

Trust Care Ltd

# Woodlea Care Home

## Inspection report

61 Bawtry Road  
Doncaster  
South Yorkshire  
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Date of inspection visit:  
14 September 2017

Date of publication:  
15 November 2017

### 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 was an unannounced inspection carried out on 14 September 2017. The service had been taken over by a new registered provider, Trust Care Ltd in September 2016 and this is the first inspection of the service under this registration.

Woodlea is a care home which provides accommodation for up to 34 older people who require personal care. The service is located on Bawtry Road Bessacarr, a suburb of Doncaster. At the time of our inspection there were 29 people living in the home.

The home had a registered manager who had been registered with CQC since 2014. 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 we spoke with told us they felt safe living in the home. Staff we spoke with were knowledgeable on safeguarding people.

People were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Staff employed at the home had been recruited in a way that helped to keep people safe, because thorough checks were completed prior to them being offered a post.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. People received their medicines at the right time and in the right way to meet their needs. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met and meal times were an enjoyable experience for people.

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 support this practice.

People were supported by staff who had received an induction into the service and appropriate training, professional development and supervision to enable them to meet people's individual needs.

Staff were able to meet people's needs and to engage with people in a relaxed and unhurried manner. Staff knew how to respect people's privacy and dignity.

Opportunities were provided for people to engage in activities.

Everyone we spoke with felt the home was well-led and spoke positively about the culture and management of the service. They were also supported to raise complaints should they wish to.

People were particularly complimentary about the new registered provider, who they said visited regularly, took an interest in everyone's welfare and had invested a lot in making the home a very comfortable and pleasant place for people to live in

The management team regularly reviewed the quality of the service. Reports produced for these audits included any actions required and these were checked by senior managers to monitor the progress of any 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 was safe.

The people who used the service told us they were well looked after and felt safe. Staff had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

People had care plans and risk assessments associated with their needs and lifestyles. Medicines were stored safely and procedures were in place to ensure medicines were administered safely.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

### Is the service effective?

Good ●

The service was effective.

Staff were trained to care and support people who used the service safely and to a good standard.

Staff had a good understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GPs, and district nurses.

### Is the service caring?

Good ●

The service was caring.

People told us the staff were always patient and kind. People were happy with the care and support they received. Relatives we spoke with told us people were always well looked after.

Staff had a good understanding of people's care and support needs and knew people well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

People's privacy and dignity was respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

When there were any changes in people's care and support needs these were clearly documented in their plans of care.

People told us they enjoyed the activities available to them. They told us entertainers came into the home and they were also able to access the community.

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated.

### Is the service well-led?

Good ●

The service was well led.

People who used the service, their relatives and staff told us that members of the management team were accessible and approachable.

The registered provider asked people, their relatives and other professionals what they thought of the service. They also checked that the quality of the service was maintained to the required standards. We saw action was taken to address any areas identified as needing change or improvement.

# Woodlea 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 took place on 14 September 2017 and was unannounced. The inspection team consisted of an adult social care 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.

Before our inspection we reviewed all the information we held about the service. The provider had not completed a provider information return (PIR) as we had not requested one. The pre-inspection information pack document is the provider's own assessment of how they meet the five key questions and how they plan to improve their service.

We spoke with the local authority commissioning team who told us they had no concerns regarding this service.

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 spent some time in the lounge and dining room areas observing the interactions between staff and people living in the home and talking to people to help us understand the experience of people who used the service. We looked at all other areas of the home including some people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care. We looked at four people's support plans. We spoke with eight people living at the home and three relatives.

During our inspection we also spoke with three members of care staff, the deputy manager the registered manager and the regional manager. We also looked at records relating to staff, medicines management and the management of the service.

# Is the service safe?

## Our findings

People we spoke with said they liked living at Woodlea. They told us they felt safe living there. For instance, one person who used the service told us, "Yes, I feel safe living here. The general atmosphere, the building and everything is safe." Another person commented, "Yes, I feel safe. Absolutely. It's lovely here." One person told us that they had an unpleasant experience, when they had not felt safe, due to the behaviour of another person who used the service. They added that the staff had intervened immediately and effectively.

People's relatives told us they had no concerns about the way their family members were treated. The staff we spoke with had a good understanding of safeguarding people from abuse and were aware of the safeguarding procedure in the home. Safeguarding procedures are designed to protect people from abuse and the risk of abuse.

Staff received training in safeguarding people. Training included helping staff to recognise any signs of abuse, and what action they should take if they suspected someone was being abused. Staff also received training in whistleblowing as part of the safeguarding training and had a good understanding about the whistleblowing procedure.

We looked people's care and support plans. Each plan had an assessment of the person's care needs and a plan of care, which included risk assessments. Risk assessments included areas of risk that were relevant to that person, such as bathing, moving and handling and falls. The assessments were clear and gave good detail of how to meet people's needs. This helped to protect people against risk of harm.

At this inspection we saw that people received their medication safely and as prescribed. People confirmed that staff made sure they received their medication on time, although some people were not sure what medication they were taking.

Most people said they thought there were enough staff to meet their needs. For instance, one person said, "Enough staff? Oh yes, there is always somebody if you need them. They are so funny, we have lots of laughs." Another person told us, "Oh yes, I'm sure there are enough staff. There is always somebody if you need them." However, one person who used the service said there were sometimes delays with their food being served, and with staff answering their call bell. Another person also commented that recently, there seemed to be less staff available.

Members of the management team showed us evidence that staffing levels were determined by the dependency levels of people who used the service. The staff and relatives we spoke with confirmed there were sufficient staff on shift to meet the needs of the people living in the home. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Recruitment procedures at the home were designed to make sure that people were kept safe. Applicants had completed an application form, attended face to face interviews and pre-employment checks had been undertaken. This included obtaining written references and a satisfactory criminal records check prior to

staff commencing work. This helped to ensure only suitable people were employed by this service. Following being appointed staff had undertaken a structured induction to the company.

We saw the environment was well maintained and the standard of cleanliness throughout was to a good standard. There were also regular, routine checks carried out, including fire alarm checks. This ensured people were cared for in a safe and suitably maintained environment.



## Is the service effective?

### Our findings

People we spoke with told us the staff looked after them well. One person said, "The staff do listen to me and respect me." Another person said, "The staff to listen to me. They are lovely."

Most people told us the food had improved since the registered provider had taken over the service. For instance, one person said, "Yes, the food is very nice. I can't grumble. I like all the food. If you are ill they [staff] will bring it to your room." There was one person who said they did not always like the food. We discussed this with the registered manager who said they would look into ways of improving this person's experience of the food.

People's nutritional needs were assessed and were clearly documented in the plans of care that we saw. People's likes, dislikes and any allergies were also recorded. However, one person did say that they sometimes had to remind staff that they had special dietary requirements.

We sat with people during lunch to observe the mealtime experience for people who used the service and we saw that staff offered people choices. People's specialist dietary requirements were provided for and there were choices of drinks available. The registered manager told us that improvements had been made to the dining area, including the addition of a serving area with a counter and this had made a significant contribution in providing people with a pleasant dining experience.

People's care and support plans were regularly reviewed to make sure their changing needs were identified and met. There were records within the plan indicating that specialists had been consulted over people's care and welfare. These included health care professionals and hospital appointments. People who used the service confirmed that they saw their GP when they needed to. For instance, one person we spoke with said they asked the care staff or a close relative to organise doctors appointments, while another person said they were able to call their GP themselves, and make their own arrangements.

The registered provider ensured that staff were able to maintain and develop their skills through training and development. All new staff completed induction training followed by shadowing an experienced member of staff until they felt confident and were deemed competent. The staff we spoke with confirmed they attended training and development to maintain their skills. Staff told us the training that they received was mostly face to face training and some distance learning. They said that they received training that helped them meet people's particular needs. For instance, they had attended training in end of life care and dementia care. They told us the training that they had received had been very helpful. People who used the service confirmed that staff were well trained. For instance, one person told us, "They [staff] do seem to have the right skills and experience, because they go on training."

Staff told us they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the manager was always approachable if they required some advice or needed to discuss any issues. This meant people could be assured that staff had the competence and skills to meet their needs and were well supported in their roles.

We looked at the arrangements in place for complying with the requirements of the Mental Capacity Act 2005 [MCA] and the 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 do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are DoLS.

Where people had restrictions placed upon them that restricted their liberty the registered manager had made an application to the supervisory body and was fully aware of when this was required.

At this inspection we found people were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Staff we spoke with had a good understanding of the Mental Capacity Act. Care plans we looked at clearly detailed people's capacity in all aspects of their care. This ensured people's rights were protected and staff were able to meet their needs.

The registered manager said there had been some areas of the home environment, which they felt needed to be improved and the new registered provider had been very responsive, ensuring that extensive improvement had been made. This included extensive redecoration, improvements to the medication room and laundry room, along with new floor coverings in most areas.

# Is the service caring?

## Our findings

People and the relatives we spoke with were very happy with the care provided. One person said, "The staff really do care, absolutely, I mean it." They added, "They are so funny. We have a lot of laughs." Another person said, "Yes the staff do care. Yes, of course they treat me with respect." One person told us, "All my friends are made to feel very, very welcome." Another person commented, "My family and friends are definitely made to feel welcome. They are always offered a cup of tea, and cakes and biscuits if they fancy it."

We looked at care and support plans for four people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual needs. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, and what was important to them. The information covered all aspects of people's needs and provided clear guidance for staff. We looked at the arrangements in place to enable people to be involved in decisions about their care.

The home made sure people were aware of the local advocacy service so they could have access to an advocate if required. Information about access to the service was displayed in the entrance area. People we spoke with said they participated in their care planning and their reviews, if they wanted to. For instance, one person told us, "I have total choice over my life here. I do whatever I want. I know about my care plan and I am involved in it constantly."

People told us they chose what they did each day. For instance, one person said, "I have a routine. I asked [staff] to make sure I'm up for breakfast and they always look after me." This indicated that people were listened to and their views taken into consideration.

The atmosphere in the home was calm and relaxed. We used the Short Observational Framework for Inspection (SOFI). We observed the interactions between staff and people living in the home. Staff treated people with kindness and were respectful. We saw that the interactions demonstrated genuine warmth, affection, care and concern.

People were treated with respect and their dignity was promoted. Staff made sure toilet and bathroom doors were closed when in use. Staff were very discreet when asking people if they wanted to use the toilet. When staff used the hoist they explained what they were doing and ensured the person's dignity was maintained. One person said, "They maintain my dignity all the time. They are very, very good." Another person said, "They always make sure that the door is closed when we are in the bathroom and they are very good with helping and making sure that my privacy is maintained."

Staff we spoke with were very knowledgeable on how to meet people's needs. Staff members confirmed that they maintained people's dignity and privacy when providing people with personal care by keeping people covered up and doors and curtains closed.

Staff showed concern for people's wellbeing in a meaningful way, and we regularly saw and heard staff checking that people were happy and comfortable. Some people were cared for in bed, we regularly observed staff check these people. Staff knocked on doors before they entered and enquired if the person was comfortable and had everything they required.

During our observation there was a relaxed atmosphere in the home and there was a very inclusive environment. Staff and people who used the service laughed and joked together. Staff we spoke with told us they enjoyed supporting the people living in Woodlea.

## Is the service responsive?

### Our findings

People who used the service and their visiting relatives told us the service was responsive to people's needs and requests. They told us the registered manager, deputy and the staff were all approachable and made time to listen to them. One person told us, "I think the manager and all the staff are wonderful."

People's care and support needs had been assessed before they moved into the home. Records we saw outlined people's preferences, interests, likes and dislikes and these had been recorded in their care plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in the care plans and reviewed on a regular basis. People's needs were regularly assessed and reviews of their care and support were held when required. We observed staff gave time for people to make decisions and respond to questions.

Relatives we spoke with told us they were kept informed of any changes and were involved in the care reviews. The GPs from a local practice, where people were registered, visited the home every Monday to hold a surgery. This had been running for a while and had improved the service. It meant people's changing needs could be regularly reviewed and had cut down on emergency visits by the GP. People we spoke with told us this service was very good as it meant they saw their GP regularly. Although they said, "If I need a GP urgently the staff still request this."

The service worked closely with the district nurses to identify risks to people and try to prevent pressure sores developing by immediate input. The district nursing team also gave support and advice regarding people who received end of life care, to ensure all their needs had been identified and could be met by staff.

People were supported to maintain relationships with their family. Relatives we spoke with confirmed they were kept up to date on any changes to their family member's care needs by telephone and they were welcomed in the home when they visited. One person told us they were involved in their family member's care planning and reviews.

People were offered a range of social activities, with activities taking place in the home and in the community. People told us entertainers came into the home and people went out and about if they wanted to.

We observed some activities during our inspection and one person told us, "We are having a new activities organiser soon. I am looking forward to that." Another person we spoke with said, "I sometimes get a taxi and go shopping or go to the races. I'm lucky." Another person said, "With the activities we have a summer fair and the music man."

There was a comprehensive complaints' policy. This was explained to everyone who received a service. Staff we spoke with were aware of how to deal with complaints. One person who used the service said, "If I needed to make a complaint I would talk to staff, but I have never had to do so." Relatives we spoke with told us if they had any concerns they would raise them with the registered manager. They told us if they

raised any issues they were always listened to and the issues were resolved. One relative told us, "I can't really complain about anything. It is a good service."

## Is the service well-led?

### Our findings

The service had a registered manager who had been registered with the Care Quality Commission since April 2014. People we spoke with told us the registered manager was good, they were available and often came and talked to them. Relatives told us the managers were very good and they were always approachable. One person told us, "I personally think the manager is very, very good. She really cares. I went out on a visit last week with my friends here and became unwell. She virtually carried me until I was OK". Another person told us, "I think the manager is great." While another person said, "The manager and everyone are superb."

People who used the service and staff were particularly complimentary about the new registered provider, who they said visited regularly, knew everyone's name and took an interest in everyone's welfare. The registered manager told us they had invested a lot of resources to make the home a very comfortable and pleasant place for people to live in, and continued to do so.

To make sure the service was of a good quality and was safe, the registered manager and other members of the team completed, daily, weekly and monthly audits of the quality and the safety of the service. These included the environment, infection control, medication and care plans. Members of the registered provider's senior management team also carried out regular audits. The audits had action plans that included actions that were being taken, to ensure improvements were made.

There were regular residents' and relatives' meetings giving opportunity for people and their relatives to contribute to the running of the home. The minutes of these meeting were in easy to read format and showed involvement of people who used the service. One person said, "I go to the residents' meetings and I always have something to say." Relatives were actively encouraged to attend and were supported to make their views known about the care provided by the service. The meetings were sometimes attended by a speaker arranged by the registered manager and this was well received by relatives and people who used the service.

Interactions between the registered manager and staff were inclusive and positive. All staff spoke of their commitment to providing a good quality service for people living in the home. They told us the registered manager was approachable, supportive and they felt listened to. The staff we spoke with said they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

Staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the running of the home. The staff we spoke with told us the registered manager had an 'open door policy' therefore staff or people who used the service and their relatives were able to talk them easily. Staff also received supervision and an annual appraisal of their work, which ensured they could express any views about the service in a private and formal manner.