

Conniston Care Limited

Woodlands Care Home

Inspection report

Woodsetts Road, North Anston,
Sheffield, South Yorkshire, S25 4EQ
Tel: 01909 566226

Date of inspection visit: 18,19 March 2015
Date of publication: 16/06/2015

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 

Overall summary

We inspected Woodlands Care Home on 18 and 19 March 2015. The inspection was unannounced. Woodlands Care Home was last inspected in July and November 2013, no concerns were identified at those inspections.

Woodlands provides accommodation for persons who require nursing or personal care for up to 43 people. On the day of the inspection 41 people were receiving care services from the provider. The home had a registered manager. 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 who used this service were safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety.

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

Summary of findings

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them.

People were treated with kindness and respect. One person said, "I cannot speak highly enough of them (staff). I like them a lot." A relative told us, "The management and staff are all approachable. They are wonderful with [the person] and us."

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work in a care environment. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service

was well managed and took appropriate action if expected standards were not met. This ensured people received a safe service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was well-led. There was a comprehensive, formal quality assurance process in place. All aspects of the service were formally monitored to ensure good care was provided and planned improvements and changes implemented in a timely manner. There were good systems in place for care staff or others to raise any concerns with the registered manager.

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. There were appropriate levels of staff who had received training in safeguarding and knew how to report any concerns regarding possible abuse.

The care staff knew how to protect people from harm.

The registered provider used robust systems to help ensure care staff were only employed if they were suitable and safe to work in a care environment.

Good



Is the service effective?

The service was effective. People received the support they needed to lead their lives as they wanted and to remain in their own homes.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and it's Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Staff were well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported.

Good



Is the service caring?

The service was caring. People were treated with kindness and received support in a patient and considerate way.

People who used the service, and those who were important to them, were involved in planning their care.

People received support from a team of care staff who knew the care they required and how they wanted this to be provided.

All staff had allocated time for dedicated interaction with people.

People were treated with respect and their privacy, dignity and independence were protected.

Good



Is the service responsive?

The service was responsive. People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs.

People were asked what support they wanted and could refuse any part of their planned care if they wished. The care staff respected the decisions people made.

People knew how they could raise a concern about the service they received. Where issues were raised with the registered manager of the service these were investigated and action taken to resolve the concern.

Good



Summary of findings

Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted and needed to be supported.

Is the service well-led?

The service was well-led. There was a registered manager employed. The registered manager set high standards and used good systems to check that these were being met.

People who used the service knew the registered manager and were confident to raise any concerns with them.

The registered manager had comprehensive and formal quality assurance processes and systems in place to monitor the quality of the service provided. People who used the service and their families were asked for their views of the service and their comments were acted on. Their views were actively sought and people told us they felt listened to.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

Good



Woodlands 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.

We carried out this inspection between 18 and 19 March 2015 and it was unannounced. The inspection team consisted of an adult social care inspector.

The inspector visited the service to look at records around how people were cared for and how the service was

managed. We spoke with six people who used the service and four relatives. We also spoke with five care staff, two visiting healthcare professionals and the registered manager.

We looked at the care records for eight people and also looked at records that related to how the service was managed.

Before the inspection the registered manager of the service had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed the information we held about the service, including the information in the PIR.

Is the service safe?

Our findings

People who used the service we spoke with told us that they felt they were kept safe. One person said, “Absolutely, it’s a wonderful place with a lovely atmosphere.” We spoke with a community nurse who told us, “Due to a change of areas we have just begun to work with the home, but so far I have found it safe and there are always plenty of staff.”

The provider had safeguarding policies and procedures in place to reduce the risk of abuse to people who received the service. We spoke with five staff about their understanding of keeping people safe and how they would act if they had any concerns that someone might be being abused. All the staff we spoke with were aware of different types of abuse and the signs that could indicate that abuse had occurred. Staff were aware of their responsibilities towards people and were clear how they would act on any concerns. One staff member told us, “I know I could raise any concerns with the registered manager, but if I needed to, I could go to the local authority.” Staff were confident that the provider would take any action needed to make sure people were safe. The provider had a policy for whistleblowing. All five staff we spoke told us they were aware of the policy and how to whistleblow, should the need arise. One staff member told us, “We have information and advice posters about safeguarding and whistleblowing in the reception area and also in the staff room.”

Discussions with staff and a check of records confirmed that staff were trained in safeguarding vulnerable adults. The registered manager was aware of the procedure for acting on potential safeguarding incidents. Our records confirmed that when such incidents had occurred they were referred to the local authority safeguarding team.

We looked at the arrangements in place for the administration and management of medicines and found that these were mostly appropriate. Medicines were stored securely in a locked cabinet. Medicines stored tallied with the number recorded on the Medication Administration Records (MAR). We saw from training records, all staff had received medicines training.

Arrangements were in place for the storage of controlled drugs. However, we found two entries in the controlled drugs book with only one staff signature. It is good practice for a second appropriately trained member of staff to

witnesses the administration of controlled drugs and both staff should sign the register after the dose has been administered. This was documented in the provider’s medication policy. We pointed this out to the registered manager who said it would be addressed immediately.

We looked at eight care records which confirmed that the provider had risk management systems in place. These were individualised, taking into account each person’s needs and wishes. Each person who used the service had an individualised personal emergency evacuation plan in case of fire. This described how to best assist that person to evacuate the building in the safest manner, taking into account individual needs, for example if they had restricted mobility.

Policies and procedures to keep people safe were in place to ensure staff provided care in a consistent way that did not compromise people’s rights. Records showed that risks were reviewed regularly and updated for specific needs or activities. For example, bedrails, falling and day trips.

The provider regularly undertook an environmental risk assessment which highlighted any risks the person may be exposed to by the physical environment. One member of staff told us, “If we noticed anything that was broken or needed repair we could inform the maintenance person and it would be fixed immediately.” The home was clean and tidy and free from offensive odours. Housekeeping staff ensured that all household and cleaning products which could be harmful, for example toilet disinfectants were safely locked away when not in use. The housekeeping staff also used colour coded equipment, for example mops, for use in specific areas of the building to prevent cross contamination.

There was a recruitment and selection process in place. All the staff we spoke with confirmed they had gone through a formal recruitment process that included an interview and pre employment checks of references and a criminal records check.

We found staffing levels to be appropriate to those recommended in people’s care plans to support their needs. We looked at historic staff rotas and found that there were always enough staff. The registered manager and staff we spoke with told us the arrangements for staff sickness. This was covered by the existing staff pool agreeing to take on additional shifts. This ensured that staffing levels were always appropriate.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff we spoke with had a broad understanding of the Act's provisions and how it affected the people they provided a service to. They were aware of people's mental capacity to make day to day decisions about their lifestyle.

Staff told us they had received induction training and worked alongside experienced staff so they could get to know the people's needs before providing care and support on their own. Four training and supervision records showed staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively as they had received training in areas essential to the service such as fire safety, infection control, safeguarding, moving and handling and medication. Documents also showed that staff had completed training including first aid, nutrition and health, mental health and dementia. Staff also told us that they had received specific training for issues relating to individuals who used the service, for example epilepsy and stoma care. The manager had a system which identified when staff training updates were due, so these could be planned for in a timely way. Staff we spoke with confirmed they had undertaken the training and felt they received sufficient training to keep their knowledge and skills up to date.

Staff files showed that staff received regular supervision and annual appraisal. The providers policy identified that supervision be carried out bi monthly. We found this guidance was being followed. We saw supervisions covered training needs, individual professional targets for the staff

member, any concerns regarding working practices or individuals using the service. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. This showed us staff had the training and support they required to help ensure they were able to meet people's needs. One member of staff told us, "Supervision is regular and always worthwhile."

We checked records in relation to food, and talked to people using the service. We saw that people were given information and choices in relation to the food offered to them, and the staff took time to understand people's preferences. One member of the kitchen staff told us, "Whilst there are always menu choices we always ensure that individual preferences and choices are met." Fresh fruit was also available and people could access snacks and drinks throughout the day. One person who used the service told us, "I told the staff that I enjoyed corned beef hash when I was in the army, I had it for tea the next day, it was a nice surprise." Each care plan we checked contained detailed information about people's food and drink preferences, as well as details about how they should be supported at mealtimes. Where food allergies or specific dietary requirements were identified, these were consistently recorded so that people did not receive unsuitable food.

People's files contained clear information about whether people were able to consent to their care. This had been considered in relation to all types of care and support provided and there were comprehensive records showing where people could give consent to some care tasks but not others. This meant that people's capacity to consent had been assessed in a personalised and thorough manner.

Communication amongst staff was good. Staff told us that they received an effective and informative handover at the beginning of every shift which brought them up to date with any changes to people's support and care needs. We spoke with two visiting district nurses. One told us that communication needed to improve the other said that communication was good.

The home produced a regular newsletter which informed people who used the service, relatives and visitors. The

Is the service effective?

latest edition we saw described forthcoming activities and day trips, a programme of redecoration and feedback about the 'staff member of the year', which people who used the service voted for.

Is the service caring?

Our findings

We saw staff interacted well with people. People were given choices and staff were aware of people's likes and dislikes. We observed staff caring for people and supporting them around the home. We saw that whenever staff helped people they ensured they discussed with people first what was going to happen. For example, we saw some staff using hoists to help people move from chairs to wheelchairs. The staff doing this told each person what they were going to do, and why they needed to do it. This meant that people experienced staff supporting them in a reassuring and transparent manner, which met their needs.

We observed a painting activity taking place in the home. The staff facilitating this took time to ensure that everyone taking part was included, and led the activity in a way that meant everyone was involved. The people we spoke with told us that they enjoyed this activity. We saw that some people did not want to be included in the activity and staff respected their decision.

We observed staff relationships with people living at Woodlands were strong, supportive and caring. One member of staff told us, "People here are wonderful, we have some real characters, it's nice to be a part of it." People told us that their individual care needs and preferences were met by staff who were very caring in their approach. One person said, "I cannot speak highly enough of them (staff). I like them a lot." A relative told us, "The management and staff are all approachable, they are wonderful with [the person] and us."

We spoke with staff about how they preserve people's dignity. One member of staff told us, "Knocking on doors and closing curtains are important, as is calling someone by their preferred name."

One person who lived at Woodlands told us, "It really is marvellous here, it's not all bingo. We have entertainers, a fantastic trip and lunch on a canal boat and someone brings animals for us to see." They went on to say, "I happened to mention in conversation with (staff) that my favourite dinner used to be lamb chops. Two days later I had a lovely surprise of lamb chops for my tea. Maybe a small thing, but it shows they listen, care and act. Marvellous."

Another person told us, "I really enjoy the ROMEO club." Respectful Older Men Eating Out (ROMEO) is an initiative at Woodlands. The registered manager explained, "A group of gentlemen formed the club through similar interests and discussion topics such as cricket and football. We allocated an activities co-ordinator to the group who now takes the group out to lunch and to watch local cricket and football teams. It is really popular."

Twice a day the home had butterfly time. Butterfly time lasted for two hours in the morning and again in the afternoon, where all staff, regardless of job title spent time talking to people who used the service. One person who used the service told us, "It's a great time for me, we talk about everything. I talk about my life and memories but I also like to listen to the staff telling me about their interests." One member of staff told us, "Every member of staff here is aware that we put time before task."

The eight support plans we looked at had been written in a person-centred way. Each one contained information in relation to the individual person's life history, needs, likes, dislikes and preferences. Each care plan contained a one page profile of the person. This included information such as, 'What is important to me', 'How to support me' and 'What people like about me.' It was therefore evident that people were looked after as individuals and their specific and diverse needs were respected.

Is the service responsive?

Our findings

Care plans were well written and provided detailed information about how the planned care and support was to be provided. The plans provided details about the person's life history, their health care needs and the social activities they liked to participate in. The plans were person centred and had been written with the involvement of the person. Where possible people had signed to say they agreed to their plans. Care plans described how people should be supported with their likes and dislikes. We saw staff supporting people in accordance with the assessed needs described in care records. These records had been kept under regular review or as people's needs changed. Reviews involved the person, relatives and other healthcare professionals.

We spoke to the relatives of one person who used the service, they told us, "[The person] can be anxious if they cannot see the toilet when they wake in the night. We all spoke to the manager who agreed to remove the bathroom door in the en-suite room." The person who used the service told us, "I am much happier, the manager was good for listening."

We spoke with one person about how they were able to access activities. They said, "We have a lot of activities. I don't fancy it all the time so I don't do it, it's my choice." Another person said, "We recently had an Oscars night which was fabulous, I had a beautiful ball gown on, it was great fun and a little different."

People who used the service led active social lives that were individual to their needs. We noted there were individualised activities plans on each file. We found that people had their individual needs assessed and consistently met.

In addition to formal activities staff supported people in maintaining relationships with family members. All the care plans we saw detailed the support to be given to the person who used the service to maintain social networks.

We saw the service had a complaints procedure which was publicly displayed. People we spoke with knew how to make a complaint. One relative said, "If I was unhappy about something I would tell (manager) and I know something would change." Staff we spoke with were confident in their knowledge of how to respond to complaints, raise concerns or whistleblow. One staff member told us there was a positive way they could raise any concerns either directly with the manager or at staff meetings in that the manager saw it as a route to improvement.

We saw that complaints were responded to quickly and in line with the provider's policy. For example, concerns were anonymously submitted about the appearance of a member of staff. This was dealt with through staff supervision. Staff uniform, nails and general presentation was added to a quality audit.

The manager told us they had recently appointed a member of staff as the Meet and Greet Champion. This position allowed a dedicated member of staff to accompany the manager to the initial assessment of prospective residents to get to know them. This member of staff was then supernumerary for 12 hours per week. This time was allocated to ensuring people were settled into their new home by someone they had met previously.

Is the service well-led?

Our findings

The service was well led by the manager who had been registered with the Care Quality Commission since October 2010. People we spoke with told us they knew who was the manager and said they were approachable. One relative said, “She’s great, nothing is too much trouble, it’s good to see she sets high standards”. A visiting healthcare professional told us, “We are just getting to know the home, but all the signs are positive.” The registered manager worked alongside other staff to provide hands on care and support to people. They led by example to provide a service which was tailored to each person’s individual needs and wishes.

People who used the service and their relatives were supported to contribute their views about the home. The forthcoming dates of relative and family meetings were clearly displayed in the reception area. The people who used the service had representation on the panel for interviewing new and perspective staff.

The registered manager told us that the provider had a clear vision and set of values that the service works towards. This involved treating people with dignity and respect and enabling people who used the service to be independent while ensuring their rights and choices were maintained. These values were displayed in the reception area.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff we spoke with were aware of the values of the home and their role in upholding them. Staff also told us that the manager was supportive and approachable. One person told us, “The manager makes time for all of us. I find her effective and caring.” Another member of staff said, “We have a good and close knit team.”

Staff attended regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Handovers were also used at the beginning of each shift to ensure that all staff were aware any changing needs or risks and to pass on any other important information about the people who lived at the home. Staff told us that it was essential to discuss and pass on information to each other. One member of staff told us, “It’s so important to pass on information to other staff especially if people have returned from holiday or time away, a lot can change in a short time.”

The provider had a quality assurance system in place, where senior staff carried out regular monitoring and checks on the quality of service people experienced. These checks were conducted to a high level of detail. We found audits covering care records, health and safety, food safety, medication, finance and the environment amongst other areas. The registered manager carried out audits within the service, including checks on medication, catering and infection control. This meant that the quality of service provision was regularly monitored. We saw that any issues highlighted in the audit received a plan of action. Therefore any issues were addressed quickly.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified. During our inspection a person who used the service fell. We saw that staff were aware of procedures and worked well together to ensure the relevant agencies were contacted and that the person experienced as little discomfort as possible. Accident forms and body maps were completed in a timely manner. The registered manager confirmed that they knew all notifications that should be reported to the Care Quality Commission.