

Westwood Care Homes Limited

# Woodlands Nursing 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Woodlands Nursing Home providing accommodation for people who require nursing or personal care for up to 40 people. The service is set over two floors and has a secure garden area. At the time of the inspection there were 32 people living there, 26 of whom were receiving nursing care. The service is registered to care for older people, and people living with dementia.

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

We have found evidence that the provider needs to make improvement. Please see the Responsive section of this full report.

There were enough staff to keep people safe and meet their physical needs. Though people, relatives and staff told us that staff were task orientated and too busy to provide companionship to people. We observed times where people were lacking in stimulation.

People were supported to eat and drink enough. Though we observed that choice was not offered at one mealtime.

Infection prevention and control measures were in place and the home was visibly clean in all areas.

People told us they had close relationships with staff, and staff were kind and caring towards them.

Staff respected and promoted people's privacy, dignity and independence within the home. Though, some people told us they would prefer to go on more trips out.

People were safe and protected from the risk of avoidable harm. There were detailed risk assessments in place which guided staff how to keep people safe.

Systems and processes were in place to safeguard people from abuse. Staff understood the signs of potential abuse and how to respond.

Medicines were stored, administered and disposed of safely by staff who were trained to do this.

Where accidents or incidents had occurred, lessons were learned to prevent the same thing happening again.

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.

A variety of activities were provided, including quizzes, entertainers and food tasting sessions.

End of life care plans were in place and people were supported and encouraged to express their preferences for if they became seriously ill.

The provider assessed the most appropriate form of communication people and could provide information in a way people with disability or sensory loss could understand.

Evidence based guidance such as NICE guidelines were used by the registered manager to plan and deliver effective care to people.

Staff received regular training, supervision and appraisals to support them in their role.

The home was decorated in a homely and comfortable way. Pictorial images were used to assist people living with dementia to navigate their way around.

People were referred to health care professionals appropriately and in a timely manner. Staff knew people's up to date healthcare needs.

People, relatives and staff spoke highly of a supportive, fair and approachable management team.

The registered manager and registered provider completed audits and quality assurance processes to enable them to analyse and therefore identify where improvements might be required.

Rating at last inspection

The last rating for this service was Good (published November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Woodlands Nursing 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 unannounced inspection was carried out by two inspectors, an inspection manager 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. In this case, older people and people living with dementia.

#### Service and service type

Woodlands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events

which the provider is required to send us. The provider had completed a Provider Information Return (PIR), however this had been submitted in 2018 so some information was out of date. Therefore, we discussed the changes that had been made since the last inspection with the registered manager and regional manager. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection we spoke with nine people who lived there, four of their relatives and nine staff including the registered manager, deputy manager, regional manager and care staff. We reviewed seven care plans and records relating to the management of the 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.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- We found improvements to staffing levels had been made since the previous inspection. There was enough staff to support people safely and meet their physical needs. One person told us, "If I need help in the night, I shout, and they come to see what's up. I don't have to wait too long."
- The registered manager showed us the dependency tool used to establish staffing levels. They confirmed that on the rare occasions, agency staff were used, they ensured they were regular agency staff who knew the people, the routines and had completed an induction.
- Safe recruitment procedures were in place. This included the provider obtaining at least two satisfactory references and Disclosure and Barring Service (DBS) checks, for all new staff prior to them starting work. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people.
- Staff were supported by regular supervisions and appraisals which enabled the registered manager and deputy manager to give staff feedback on their performance.

### Preventing and controlling infection

- Throughout the day of our inspection there was a strong smell of urine in the corridor on the first floor. We discussed this with the managers during feedback and were given assurances the issue would be addressed. The registered manager contacted us after the inspection to inform us that the source of the smell had been identified and addressed, and the area had been deep cleaned.
- Staff had access to personal protective equipment, such as disposable gloves and aprons and we observed this clothing being worn appropriately by staff while providing personal care.
- Domestic staff were employed, and we saw all areas of the service were visibly clean and well maintained.
- Regular environment checks were carried out to help ensure infection control was maintained, including areas such as the laundry room, food preparation areas and bedrooms. We saw completed audits to support this.

### Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems. All staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff understood the process of whistleblowing. Whistleblowing is a term used to describe staff passing on concerns about wrongdoing.
- Staff had received relevant safeguarding training. Because of such training staff knew how to recognise signs of abuse and were aware of their responsibilities to act appropriately and report any such abuse.
- There were updated safeguarding policies and procedures in place. We saw safeguarding referrals had

been submitted in a timely manner and investigations and outcomes recorded appropriately.

#### Assessing risk, safety monitoring and management

- Risks within the service were managed safely and consistently. The provider carried out comprehensive individual risk assessments to ensure people were supported safely. We also saw risk assessments were reviewed regularly to reflect changing needs.
- Where people were more prone to falls, the risks had been identified and additional support was clearly documented in individual care plans and risk assessments. We saw all falls were recorded and where appropriate referrals made to external healthcare professionals including Occupational Therapy and the falls team.
- Where people needed constant monitoring due to health risks, we saw that staff were aware and appropriate checks were in place to manage the risks. For example, food, fluid and repositioning charts were used where appropriate. These were monitored, and action taken as required, such as encouraging more fluids and offering fortified snacks.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal emergency evacuation plan.
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare.

#### Using medicines safely

- Medicines were stored, administered and disposed of safely. Each person had an electronic medicine administration record. We found these were accurately completed and showed people received their medicines as prescribed. One relative told us, "The staff manage [family member's] tablets and insulin okay. I've got no concerns."
- We observed the administration of medicines. The nurse explained what they were doing and obtained people's consent. We saw they ensured medicines had been swallowed and were sensitive, patient and understanding.
- Medicines prescribed on an 'as and when required' basis had protocols in place which informed staff of when the medicines were required. We saw these protocols were reviewed monthly.
- Some people required their medicines to be administered covertly. This was completed in accordance with strict protocols and was closely monitored.

#### Learning lessons when things go wrong

- An accident and incident file was in place detailing the date and description of each incident and the initial and subsequent action taken. This information was cross referenced with the electronic care file and risk assessment, there were then reviewed and updated, to reflect any change in individual need or circumstances.
- A follow-on form, completed by the registered manager or deputy manager included any remedial action taken, as well as 'high issues' (e.g. accident leading to serious injury) and whether CQC and/or safeguarding had been notified. This helped ensure the necessary procedures were followed and the relevant organisations informed to help put plans in place to prevent reoccurrence.



## 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

- People's physical, mental and social needs were holistically assessed. People were subject to pre-admission assessments to ensure the provider could meet their needs. This included details of how people needed and wanted to be supported by staff. People's needs, and preferences were regularly reviewed and updated so staff could be guided as to the best way the most effective way to support people. We observed staff followed the guidance set out in people's care plans.
- Evidence based guidance such as NICE guidelines were used by the registered manager to plan and deliver effective care to people. Assessment tools were used to assess the risk to people's skin integrity and weight.

Staff support: induction, training, skills and experience

- Staff told us they felt they received all the training they required to do their jobs well. We reviewed the training records held by the registered manager and saw that staff were provided with mandatory training and extra training dependent on their roles. Training was provided in the most appropriate format for that staff member. For example, staff who were not confident to use a computer were not expected to complete on line training at home, they were supported to complete this while at work.
- New staff were provided with an induction which included mandatory training and shifts where they shadowed experienced staff. Staff who were new to care completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge and skills expected of staff working in the health and social care sector.
- People we spoke with told us they felt the staff were well trained. Comments included, "I feel they are mostly well trained."

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

- During the inspection we observed breakfast and lunch being served. During breakfast we saw that people were offered a choice of food and drink and were supported to eat by kind and patient staff. There were two communal dining rooms. During lunch we saw that there were two meal options available, however, in one of the dining rooms we saw that the choice was not offered to people. All 16 people ate the same meal. We discussed this with the registered manager and regional manager who explained that staff are trained to show people both food options and support them to make a choice. The registered manager expressed concern that this had not happened on the day of inspection but assured us they would put plans in place to ensure that the correct procedure would be followed at every meal time in future.
- People's dietary needs were clearly documented in the kitchen, so the chef could ensure that people who

required specialised diets received these. Throughout the inspection we saw that a variety of drinks and snacks were offered to people in between meal times.

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

- Documentation we reviewed confirmed referrals and guidance had been provided by the local authority and clinical commissioning group (CCG). Staff were aware of people's changing healthcare needs and ensured their needs were met.
- People confirmed they were supported to access health care professionals as and when needed, such as GP's, district nurses, chiropodists, opticians and dentists. One relative told us, "If I notice anything and tell staff, they get the doctor involved straight away. They've never let me down yet."
- During the inspection we observed a healthcare professional visited some people. We saw the staff were proactive at assisting the person and healthcare professional and updated them with the person's most recent health needs.

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

- The home was decorated in a homely and comfortable way. The decoration was done in a way that made it easier for people living with dementia to navigate the building. This included pictorial symbols to guide people through the communal areas. Each corridor was painted a different colour, this was helpful for people living with dementia as it can make it easier for them to recognise their room.
- Each person's bedroom was personalised with their own belongings, photographs and ornaments. Each person had their name and photograph on their door. There were quiet areas where people were enabled to spend time alone with visitors if they wished.

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.

- The service was working in line with the MCA. People had their mental capacity assessed for their ability to make a variety of different decisions. Where people had been assessed as having mental capacity they were supported to make their own decisions. Where people had been assessed as lacking mental capacity they were supported in the least restrictive way possible and in a way that was in their own personal best interest.
- The registered manager sent applications for DoLS to the appropriate supervisory body. Where people had a DoLS in place, any conditions of the DoLS were adhered to.

# 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 they had close relationships with staff who were kind and caring. Comments we received included, "Staff are nice, they help me." A relative said, "They appreciate what [name] likes and adhere to that."
- Staff had a good understanding of people's needs and preferences. This enabled them to support people in their preferred way.
- People's diverse needs and preferences were explored when care planning. People were empowered to express themselves in whichever way they chose. We saw that one person requested to be known by a different name. Staff respected their wishes and ensured they always used the person's preferred name.
- People were supported to maintain their spiritual and faith needs. Services took place at the home by two local churches. The registered manager explained that if a person followed a different religious denomination, they would explore the best ways to assist them with this.
- Staff did not wear uniforms. The registered manager explained this was due to following research she had conducted which concluded that people felt more comfortable and in a homelier environment when staff wore day to day clothes.

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

- People and (where appropriate) their relatives were included in review meetings and discussions about people's care needs and preferences.
- The registered manager ensured people living there could have access to independent advocates if they or their relatives wanted this. At the time of the inspection no-one was using this service. Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected. We observed staff knocked on people's doors before entering. Personal care was completed behind closed doors and not discussed in communal areas. People were dressed in clean clothes they had chosen themselves where they were able to do so.
- The registered manager had created a dignity champion role for staff. This meant that certain staff took a specific interest in promoting dignity and were able to guide other staff how to do maintain and promote this for people. The service had won a dignity award from the local authority and were working towards enhancing their dignity qualifications.

- One relative we spoke with told us how the staff helped to promote independence, "They took [relative] down to reception to do some colouring, [relative] even answered the phone."
- Confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

# 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 now deteriorated to Requires improvement. This meant people's needs were not always met.

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

- During the inspection we observed care staff were busy, and task orientated. This meant they did not always have time to spend with people. Staff were able to meet people's physical needs but did not have the time to provide companionship. One relative said, "Staff do what they can, but it's a managerial decision, they need at least one more staff." Staff we spoke with told us they are too busy to chat to people, comments we received included, "We don't have enough time to spend with people." Another staff member said, "We're always rushing around, we can't be companions."
- Staff did not always take natural opportunities to engage with people. We observed staff were present in communal areas, primarily in a supervisory capacity. Although staff were friendly in their approach, they did not always take opportunities to meaningfully engage with people. This did not meet people's needs.
- When we completed the SOFI, we saw that there were ten people in a room, the television was on, but all people were facing the opposite direction towards the corridor. People remained in this position for 25 minutes with little stimulation or interaction. Staff were busy completing tasks either in the corridor or the lounge and there were few attempts to engage with people.
- One relative said, "They don't always act on what [relative is saying], we need to prompt them to check her." One person said, "There's just never enough staff, we have to wait sometimes but never too long."
- People had been supported to go out with staff, but we found this was not a regular occurrence and some people had not been on a trip out for some time. Some people we spoke with told us they had enjoyed a trip out and would like to do this more.
- We saw that there were a variety of activities on offer. These included one to one sessions with the activity staff if people preferred not to take part in group activities. However, throughout the inspection, all the inspection team observed that people were lacking in social interaction. Of the 32 people living at the home, only five joined in the morning activity. The afternoon activity was an entertainer and people appeared to enjoy this.
- There were things around the home to interest people, we saw one person gained comfort from doll therapy. There were activities and points of interest around the home to offer stimulation to people if they were walking around. People who requested newspapers were provided with these.
- People were supported to retain close relationships with friends and families if they wished to. Visitors told us they were welcome to visit any time and enabled to spend quality time with their relative.

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

- Through pre-admission assessments, the provider did document what people liked to do and how they would like to spend their days. Once people were admitted they were encouraged to express their needs

and preferences through regular reviews. The registered manager completed a resident of the day, where one person was selected to have their documentation reviewed to ensure it was up to date.

- We observed throughout the inspection that people were supported in the most appropriate way for them. Staff had a good understanding of people's needs and this was reflected in the care they provided.

#### 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.

- We saw throughout the home that there were pictorial images to inform people what was available, for example the menu choices. However, we saw that activities calendars were written in small print, it could be difficult for people with sensory loss to see these. Following the inspection the provider contacted us to inform us that they had started to use larger print.

- We asked the registered manager how they meet the AIS. They explained that documentation could be provided in a variety of formats. People's communication needs were assessed when they moved into the home and from there, arrangements made to ensure they could understand the documentation provided.

#### Improving care quality in response to complaints or concerns

- We reviewed complaints that had been received by the service since the last inspection. We found these were handled in line with the complaints policy. All complaints were investigated, an outcome and lessons learned were recorded. There was a copy of the complaints policy readily available for people and visitors to the service. People we spoke with told us they knew how to complain and would feel comfortable raising concerns to the registered manager.

#### End of life care and support

- During the inspection there were no people who were known to be approaching the end of life. Therefore, we reviewed end of life documentation and approached the clinical commissioning group (CCG) for their feedback about end of life care. The CCG gave positive feedback about the end of life care provided and did not have any concerns. Staff we spoke with were knowledgeable about how to identify if someone was showing signs of approaching the end of their life and how to respond to meet their needs.

- People and families were empowered to express their wishes for the end of their lives. These were clearly documented within their care plans. Where people have advanced directives to refuse treatment or do not attempt cardio pulmonary resuscitation orders, these were easily located in care plans.

# 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

- People and relatives all told us they liked the registered manager and deputy manager and felt confident they could approach them to discuss anything.
- Staff told us they were supported by a fair and approachable management team. One staff member said, "The manager is nice, she supports us, she has helped with moving and handling procedures when we were struggling."
- Staff told us there was a positive, open culture and this was created and maintained by the registered manager.
- There were regular staff meetings that were held at a variety of times to suit as many staff as possible. We reviewed the minutes and saw that training issues, lessons learned from investigations and people's changing needs were discussed.

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

- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the rating from our previous inspection was displayed in the office in line with legal requirements and on the provider's website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis. The registered manager provided feedback to staff on their performance.
- The registered manager completed daily, weekly and monthly audits. These were presented to the senior management team to be analysed. This analysis established identification of trends, patterns and themes which in turn enabled the senior management team to maintain complete oversight and plan how to maintain and encourage a high standard of care.
- Where accidents or incidents had occurred, lessons learned were cascaded amongst staff to ensure everyone knew how to prevent recurrences.
- We raised the issue of busy, task orientated staff with the registered manager and regional manager and they assured us they would have plans in place to improve this for people and staff.

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

- We received mixed feedback from relatives about how staff engaged and involved them. One relative we spoke with said, "They're not so good at keeping us informed." Another relative said, "Yes they tell me everything and I speak to staff a lot."
- People and relatives were given a voice to give their views on the home and any suggested improvements. The registered manager held regular meetings for people and their relatives. One relative told us that meetings weren't well attended but everyone knew they could approach the registered manager if they wished to make suggestions. There were suggestion boxes in communal areas for people and relative to request activities they would like to do.
- People were provided with opportunities to develop links with the local community through accessing local services and by spending time within their local community. This included engaging with a local primary school who visited regularly. Areas of the home were named after areas in the local community where most people living there had spent their lives before moving in to the home. This helped to enhance people's sense of belonging.
- There were good relationships with local health and social care professionals who were involved in the care of people that used the service.