

Woodheath Care Limited

# Woodheath Care Home

## Inspection report

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Wirral  
Merseyside  
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Tel: 01516772496

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## Ratings

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

## Overall summary

### About the service

Woodheath Care Home is registered to provide nursing and personal care for a maximum of 61 people. The home has two units; Cherry House provided nursing and residential support and Apple House is a specialist dementia unit. At the time of the inspection 51 people were living in the home.

### People's experience of using this service and what we found

Medicines were usually administered safely and as prescribed by trained staff. We identified one issue with a product that had been administered before it had been prescribed and immediate action was taken regarding this. There were sufficient numbers of staff on duty who had been safely recruited, to meet people's needs in a timely way. Staff were knowledgeable about safeguarding procedures and aware of actions to take in an emergency. Risks to people had been assessed and measures were in place to reduce any identified risks. Regular checks were made of the building and utilities to ensure they remained safe. The home appeared clean and well maintained and staff had access to personal protective equipment to help prevent the spread of infection.

Staff told us they felt well supported in their roles. New staff completed an induction and all staff were supported through regular supervisions, training and an annual appraisal. People received enough to eat and drink and feedback regarding the meals available was positive. Staff were knowledgeable about and met people's specific dietary needs and preferences. The environment had been adapted to appropriately support the people living there. Systems were in place to seek and record people's consent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Applications to deprive people of their liberty had been made appropriately.

People told us staff were kind and caring and treated them with respect. Their feedback was sought regularly through meetings and satisfaction surveys. It was clear that changes were made based on the feedback provided and these changes were displayed on the "You said, we did" board. People told us they felt involved and had choices about how they spent their day. People were supported to be as independent as they could be and felt that staff maintained their dignity and privacy when providing care. Confidential records regarding people's care were stored securely to protect people's privacy.

Individualised plans of care were in place, which included information about people's needs and their preferences. Most care plans provided detailed and up to date information and the plans had all been reviewed regularly. People's friends and relatives could visit the home at any time and told us they were always made welcome. There was a range of activities available to people, both within the home and in the local community. There was a complaints policy in place and people knew how to raise any concerns they had, although every person we spoke with told us they had no reason to complain. People had the opportunity to discuss their end of life care wishes and staff had undertaken training to support people effectively at this time.

Feedback regarding the management and quality of service people received was positive. Relatives feedback reflected the high standard of care provided. Staff told us they were well supported by the management team and that the registered manager was, "Very open and approachable." A range of policies and procedures were in place to help guide staff in their roles. There were effective systems in place to monitor the quality and safety of the service on a regular basis. When areas of improvement were identified actions were taken to address them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good. (Published 29 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Woodheath Care Home

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was conducted by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Woodheath Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during 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. The registered manager was on leave at the time of the inspection and the unit manager supported us with the inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and nine relatives about their experience of the care provided. We spoke with nine members of the staff team. This included the unit manager, the deputy manager, activity coordinator, maintenance person and five other members of the care team. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also sought feedback from two visiting health professionals.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke with the registered manager on their return from leave about the findings of the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding procedures and a policy was in place to guide them in their practice.
- Referrals had been made appropriately to the local safeguarding team and records maintained of any advice provided or actions taken.

Assessing risk, safety monitoring and management

- Regular internal and external checks were made on the building and utilities to ensure they remained safe.
- Risk to people had been assessed and measures were in place to reduce any identified risks, such as regular repositioning for people at risk of developing pressure ulcers.
- Staff were aware of emergency procedures. Personal emergency evacuation plans were in place that informed staff what support people required in the event they needed to evacuate.
- People told us they felt safe living in the home. One person told us they felt safe because, "No one can just walk in" and a relative told us, "[Relative] is safe and more than well looked after."

Staffing and recruitment

- Staff were recruited safely as relevant recruitment checks were undertaken. This helped to ensure that only suitable staff were employed. Some people living in the home were involved in the recruitment of staff, which they told us they enjoyed.
- Registrations to professional bodies were checked on a regular basis and were all in date.
- There were enough staff on duty to meet people's needs in a timely way during the inspection. People told us staff were always available when they needed them, and relatives agreed.
- Agency staff were used when required to help maintain the number of staff on duty, although this had not been necessary for a number of months. Agency profiles and inductions were in place to help ensure they were suitable to work in the home.

Using medicines safely

- Medicines were stored securely within the home.
- Medicines were usually administered as prescribed by trained staff. We found one instance where a person had received a product that required a prescription, prior to it being authorised. This was done to reduce risk for the person and a learning need was identified to ensure all staff were aware of the correct procedures to follow. The unit manager took immediate action regarding this.
- Records regarding the administration of medicines were completed comprehensively.

- People who were prescribed medicines as and when needed (PRN), had protocols in place to guide staff when their medicines should be administered.

#### Preventing and controlling infection

- The home appeared clean and well maintained. A relative told us, "The cleaners are always around."
- Staff had access to personal protective equipment to help prevent the spread of infection.
- Bathrooms contained liquid soap and paper towels in line with infection control guidance. Hand gel was also available at several points around the home.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reported appropriately.
- Records showed that appropriate actions had been taken following incidents, including a root cause analysis to try and prevent similar accidents again.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Pre-admission assessments were completed before people moved into the home to ensure staff could meet their needs.
- Staff had access to best practice guidance to help support them in their practice. Care plans contained information leaflets relating to people's diagnosed medical conditions, providing advice and guidance to staff.
- Champion roles had been developed and these staff were provided with relevant training in the allocated areas. This helped to ensure people received care based on best practice.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported in their roles and felt comfortable raising any issues they may have.
- New staff completed an induction when they commenced in post and all staff received regular supervisions and an annual appraisal.
- Staff told us they completed regular training to enable them to meet people's needs and could request any additional training they felt would be beneficial for their role. Records we viewed supported this.

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

- People received enough to eat and drink. Hot drinks were served regularly throughout the day and jugs of juice and water were available in the lounges for people to help themselves to.
- People enjoyed the meals they received and told us, "The food is very nice indeed, there's always a choice" and "It is excellent." Relatives agreed and told us, "It's always nicely presented" and "[Relative] likes it, she's put on weight."
- People's dietary needs had been assessed and staff were knowledgeable about people's needs and preferences. We saw that the chef catered for people's specialist dietary needs.
- Meal times were a sociable occasion; people chose the background music, tables were attractively set and there was a choice of meal available.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had access to a tele-triage system, enabling them quick access to medical advice when required.
- The local GP or nurse from their practice visited the home each week as part of a local initiative, to help maintain people's health and wellbeing.
- Transfer forms were in people's care files, to help ensure essential information regarding people's needs

was available to other health professionals, such as paramedics and hospital staff.

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

- The environment had been adapted to appropriately support the people living there. For instance, Apple House had pictorial signs to help guide people around the home. There were memory boxes by people's bedroom doors to help them identify their room and some communal areas had been renovated in themes such as a post office.
- Staff in Apple House did not wear uniforms during the day and wore pyjamas at night to help orientate people to the time of day.
- Rooms were personalised and contained people's own photographs, furniture and pictures.
- A lift gave access to all floors of the home. Bathrooms had been adapted to help ensure all people could access them.

#### 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- A system was in place to seek and record people's consent. This included their consent to the care they received and for specific decisions, such as the use of bed rails.
- Capacity assessments were completed appropriately, and best interest decisions were recorded when people lacked the capacity to make specific decisions. Relevant people were involved in these decisions.
- Applications to deprive people of their liberty had been made appropriately and a register was maintained to monitor these to ensure they were reapplied for before they expired. Applications and authorisations were reflected in people's care plans.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and treated them with respect and we observed this during the inspection. Staff interacted with people in a warm and friendly manner and it was clear that staff knew people well.
- People told us, "I'm very lucky, they look after me" and "[Staff] are all lovely. I have no complaints at all."
- People told us they celebrated special events with staff and that, "We always get a cake on our birthday, a stocking at Christmas and an Easter egg at Easter."
- Relatives were very happy with the support their family members received and told us, "To be fair, the care is excellent, I can't fault it" and "This place wraps its arms around you." Feedback regarding staff was very positive; relatives told us, "The staff in both houses are excellent, they care about the patients and they care about you" and "I can't speak highly enough of the staff, you'll not get a better set of people."
- As well as policies being in place, there were also staff champions in areas such as equality, diversity and inclusion. This helped to ensure staff were aware of the importance of treating people as individuals.

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

- A service user guide was available to people when they moved into the home. This provided information about the service and what people could expect, to help them make decisions about their care.
- People's feedback was sought regularly through meetings and satisfaction surveys. It was clear that changes were made based on the feedback provided and these changes were displayed on the "You said, we did" board.
- People told us they felt involved and had choices about how they spent their day, such as what time they got up, where they had their lunch and when they wanted support to bathe.

Respecting and promoting people's privacy, dignity and independence

- Care plans advised what people were able to do for themselves and what they required staff support with. They also reflected measures in place to help people maintain their safety and independence.
- People told us staff provided support in ways that protected their dignity and we observed this in action during the inspection.
- Equipment was in place to promote people's independence, such as assisted baths, coloured toilet seats for easy recognition and walking aids.
- Confidential records regarding people's care were stored securely to protect people's privacy.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Individualised plans of care were in place, which were based on an assessment of people's needs and preferences. They included information on what a typical day would look like for the person and their preferences regarding all aspects of their care.
- Most care plans provided detailed and up to date information regarding the support they required, and the plans had all been reviewed regularly.
- People's personal histories were available within care records. This enabled staff to get to know them as individuals and generate conversations relevant to each individual.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the accessible information standard. People's communication needs had been assessed and were recorded within their care plans.
- Due to a hearing impairment, staff used a white board to communicate with one person to ensure they understood what was being said.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's friends and relatives could visit the home at any time and told us they were always made welcome.
- There was a range of activities available to people, both within the home and in the local community. These included play your cards right, musical reminiscence, water paintings, and pamper and nail days. External entertainers visited the home three times each month and there were also visits from local schools and nurseries. and library visits. Outings to garden centres, art galleries, museums and the cinema were also arranged each month.
- Activities were also arranged based on individual interests. For instance, one person was supported to attend a local football match as this was something he had always enjoyed.
- People's religious needs were also considered, and holy communion was provided by visiting clergy.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people knew how to raise any concerns they had, although

every person we spoke with told us they had no reason to complain.

- A log was maintained, which showed that complaints were recorded, investigated and responded to appropriately when received.

#### End of life care and support

- People had discussed their end of life care wishes and these were recorded in their care plans.
- Staff had undertaken training to enable them to support people effectively at the end of their lives.
- Several relatives had written cards to thank staff for the care provided to their family members at the end of their lives. One card read, "The care you gave on [relative's] last day was amazing, you went above and beyond the call of duty, thanks doesn't seem enough."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback regarding the management and quality of service people received was positive. When asked about the registered manager, we were told, "She's lovely, very friendly, you can talk to her, she's not remote" and "She does her job efficiently."
- Several compliments had been received from friends and family members. They all reflected the high standard of care provided and one relative wrote, "We appreciate that CQC set certain standards of care which are minimal requirements for the nursing home environments, but we feel and know that your staff have far exceeded these standards in all aspects of [relatives] care." Another compliment stated, "You are very fortunate to have such wonderful and dedicated staff and we would not hesitate to recommend Woodheath."
- Staff told us they were well supported by the management team and that the registered manager was, "Very open and approachable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Accidents and incidents were comprehensively reviewed and acted upon to ensure the service acted in a transparent way.
- Relatives were informed of any accidents or incidents involving their family member.

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

- There was a registered manager in post, but they were not present during the inspection. The unit manager, who was acting as manager in their absence, was aware of events and incidents that needed to be notified to CQC and these had been submitted appropriately.
- The ratings from the previous inspection were displayed as required.
- A range of policies and procedures were in place to help guide staff in their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team took part in local initiatives, such as those with health services and the local authority, to help ensure they provided best practice support to people.
- The registered manager worked closely with other health and social care professionals to help ensure

people's needs were met and the service ran smoothly.

- Regular staff meetings were held to engage with staff and seek their views.
- People were engaged in the running of the service, with their feedback gathered through meetings and satisfaction surveys.

#### Continuous learning and improving care

- There were effective systems in place to monitor the quality and safety of the service on a regular basis. When areas of improvement were identified actions were taken to address them.
- The new provider visited the home regularly and the registered manager sent them a monthly report covering all aspects of the service. This helped to ensure the provider had oversight of the service.
- A visiting health professional told us the home was, "Definitely one of the good ones."
- Responsive action was taken to any issues raised during the inspection.