

Woodland Residential Care Home Limited

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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?

Requires improvement 

Overall summary

This inspection took place on 30 September 2015 and 1 October 2015 and was unannounced. At our previous inspection no improvements were identified as needed.

Woodland Residential Care Home Limited is registered to provide accommodation with personal care to a maximum of 37 older people. There were 33 people living at the home on the day of our inspection.

A registered manager had not been in post since June 2014. It is a requirement of the provider's registration with us that they have a registered manager in post. A manager was in place who had applied with us to register as the registered manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Systems were in place to monitor the quality of service provision but these did not always identify how improvements would or had been made when issues were found. Some people's care records did not always reflect what staff told us about people's care although this care was delivered safely.

Staff understood their role in providing safe care to people. They had received training to be able to recognise when people might be at risk and understood the procedures they needed to follow if they suspected people were at risk of danger, harm or abuse.

People were supported to take their medicine by staff who were trained to assist them. People received their care and support when they needed and wanted it and were not kept waiting by staff. The provider had recruitment processes in place to make sure staff were suitable to work at the home.

Staff knew the needs of the people they supported and had received training to meet their needs effectively. Managers supported staff in their roles and monitored their training needs.

People's right to make their own decisions and choices was respected by staff. Staff understood how to support people to make their own decisions about their day to day care.

People enjoyed the food they received and had a choice of what they could eat and drink. Staff were aware of people's preferences and made sure they received food that met their needs. Staff sought professional advice when they had concerns about people's ability to eat and drink safely. People were supported to maintain good health and healthcare appointments were arranged at the home when they needed it. People were also supported to attend healthcare appointments outside of the home.

Staff were caring and considerate. They cared for people with dignity and they respected their privacy and choices. Staff supported people to be involved in their own care and to maintain their independence.

People spent their time how they wanted to and staff supported them to do this. People identified how they wanted their care delivered and this information was used by staff to make sure they received a personalised service.

People and their families had not made any complaints in the last 12 months about the quality of care they received. Feedback and comments were encouraged by the provider and people were supported to give their opinions.

The home had a positive culture which put people first and staff worked for the benefit of the people who lived there.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safe living at the home. Staff understood how to recognise and report any concerns they had about people's safety or wellbeing. People were not kept waiting for support and there were enough staff working to safely meet their needs. Staff had received training to make sure people had their medicine when they needed it.

Good



Is the service effective?

The service was effective.

People were asked their permission before staff supported them. Staff understood how their training benefitted the people they supported and they felt supported in their roles. People enjoyed their meals and were given choices of what they could eat. People had access to healthcare professionals outside of the home when they needed them.

Good



Is the service caring?

The service was caring.

Staff enjoyed supporting people and spoke about them with warmth and compassion. People liked all the staff and felt respected by them. People were involved in their own care and staff listened to and respected their choices.

Good



Is the service responsive?

The service was responsive.

People spent their time how they wanted to. Staff were aware of people's preferences and how they wanted their care delivered. People had no complaints about the home.

Good



Is the service well-led?

The service was mostly well-led.

The home had not had a registered manager since June 2014 and this was a condition of their registration. Systems were in place for monitoring quality but some of these needed reviewing to identify how improvements were to be made when issues were found. The home had a positive culture where all staff worked for the benefit of the people who lived there.

Requires improvement



Woodland Residential Care Home Limited

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 30 September 2015 and 1 October 2015 and was unannounced.

The inspection team consisted of one inspector and one 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 information held about the service. We looked at our own system to see if we had

received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We spoke with the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with 10 people who lived at the home and one visiting healthcare professional. We spoke with the provider, the manager and 12 staff. We viewed seven records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed three records which related to staff training and recruitment and other records around the management of the home. We observed people's care and support in the communal areas of the home and how staff interacted with people.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at the home and felt their personal possessions were safe. One person said, “Everyone [staff] is so nice. I feel safe and I don’t worry”.

Staff understood how they contributed to keeping people safe and protected them from abuse. One staff member said, “I explain what I’m doing so they [people] feel safe when I help them. It’s about being aware of risks and ensuring the environment is safe. Also training, I’m trained to know how to support them [people] safely and properly”. We saw staff had received training in how to safeguard people against any danger, harm or abuse. They understood the procedures they had to follow if they needed to report any concerns they may have.

Staff were able to tell us about risks that were associated with people’s care and how they supported people safely to help minimise any risk. We saw that staff had assessed and regularly reviewed people’s level of risk in relation to all aspects of their care, such as their mobility, their skin and their level of dependence. Where risk was identified we saw care plans were in place for staff to follow to ensure this risk was reduced as far as possible. Throughout our inspection we saw staff supported people safely with their mobility in line with their care plans and helped them to use their mobility aids correctly. We saw that where people needed to use mobility aids these were always within their reach.

We saw that the accident and incident reporting procedure was followed by staff who took action as necessary. The manager was aware of all accidents and incidents that were reported and told us they monitored these to look for

any patterns or trends. As a result of monitoring these reports the manager had recently identified one person had been having regular falls. They had referred them to a healthcare professional to review their care needs.

Staff told us there were enough staff on each shift to ensure that people’s needs were met safely. Throughout our inspection we saw that people were not kept waiting when they asked for help. We saw that staff were always available in the communal areas of the home and so were able to pre-empt when people needed support. One staff member recognised when a person needed help with their mobility aid and was able to provide this assistance straight away to ensure this person stayed safe. Another person requested help for the bathroom and staff were on hand to support the person. Employment checks were completed on new staff before they were allowed to start work at the home. This included obtaining references from previous employers and completing checks to ensure they were suitable to work with people who lived at the home.

People were happy with how the service managed their medicines. One person said, “They give me my tablets”. Another person said, “They [staff] always give me them on time, no problems”. We saw staff support people to take their medicine. We saw that staff offered people their medicine, stayed with them while they took them and made sure they were comfortable afterwards. One person took medicine ‘as needed’ for pain relief and staff asked them if they needed this medicine. We saw that each person had information recorded about how they preferred to take their medicine and what support they needed. Where people were not able to verbally say if they were in pain there was information provided on the signs for staff to look out for. Staff understood and procedures were in place for the safe management of medicines including disposal, recording errors and what to do if people refused their medicine.

Is the service effective?

Our findings

People were supported by staff who had received training and support to enable them to carry out their role. All staff told us they considered they received enough training to be able to support people effectively. One staff member told us that they felt training gave them the skills to, “Know what we are doing and to do it properly”. They told us this helped them to ensure people received quality care. We saw that staff communicated clearly between themselves and kept each other updated on each person throughout the day. The manager monitored staff training needs and when it needed to be updated. We saw that one new staff member had a structured induction programme in place which included shadowing more experienced staff until they were confident and competent in their role.

Staff felt they received enough support in their roles and told us they had regular one to one meetings with the manager. At these meetings they discussed any concerns or issues they had, they received feedback on their performance and discussed training they needed or would like. In between these meetings staff told us they were able to speak with the manager or any of the seniors at any time if they felt they needed it.

People were asked for their permission before staff supported them. We saw staff asked people throughout our visit how they wanted to be supported, for example with their personal care, how to spend their time or choice of food and drink. One staff member said, “Don’t force them to do anything they don’t want to, it’s their choice. Always offer choices and respect when they say no”. Staff understood their responsibility for obtaining people’s consent prior to any support they gave. They also understood that when people needed help with making their own decisions they had a responsibility to provide information in a way the person understood. Most staff understood the principles of the Mental Capacity Act 2005 (MCA) although they were not always sure who had the responsibility for completing MCA assessments and best interests meetings if these were needed.

The manager told us they did not consider anyone was deprived of their liberty at the home. They understood their responsibility under the Deprivation of Liberty Safeguards (DoLS) in seeking appropriate authorisation if this changed. This helped to ensure that people’s human rights were protected.

People enjoyed the food they received and were offered choices of what they wanted to eat and drink. One person said, “The food is very good here”. Staff asked people if they had eaten enough and if they had finished eating before they removed their plates. We saw one person was reluctant to eat their lunch and staff tried very hard to get them to eat and drink something. Staff were patient and offered the person choices that they knew they liked. They did not force this person and they respected their decisions when they refused. We saw that eventually the person ate their favourite fruit that a staff member had given them.

People’s dietary needs had been assessed and were known to staff so that people received the food they preferred and needed. Staff monitored people’s weights and assessed risks associated with eating and drinking, such as difficulty in swallowing. Where needed referrals were made to doctors and the speech and language therapist to ensure staff could meet their dietary needs.

People told us they received healthcare when they needed it. One person told us that they saw the optician regularly. People saw their doctors when needed and were visited by their chiropodist, social workers and district nurses at the home. Staff told us they supported people to attend hospital appointments if required and had accompanied one person to their hospital appointment the day before our inspection. Feedback from a visiting health professional was positive about the way staff responded to people’s needs. They told us that staff approached them for advice promptly if needed. This meant people were assisted to sustain optimum health.

Is the service caring?

Our findings

People told us that staff treated them well and in a caring manner. One person said, “I like all the girls [staff] here, they care. I am very comfortable and happy here thank you. It’s very encouraging to find a place as good as this.”

Another person said, “It’s wonderful here, everyone is so kind and nice to me. I am so happy”. We spent time in the communal areas of the home and saw that there were positive and caring relationships between people and staff. People looked happy, comfortable and relaxed and were often laughing and smiling with staff. People were confident and at ease when they asked staff for assistance. We saw that staff were attentive to people and asked them how they were and did they need anything. Staff told us they enjoyed supporting people who lived at the home. One staff member told us that the best part of their job was when they knew the people they supported were happy and they saw their smiles.

When staff spoke with people they did so with respect and politeness and listened to what people said to them. Some people had difficulties communicating and staff told us they would ensure they were involved in communication by simplifying choices and adapting their communication to suit the needs of people. One person was hard of hearing and staff told us they would ensure they faced the person when they spoke with them and they were then able to read staff’s lips. One staff member supported the inspector to speak with one person and understand what they were saying. As their keyworker they had completed a communication profile to help other staff understand the person’s communication.

Staff supported people to be involved in making decisions about their own care and support. We saw that where appropriate, families were involved in identifying and planning how people’s care was delivered by staff. People told us they were able to identify and follow their own chosen routines such as when they got up and went to bed and that staff respected and supported them with this. Staff told us that people made their own choices and identified their preferences with regards to their own care. Each person had a keyworker who worked closely with them to ensure they were involved in making decisions about their care. We saw that when staff supported people, for example with their mobility, they provided explanation and reassurance to each person to ensure they knew what was happening.

People were treated with dignity and their privacy was maintained. People and their visitors had access to large communal areas which had been divided into smaller areas to provide a sense of privacy and comfort. Throughout the course of our inspection we heard staff discussing sensitive issues about people’s care with them and with other staff. This was done discreetly and respectfully at all times. When staff spoke with other staff or the inspector about the people they supported they did so with compassion, respect and as an individual. People were encouraged to maintain their independence and we saw people were supported to use adapted cutlery and aids when eating their meals.

Is the service responsive?

Our findings

We saw that staff responded to people's needs in a positive way and supported them to spend their time how they wanted to. People told us they were happy with how they spent their time. People were able to access the garden easily and we saw two people enjoyed a daily walk around the gardens. People commented on how they liked the garden and how nice it was to see the birds. Outings and day trips were organised regularly and entertainment was provided within the home. We saw people singing along and dancing with staff whilst a visiting singer performed on the day of our visit. Staff offered people the opportunity to reminisce, to sit and chat and socialise with others. One staff member provided manicures for people that wanted them and the hairdresser attended to people's hair throughout the day. We saw staff support one person who frequently became restless. Staff responded calmly and showed that they understood this person well and what was needed to help them settle. They connected with the person and supported them in a positive and confident way.

People we spoke with were positive about the way staff supported them and that staff provided their care the way they wanted it. Staff were aware of people's preferences

and these were respected. We saw that staff were available when people needed them and that they responded to people's needs quickly. Throughout our visit we saw staff involved people in making choices about what they would like to drink or how to spend their time. People's care needs, preferences, wishes and what was important to them was recorded in their care plans and staff were aware of these. The manager told us that an initial assessment was completed on each person prior to them coming to live at the home. From this initial assessment a plan of care was created. We saw these were individual to each person and were reviewed and updated regularly.

People and staff told us they saw the provider and manager regularly and had the opportunity to speak with them about any concerns or complaints they may have. People told us they had no complaints and were very happy living at the home. A complaints system was in place which people and relatives were made aware of. Each person's keyworker would also speak with them regularly to ensure they were happy and were encouraged to share any concerns they had. Staff told us they would support people by listening to them and passing their comments, concerns or complaints on to the manager. The manager told us they had not received any complaints this year.

Is the service well-led?

Our findings

The provider had not had a registered manager in post since June 2014, despite this being a condition of their registration. The current manager had recently applied to be registered, as required, which has now been concluded since we inspected the service. This person had worked in the deputy manager role for several years and so a stable management presence had always been in place.

Systems were in place to monitor the quality of service provision. The manager told us that when possible they worked alongside staff and were able to monitor staff practice directly through observations. Checks were completed by the manager on people's care records, medicines and the environment. However, we also found that some systems needed reviewing to ensure both the provider and manager had a clear oversight of the service as a whole. Actions the manager had taken when they identified issues were not always recorded. We found that there were some on-going issues with staff not correctly following medicine protocols. We also found that knowledge staff had about the support they gave to some people was not recorded in their care records. Whilst these issues had minimal impact on people's care it meant that

some people's care records were not always accurate or up to date. The provider acknowledged that they were not fully aware of the quality systems in place and some of the issues identified. They told us they left that to the manager. Both the provider and manager acknowledged that some systems needed improvement and we saw that they were in the process of working to achieve this.

People and staff agreed that the culture of the home was open and inclusive. One person said, "It is home". They were able to express their views about how the service was run through questionnaires, meetings and one to one conversations with the manager. Everyone agreed that the provider and manager were visible around the home, were approachable and easy to talk with.

We found the culture of the home was focussed on putting people first and at the heart of the service provided. The manager said, "This is their home and everyone is welcome". Staff were supported and clear on their own roles and they understood the management structure. They told us they felt comfortable to raise concerns they may have and were aware how to 'whistleblow'. Whistleblowing is when a staff member reports suspected wrongdoing at work.