

Woodlands Residential Care Home Limited

Woodlands Residential Care Home

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

This inspection was carried out over two days on the 17 and 18 February 2016. Our visit on 17 February was unannounced.

We last inspected Woodlands Residential Care Home in September 2014. At that inspection we found that the service was meeting the regulations we assessed.

Woodlands Residential Care Home is registered to provide 24 hour care and support for up to 18 adults who have physical and or mental health problems. The home is a large detached property overlooking Alexandra Park in Oldham, Lancashire and is located approximately one mile from the town centre. At the time of our inspection 17 people were living at the home.

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.

Staff we spoke with had a clear understanding of their role in protecting people and making sure people remained safe and free from harm.

Those staff that had received appropriate training were responsible for the management and administration of medicines at the home. A policy and procedure was in place for the safe handling of medication and completed documentation was available to show that medication was being administered to people using the service as prescribed by their general practitioner.

Staffing rotas indicated that there was a consistent number of staff on duty throughout the week and at weekends to meet people's needs and keep them safe.

Risk assessments were in place and provided guidance for staff to follow about how to manage identified risk(s) in order to promote and maintain people's independence wherever possible.

Suitable arrangements were in place for the prevention and control of infection. All bathrooms and toilet areas were clean and hygienic and all contained a wall mounted liquid soap dispenser and paper towel dispenser.

People's healthcare assessments and identified needs were reflected within their care plans, which were reviewed on a regular basis.

Staff told us, and we observed, people being asked for their consent and cooperation before any care or support was offered or given. Where people refused support, this was respected.

We spoke with the cook who told us about the different types of meals provided, including catering for people that are diabetic or required special diets. They were also knowledgeable about the likes and dislikes of people who lived at the home.

The staff had good working relationships with visiting healthcare professionals such as doctors, district nurses and individuals from the community mental health team.

Wherever possible, people using the service would be involved in discussions about their care and treatment and the decision would then be recorded in their care plan. For those people who may not be able to participate in discussions, we saw that representatives had been involved in the care planning process. We spoke with a relative who confirmed such discussions had been held with them about their relatives care and support needs.

The individualised approach to people's needs meant that both staff and the registered manager provided a flexible and responsive approach to meeting the care and support needs of people using the service.

People using the service, who we spoke with, told us that their private space such as their bedrooms were respected by staff who asked the persons' permission before entering.

Staff received regular training in line with their individual roles. Staff spoken with confirmed that the registered manager regularly assessed their work performance and used team meetings and individual supervision sessions to discuss their work and the development of the service.

Systems were in place which assessed and monitored the quality of the service on a consistent basis, including obtaining feedback from people who used the service and their relatives.

Those staff we spoke with were all committed to the ethos of the home and described the value base of the service as one that gave priority to maintaining the health, wellbeing and safety of the people who lived 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 who used the service told us that Woodlands Residential Care Home was a safe place to live.

Staff were recruited to the service following an appropriate recruitment process and sufficient staff were on duty at any one time to appropriately meet people's individual needs.

The premises and equipment were appropriately maintained to help make sure people lived in an environment free from foreseeable and preventable risks.

Appropriate arrangements were in place to safeguard people from harm and abuse.

Medicines were managed safely.

Prevention of infection control was appropriately managed.

Is the service effective?

Good ●

The service was effective.

Staff had received training that covered a variety of relevant topics to assist them in acquiring the necessary skills to support people who used the service. This included an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Appropriate links were maintained with health care professionals so people who used the service had their individual health and medical needs catered for.

People using the service told us that they enjoyed the food they were provided with and the knowledge and skills of the cook helped people to maintain their health and wellbeing.

We observed staff gaining people's consent and cooperation before any care or support interventions were offered or given.

Is the service caring?

Good ●

The service was caring.

Those people who we asked, including people using the service, visitors and health and social care professionals spoke positively about the caring attitude and approach of the management and staff team.

The atmosphere in the home was relaxed and lively and we saw people being involved in making decisions about their daily lifestyles. People freely moved around the home accessing their bedrooms and communal areas without being restricted.

Staff on duty demonstrated that they knew and understood the needs of the people they were supporting and caring for.

Is the service responsive?

Good ●

The service was responsive.

People living at the home and their visitors told us they were confident they could make a complaint and that any complaint would be dealt with appropriately.

A range of activities was available for people to participate in if they wished.

People's changing needs were responded to quickly.

Care plans, risk assessments and associated care documentation were regularly reviewed and updated where necessary.

Is the service well-led?

Good ●

The service was well-led.

A manager registered with the Care Quality Commission was managing the service and systems were in place to monitor and assess the quality of the service being provided.

People who used the service and their visitor's told us that the management of the home were always available, approachable and supportive.

Staff were able to tell us about the ethos of the home and

described the value base of the service as one that gave priority to maintaining the health, wellbeing and safety of the people who lived in the home.

Woodlands Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection was carried out over two days on the 17 and 18 February 2016. Our visit on 17 February was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the previous Care Quality Commission (CQC) inspection reports about the service and notifications that we had received from the service. We also contacted the local authority commissioners to seek their views about the service. No concerns were received about the service.

Part of our information gathering includes a request to the provider to complete and return to us a Provider Information Return (PIR). This is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. On this occasion, we did not request a PIR before our visit. This was because the inspection date was brought forward and the visit carried out sooner than originally planned.

During our visit we spoke with the registered manager, who is also the provider of the service, two deputy managers, one care worker, one housekeeper and the cook. We also spoke with one visiting mental health professional worker and five people who used the service and a relative who visited the home on a regular basis.

We looked around the building, watched staff interacting with and supporting people, examined four people's care records, six medicine administration records, three staff personnel files, staff training records and records about the management of the home such as auditing records.

Is the service safe?

Our findings

We spoke with five people who used the service who told us what it was like to live at Woodlands Residential Care Home. They all told us that they felt safe living there and their comments about this included, "I do feel quite safe living here", "The staff are great and they make sure you stay safe", "I don't worry about anything", "I'm safe living here, better than anywhere else" and "We are well looked after."

We looked at three staff personnel files and saw that staff had been recruited following an appropriate recruitment process. This process required the applicant to complete an application form and attend a face to face interview with the registered manager / provider of the service. The files we examined contained all relevant paperwork including details of an enhanced Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring checks on applicants who intend to work with vulnerable people. Such checks help employers to make safer recruitment decisions and to minimise the risk of someone unsuitable being employed to work in the home.

Those staff we spoke with were confident in their knowledge and understanding of the safeguarding procedure and how to identify and report any concerns. They confirmed they had received annual safeguarding vulnerable adults training and had confidence that the registered manager would take appropriate safeguarding action should it be needed. Staff said they were aware of the whistleblowing procedure and felt they would be able to implement this procedure should they have concerns about poor practice in the home that wasn't properly addressed.

Care plans had been developed to provide person centred information in order that staff could support and manage care in a consistent and positive way, which protected people's dignity and rights. We saw that the plans had been regularly evaluated, were kept up to date and included detailed assessments of people's needs and known risks. Such information helped staff to promote and maintain people's independence wherever possible. We spoke with three members of staff about care plan records. They told us these records provided them with enough appropriate and relevant information to meet people's needs.

People told us there were staff available when they needed them. One person told us, "Staff are very obliging and come more or less straight away, you never wait very long." Staffing rotas showed that there was consistently enough care staff on duty with the right competencies, experience and skills to keep people safe. The registered manager also spent time working with staff, setting standards and providing support. The consistency of the staff team meant this helped staff to know people, understand their needs and to provide a consistency of care. Daily handover information was provided by the manager to care staff at shift changes where updates to people's needs would be discussed. Staff we spoke with told us that the information shared during these handover meetings was relevant and appropriate to maintain people's individual needs in a consistent manner.

Records were available to demonstrate that equipment used in the home such as gas appliances, hoists, lift, electrical equipment and fire prevention equipment were regularly serviced and maintained in accordance with the manufacturers' instructions.

Suitable arrangements were in place for the prevention and control of infection. In our discussions with the housekeeper we were told that all appropriate colour coded equipment was available, along with plenty of appropriate cleaning products to maintain a high standard of hygiene and cleanliness throughout the home. Colour coded equipment helped staff to make sure only the right coloured equipment was used in the right areas of the home to help maintain good infection prevention. During our tour of the building no unpleasant odours were detectable and all areas were found to be clean and hygienic. Cleaning schedules were in place for both domestic and kitchen staff and were designed to be followed on a daily, weekly and monthly basis. All bathrooms and toilets were maintained to a high standard and all contained a wall mounted liquid soap dispenser and paper towel dispenser. Such equipment was also provided in each person's bedroom.

We asked a deputy manager to describe the arrangements in place for the safe administration of medication in the home. We were told that medicines were delivered on a monthly basis by the supplying pharmacy and on delivery would be checked by three members of staff. Signatures seen on the Medication Administration Records (MAR) confirmed this action had taken place. Staff were able to describe the arrangements in place for ordering and disposal of medication and records seen confirmed this. All staff with the responsibility for the management and administration of medicines at the home had received appropriate training. A policy and procedure for the safe handling of medication was available and a list of staff signatures was in place for those staff with responsibility for administering medication.

Each person who required medication to be administered to them had a MAR and all had a recent photograph of the person in place. We checked nine MAR and found them to be correctly recorded with no unaccounted gaps or omissions and each record was clear and legible. We observed a member of staff administering medicines appropriately to people living at the home. One person who used the service told us, "I always get my tablets on time; I know why I have to take them and what they are for."

Is the service effective?

Our findings

People who used the service were very complimentary about the staff. One person commented, "The staff here are great, you do have your favourites, but they are all good." Another person said, "Staff are very good, they have lot's to do but always look after us all well." One relative told us, "I couldn't have made a better decision for [relative], this place is fantastic, [relative] is well cared for, has food on demand, staff are fantastic with everyone and [relative] is never left in isolation long."

People's healthcare needs were reflected within their care plans and information recorded showed that regular visits were made to the service by other health care professionals such as doctors, district nurses and mental health practitioners. One visiting health care professional we spoke with during our visit told us, "The continuity of care provided by the service goes above and beyond."

In the care records we looked at we saw that they included an assessment of a person's nutritional status which was reviewed on a monthly basis or sooner if concerns were raised. We asked three people living in the home what they thought about the quality and standard of food served to them. One person said, "The food is done to suit you best they can, I'm not a big meat eater so they always find me something else – had lasagne last night – lovely!" Other comments included, "The food is okay, you do get a choice sometimes" and "The food is quite good, a good choice is offered every day."

We spoke with the cook who told us about the different types of meals provided, including catering for people that are diabetic or required special diets. They were also knowledgeable about the likes and dislikes of people who lived at the home. We were provided with evidence of daily temperature checks being taken of fridges and freezers and the cook confirmed that all hot foods were probed to make sure they were at the correct serving temperature. This helped to ensure that all cooked food prepared in the home and stored was done so in accordance with appropriate health and safety guidance to minimise any risks to people using the service. There were good stocks of food in the home and a cupboard was provided on one corridor that people who used the service had access to. This cupboard contained various snack type foods that people could help themselves to, although this was closely monitored by staff.

We discreetly observed the lunch time meal being served and saw that the dining room was appropriately furnished and tables appropriately set for the meal being served. The atmosphere in the dining room was calm and relaxed and people were able to choose where they wanted to sit or take a meal in the lounge or their room if preferred. Staff were seen to gently and sensitively encourage people to eat and allowed people to eat at their own pace. Staff stayed within the vicinity of the dining room and provided support to people where this was requested or needed.

The latest visit to the service by the environmental health department had rate the kitchen '5' which meant good food hygiene standards have been achieved and kitchen staff were carrying out effective catering and hygiene practices.

We looked at how the staff team were supported to carry out their job roles effectively. All staff completed

induction training when they commenced working at the home and the registered manager provided additional one to one training. One visitor told us, "I know staff have training and they are extremely good at their job. They know the people so well and know how to support each person."

Staff undertook a range of training which included food safety awareness, administration of medication, emergency first aid, moving and handling, safeguarding adults, infection control and fire awareness. We saw that one member of the staff team had recently completed the Skills for Care, Care Certificate which was introduced from 1 April 2015. This certificate is designed for new staff as their first step on their career ladder. It can also be used for existing staff to refresh their knowledge and improve their skills. The registered manager told us that all newly employed staff would complete this certificate and then be assessed before carrying out care practice without direct supervision.

Staff spoken with confirmed that the registered manager regularly assessed their work performance and used team meetings and individual supervision sessions to discuss their work and the development of the service. Although we were told that formal individual supervision was carried out infrequently, peer group meetings were held where work performance and the general running of the service would be discussed. Staff told us that they could access time with the registered manager whenever it was needed and opportunities were provided to discuss matters relating to work or of a more personal nature. Staff told us that this support was appreciated.

We observed staff interacting with people who used the service, especially when gaining people's consent and cooperation before any care or support was offered or given. From the interactions taking place we could see that staff knew people very well and we could see that where people were unable to give verbal consent or chose not to speak, staff knew how to communicate with them. Staff knew by the person's facial expression or body language if they did not agree with the action being suggested. For example, one person, who by their body language indicated that they were in no mood to interact with staff, was regularly spoken to by the staff to keep up communication with the person until eventually they were ready to interact. This meant that people's wellbeing was being appropriately monitored by a regular, sensitive approach by the staff team.

In our discussions with the registered manager they were able to tell us about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to 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 interest 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). The registered manager had made a number of applications for DoLS authorisations to the local authority. Staff had a basic understanding of the MCA and DoLS and the registered manager told us that all new staff would receive such training as part of their induction to the service.

We checked to see that the environment had been planned in a way that promoted people's wellbeing, independence and safety. The premises were very clean and all areas had been designed so that people could move around and be as independent as possible in their daily living and activities. Furniture throughout the premises was appropriate to meet the needs of the people using the service. Appropriate equipment was in place to help make sure the premises were secure for the people living and working in the

home. All rooms accessed by people using the service had an emergency call system in place which meant the provider had made sure that the premises helped to protect people's rights to privacy, dignity and safety.

Is the service caring?

Our findings

People who used the service, and their relatives who we spoke with, expressed satisfaction with the care and support provided by the service. One person using the service said, "The staff are kind and caring and the manager is really nice." Another person told us, "We play scrabble with [staff named] and do other things. My keyworker [staff named] knows me really well but all the staff look after me well." One visitor told us, "I couldn't have made a better decision that to place my relative in this home, the place is fantastic and the staff and manager have an excellent knowledge and understanding of each person living here."

We also looked at comments recorded in returned survey questionnaires from people using the service and their relatives. People using the service all commented that the staff looked after them and understood their needs and that they all liked the food offered. One individual comment stated, "I have lived happily and well-cared for since 1979 – I moved here from another home that closed, I'm just happy here." Comments from relatives included, "The home is very clean with no unpleasant smells", "Staff are aware of my dad's little ways and needs.", "There seems to be good communication throughout all staff" and "I know activities happen but I'm not sure when."

Our discussions with the registered manager, care staff on duty and the cook demonstrated they knew and understood the needs of the people they were supporting and caring for. We observed staff caring for people with dignity and respect and attended to their needs discreetly and saw no evidence that people had to wait very long before staff responded to meeting their needs.

The atmosphere in the home was relaxed and lively and we saw people being involved in making decisions about their daily lifestyles. People freely moved around the home accessing their bedrooms and communal areas without being restricted. People's private space was respected by staff and permission was sought before staff entered a person's room. One person invited us in to their room to speak with us. They were very proud of their room and belongings and the room was set out to reflect this person's character and preference of lifestyle. We were told, "I like things in order and neat, that's my thing. I like to do things for myself." Being able to personalise bedrooms provided people with the opportunity to feel valued, maintain their independence and respected their individuality.

Staff we spoke with and observed were caring in their attitude and interacted with people in a caring and friendly manner. Where people seemed anxious, distressed or confused, a member of the staff team listened to what the person was saying and gave them some reassuring smiles and comfort. Such actions helped the person to become relaxed and settled again. Watching staff indicated they knew the needs, likes and dislikes of people well and the continuity of staff working in the home had led to people developing meaningful relationships with the staff and registered manager.

Some care plans included information about the person such as, 'My life so far' and 'My life before you knew me'. One particular care plan we reviewed was written in the first person and was very person centred. For example, statements were recorded such as, 'The things that I would like you to help me with', 'My assessment of risks in my life...' and 'People I may wish to see (or not to see)...'. The manner in which this

care plan was written clearly indicated that the person using the service had been involved in the care planning process and signatures were apparent where people were able to sign their name to confirm their involvement. However not all care plans we reviewed contained as much detail and information. Such detailed information would help staff have a better understanding of people's previous lifestyles and provide some key information to further enhance a person's daily life.

Where people who used the service needed support to express their opinions or discuss their healthcare needs at reviews, we saw that other health and social care professionals, such as mental health specialists or the person's relative acted as advocates for the person when required.

Is the service responsive?

Our findings

One person using the service, who we spoke with, told us that they felt their needs were being met and commented, "I love my independence here and the staff support me to maintain that. They allow me to do things for myself and for others. I go out walking, go for a paper and do things that I want to do. If I need any help with anything the staff support me."

We looked at a sample of records relating to the identified needs of individuals who used the service. The information contained within the records covered range of clearly identified potential needs. Each record we looked at had been regularly reviewed and updated when necessary.

A visiting health and social care professional told us that the service provided a "very person centred and individualised approach with people being treated extremely well." They also told us, "The service makes sure that where there is family involved, they are very much included in the development of the care plan and information sharing. Each person has received an accurate assessment of their needs and the continuity of care in this home goes above and beyond."

Staff we spoke with were able to tell us about the importance of the service being based on individual needs and preferences. One member of staff told us about how important it was to get to know each person using the service really well. They told us, "You do this by sitting and talking with people when they want to, respecting them as a person and having a laugh."

A visitor who we asked confirmed that they were very much involved in the care planning of their relative and were kept informed of the person's health and wellbeing whenever they visited the home. "This gives me complete peace of mind."

There was evidence in the records we looked at, that people who used the service had access to the full ranges of medical support in the community. We saw that health care professionals such as community psychiatric nurses, district nurses, general practitioners, speech and language therapists and dieticians were all involved in providing support and meeting the health needs of people using the service. People who used the service also confirmed that they were taken to see their doctor when necessary.

Staff told us they believed they had good and positive working relationships with people's other health care practitioners. One member of staff told us, "We are kept in the loop by those (health care professionals) who visit the home. They talk with us and ask us questions, not just the manager."

People using the service were made aware of the complaints procedure and a copy of the policy and procedure was displayed in the home and also in the service user guide provided to each person on moving in to Woodlands. No formal complaints had been received by the service since our last inspection visit in September 2014 and the registered manager explained that most day-to-day issues were resolved at the time without complaints having to be raised. This was confirmed by those people using the service who we asked. One visitor told us, "If you speak with the manager or any of the staff they listen to anything you have

to say and deal with it."

Although a basic activities programme was displayed in the home, discussion with the registered manager, staff and people who used the service confirmed that activities took place on a daily basis according to what people decided they wanted to do. One person using the service told us that he liked to listen to his jazz records in his room and another person told us, "I like to spend time in my room reading or drawing, it's my space to think and be alone with my thoughts." One other person said, "I really like my room and I'm proud of it. I keep myself to myself and I don't like to participate in the activities but the staff don't forget me and come in (to the room) to make sure I'm alright or if I want anything." This ensured that people were protected from the risks of social isolation and loneliness.

During our inspection we saw people playing scrabble, others reading, watching television and listening to the radio in their rooms. As the home overlooks a large local park many of the people using the service liked to have a walk around the park when the weather allowed and staff supported people to do this. Staff also supported people to go on shopping trips in the local community. We also saw people enjoying one to one chats with the staff. Such activities meant that, where people had capacity, their rights to choose how they spent their time was respected. Where people lacked capacity, staff took time to encourage people in a dignified way to participate in activities that were more suitable to meet their needs such as singing or participating when entertainers came into the home.

Is the service well-led?

Our findings

At the time of this inspection visit there was a registered manager in post. The manager was registered with the Care Quality Commission (CQC) on 7 January 2011. The management team of the service consisted on the registered manager and three deputy managers. The two deputy managers we spoke with were able to confirm their roles and responsibilities in the absence of the registered manager.

People who used the service, visitors and other visiting health care professionals told us that the registered manager and senior care staff were very supportive, approachable and considerate to people's needs. One visitor told us, "This is a very, very well managed service and I have a very good relationship with all the staff, including the manager." One visiting health care professional told us, "This is a very well led service with the manager (registered) having excellent credentials."

Those staff we spoke with were all committed to the ethos of the home and described the value base of the service as one that gave priority to maintaining the health, wellbeing and safety of the people who lived in the home.

People who used the service were provided with opportunities to give feedback about the service through surveys, individual service reviews, and service user meetings. We looked at six service user surveys that were completed and returned to the service in December 2015. All confirmed that Woodlands was a good place to live, that they liked the food offered and that all the staff understood and responded to their individual needs.

In our observations of, and discussions with staff, we found that they were supportive of the registered manager's input and vision for service provision. Staff told us that the registered manager was approachable, worked as part of the work force team and was very knowledgeable about supporting people with mental health needs. One member of staff told us, "We receive a lot of training but get more hands-on training from the manager working with us. We learn an awful lot from her." Another member of staff told us, "The manager will ask us things as well. If there's something she is unsure about or needs to know something about a person living in the home she will ask us and involve us in conversations – you feel part of a team."

The staff we spoke with also said that the service was well organised, that the registered manager led by example and was very much involved in the daily running of the home and service itself. When we spoke with the registered manager they told us that being 'on the floor' provided them with the opportunity to assess and monitor staffs performance and to monitor that the positive culture of the service was being maintained.

We saw that the registered manager had developed systems for recording and monitoring the quality of service. For example the registered manager provided evidence that they and the deputy manager's carried out regular audits of care plan files, medication and infection control. Daily checks of the kitchen were maintained by the cook and daily health and safety checks of the premises were carried out by the deputy

manager's and senior staff. Cleaning schedules were maintained by the domestic staff on a daily, weekly and monthly basis. We saw evidence of action that had been taken where issues had been identified and also requests for repairs to be carried out by the maintenance person for the service.

Accidents and incidents were monitored and recorded and the registered manager monitored both for any potential pattern or trends developing. Such action would help the manager and staff learn from incidents, how they were handled and respond to them effectively.