inspection took place on 24 October 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and an inspection manager who was carrying out an observed practice. We were accompanied by 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. The expert by experience expertise was caring for people living with dementia.

We reviewed the information we held about the service. This included the last report, safeguarding, statutory notifications and any complaints or concerns.

We contacted the local authority commissioning team, safeguarding team and Healthwatch for their views and opinions on the service. Healthwatch England is the national consumer champion in health and social care. No concerns were raised.

Before the inspection, the provider completed Provider Information Return (PIR) form. This is a form that asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make.

As part of the inspection we carried out a Short Observation Framework Inspection (SOFI). SOFI is specific

way of observing care to help us understand the experience of people who could not talk to us.

During the inspection we spoke with three people who used the service, six relatives and six members of staff, the registered manager and the provider. We observed care within the home and reviewed records including four care plans, six staff personnel files, policies and procedures, meeting minutes and audits held by the service.

Is the service safe?

Our findings

At our last comprehensive inspection on 26 January 2016, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

People told us they continued to feel safe and protected from the risk of abuse whilst living at Woodlands. One person said, "I feel very safe as there are always lots of people around to look after me". Another person told us, "I feel safe because I can ring the bell and someone will come to see me. I don't worry about falling over here". One relative spoken with said, "I feel [Name] is safe as there are always people around. The doors are always locked and people are given fobs to enter each unit. [Name] is free to wonder around this unit but I know she can't escape outside. Another visitor said, "[Name] is absolutely safe. The security in and out of the building is very good. Her belongings are very safe we have no worries on that score. Mum has been in several homes and this is by far the best in regard to safety'. A third visitor said, "[Name] is safe. She fell out of bed, so now she has a mat on the floor to alert the carers at night and they have rearranged her bedroom so that the bed is long ways against the wall to reduce risk. I was very pleased about that. I have no worries I am 100% confident in the safety of the home".

Staff members spoken with and records we looked showed that staff had received training in how to recognise and respond to any concerns of abuse. We saw information was available to people and staff on how to raise a concern and who to contact if needed.

We saw that general risk assessments were in place for the environment. We saw regular checks on fire systems had been completed and people had a personal emergency evacuation plan (PEEP) in place. A PEEP informs the emergency services of what assistance each person required to safely evacuate them from the building.

We saw that individual risk assessments were in place for people including managing falls, skin integrity and eating and drinking. Staff spoken with new what to do to keep people safe.

We saw that incidents and accidents were reported by staff and monitored by the registered manager and the provider. This was to identify any trends or patterns which required further action, this included updating the risk assessment and care records to inform staff of any changes.

People told us and we saw that there were enough staff on duty to support them safely. We saw that staff responded quickly when people needed assistance. One person told us, "There are enough staff, you never have to wait long if you call them". One relative told us, "There are always at least three staff around (in one unit). I have no concerns over staffing". Another visitor told us, "Absolutely, there are enough staff. No one is left for long when they call for help. They are on call all the time".

The provider followed safe recruitment practices when employing new members of staff. These checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable

people.

We looked at the management of medicines. We saw that all medicines were managed electronically. We were shown how this system worked and how the recording and administration using this system ensured that people received their medicines as required and in safe and timely manner. We saw, where people had been assessed for the use of thickening agents, the guidance was kept prominently within care files for staff to follow.

Staff members were trained and assessed as competent before assisting people with their medicines.

Is the service effective?

Our findings

At our last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

People told us and records showed that they continued to be supported by a well trained and experienced staff team. One person told us, "They [staff] seem to be well trained. They speak very appropriately to me". One visitor told us "They [staff] are well trained. For instance, they handle people very confidently. What is lovely is that they keep the same staff on the units so that the staff get to know each resident very well and the residents get to know and trust the carers". Another visitor said, "The staff are well trained in dementia needs, I have learnt a lot from them".

Care records we looked at included relevant health and personal information. Each file had a thorough assessment of the person's needs. They included daily notes and professional correspondence.

We saw that aids and adaptations were available for people who had issues with eating and drinking. The service responded to changing needs promptly. For example, one person was having some difficulties with food and a referral had been made to the Speech and Language Therapy (SALT) team. The registered manager had implemented a pureed diet as a precaution whilst awaiting guidance from the SALT team.

We spoke with a visiting healthcare professional who told us that staff followed their advice and worked closely with them. They told us that staff contacted the GP when necessary.

People had access to healthcare services when they needed. For example, the community nursing team, dentists and podiatry.

We asked the registered manager to tell us how, in the event of a person being transferred to hospital, information about the person was passed to the receiving service. We were told about the 'Red Bag' that was sent with the person. The Red Bag contained the person's care and medication records, their medication and their personal items.

People who lack capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedure for this is care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had submitted appropriate applications when needed to the local authority and the CQC had been notified as required.

Consent to the care plans and administration of medicines was signed by the person or their representative. There was good evidence of people's mental capacity being assessed according to the principles of the MCA and best interest's decision making was clearly recorded. These decisions had been made with the involvement of the relevant professionals and family members and signed by those making the decisions. Best interest decisions were reviewed regularly to ensure they remained relevant.

People living at the home and their relatives said the food was good. No one said they did not get enough to eat. One person told us, "The food is very good. I have put weight on since I moved in. I can ask for all sorts of drinks at any time". Another person said, "The food isn't bad. You get two choices which they [staff] tell you about a couple of hours before the meal. If you don't want what you are offered they will make you something else". A relative told us, "[Name] loves the food. If she does refuse a meal they will sort something else out for her. At times they have been out and got her food from [name of restaurant] and she get biscuits which she loves".

Is the service caring?

Our findings

At our last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

People told us that they continued to be supported by a kind and caring staff team. One person told us, "They [staff] are very kind and they do anything for me". A relative told us, "They [staff] have been wonderful. They have been very supportive. They know [relative] very well, they know her likes and dislikes". Another relative told us, "The staff are very caring. I am very impressed with them". A third person said, "The care is exceptional. The carers are all aware of [relatives] needs and condition and they have made me feel he is safe".

Staff spoken with told us they enjoyed working at the home and that the staff worked well together to create a happy and caring place for the people they cared for. Staff understood people's likes and dislikes and preferences for their care and this was recorded in people's care files.

People's communication needs were assessed. Information about the service was provided to people in a suitable format to ensure the Accessible Information Standards were adhered to. People told us that staff listened to and acted upon what they said.

People's privacy and dignity was respected. Dignity champions, (staff who were ambassadors for promoting dignity) were in place. Personal care was provided in people's bedrooms or bathrooms with the doors closed. People confirmed the staff addressed them by their preferred names. People's confidentiality was maintained by staff working at the home.

We saw that equality and diversity information such as gender, race, religion and sexual orientation was respected. From speaking with staff, we could see that people were receiving care and support which reflected their diverse needs, in respect of the characteristics of the Equality Act 2010. We saw no evidence to suggest that anyone, including staff was discriminated against.

We saw that people had access to advocates to act on their behalf when required.

Is the service responsive?

Our findings

At our last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

People spoken with told us that staff were responsive to their needs. One person told us that the staff responded quickly when they needed assistance.

Care files were detailed and person centred. Files included a 'This is Me' pen picture which included general information about the person. For example, the area of the home the person lived in, how they communicated, likes and dislikes around food and drink and what assistance was required, day and night time preferences and routines, continence needs, mobility and assistance needed with mental health issues. Past history was documented, including where the person was born, schools attended, work, family, hobbies, holidays and interests. This helped ensure care plans were personalised and could aid with reminiscence and generate topics of conversation.

Each file included a Choices, Preferences and Goals section, which outlined areas such as hair care, shaving, glasses, hearing, teeth, diet, weight, nails, skin, medical conditions, continence, mobility, washing, creams/treatments, bathing, clothes, sleeping, social, religion. This document was produced in easy read/pictorial format so that people could be as involved as they wanted to.

We saw that care files were reviewed on a regular basis and risk assessments were reviewed on a three-monthly basis, changes recorded and updates made. We saw evidence of changes occurring and risk assessments had been updated accordingly.

We asked people how they spent their day. People told us that there was always plenty of activities. One person told us they took part in some games and they enjoyed the singing. A relative told us, "They [staff] encourage [Name] to participate in baking, and making crafts for the summer fayre. There are activities everyday". Another relative said, "[Name] joins in when he wants. He likes the head football with a large beach ball. He enjoys puzzles and dancing and being in the garden". We saw staff sitting with people in small groups and with individuals doing activities or chatting.

We asked people if they knew how to make a complaint if they were unhappy with something. People said they never felt the need to complain but they would go to the registered manager or the deputy manager. They felt their concerns would be listen to and acted upon. Two relatives told us they had been provided with the complaints procedure when they first became involved with the home.

The home had received a number of compliments from relatives. Comments included, "This is the biggest ever thank you to every single member of Woodlands team (especially [unit named]) for all the love, care and fun shown to [relative] and all of us during his time with you." Another said, "Thank you for all the love and care you gave to [name] and for the support you gave to us." A third said, "We would like to express our sincere thanks and gratitude for all your support and care of my [relative] and [name] during his time with

you all."

We asked the registered manager to tell us how they cared for people who were nearing the end of their life. Staff had completed training in end of life care to ensure people received high quality care by staff they knew and could trust. The home received support from the community nursing team and from the hospice.

Is the service well-led?

Our findings

At our last comprehensive inspection, we found the service was well led and awarded a rating of good. At this inspection, we found the service continued to be well led.

There was an experienced 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.

People spoken with told us that the management at all levels was very good. They said the team leaders and unit managers were very approachable and informative. One relative said, "The team leaders on Dobb Brow unit are fantastic. They go out of their way to care for everyone on the unit. They know everyone so well and they recognise when things are wrong".

We found that the management team had procedures in place to assess the service quality, safety and people's welfare. Checks and audits were undertaken and covered areas such as, care records, staff files, maintenance, fire safety, health and safety and infection control.

Quality assurance surveys were provided to people who used the service and their relatives to gain their views. We found the feedback to be positive.

The provider and the management demonstrated openness and transparency. People spoken with told us they felt comfortable in approaching the management team at any time. Staff spoken with told us they felt valued as employees and their opinions and ideas were encouraged by the provider.

We saw that residents/ relative and staff meetings were held and the registered manager had scheduled night visits to meet with the night staff so that they were kept up to date with what was happening in the home.

We found that the service continued to work well with local community groups, the local authority quality monitoring team and the safeguarding team as required.