Woodlands Care Home

Woodlands

Inspection report

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Date of inspection visit: 15, 16 and 31 July 2014
Date of publication: 02/01/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

This was an unannounced inspection. The last inspection took place on 20 March 2014 and the provider was compliant with the regulations we checked.

Woodlands Care Home provides personal care for up to 17 people with dementia care needs in single bedrooms. At the time of the inspection the home had no vacancies.

Summary of findings

The registered manager has worked at the service for several years. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

People and their relatives were happy with the care provided and told us they felt safe and staff treated them with dignity and respect. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

We identified some shortfalls with medicines management, which could place people at risk of not receiving their medicines safely. This was a breach of the regulation in relation to medicines management. You can see what action we told the provider to take at the back of the full version of the report.

Staff understood safeguarding and whistleblowing procedures and were clear about the process to follow to report concerns. Staff we spoke with and records we saw confirmed recruitment and training procedures were being followed. Staff demonstrated an understanding of people's individual needs and wishes and knew how to meet them.

People using the service, relatives and staff said the manager was approachable and supportive. Systems were in place to monitor the quality of the service and people and relatives felt confident to express any concerns, so these could be addressed.

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?

Requires Improvement

Some aspects of the service were not safe. There were some shortfalls with medicines management, which could place people at risk of not receiving their medicines safely.

People and relatives we spoke with were happy with the service and said they felt safe. The provider had arrangements in place to safeguard people against the risk of abuse.

Risk assessments were in place for any identified areas of risk. These were reviewed monthly and when a person's condition changed, so the information reflected current level of risk.

Safe staff recruitment procedures were being followed and people confirmed there were enough staff available to meet their needs. Staff understood people's rights to make choices about their care and the requirements of the MCA and DoLS.

Is the service effective?

Good

The service was effective. People told us they were happy with the care they received and said staff understood their needs and knew how to meet them. Staff received training to provide them with the skills and knowledge to care for people effectively.

People received a variety of meals and the support and assistance they needed from staff with eating and drinking, so their dietary needs were met.

People's healthcare needs were monitored and people were referred to the GP and other healthcare professionals as required.

Is the service caring?

Good

The service was caring. People said the staff were caring and looked after them well. We saw staff listened to them and cared for them in a gentle and kind manner.

People and their relatives were involved with making decisions about their care. Staff understood the individual care and support people required and treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive. Care plans were in place and these were kept under review so staff had the information they needed to care for and support people appropriately.

People and their relatives said they knew how to raise any concerns and were confident that these would be taken seriously and addressed.

Summary of findings

Is the service well-led?

Good

The service was well-led. The service had a registered manager and people, relatives and staff said he was approachable and available to speak with on any matters.

Accidents and incidents were monitored and where possible action was taken to minimise the risk of recurrence, whilst respecting people's independence.

Systems were in place to monitor the quality of the service, so areas for improvements could be identified and addressed.

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Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection team consisted of an inspector and an expert by experience with experience of care homes for older people. 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 the inspection we reviewed the information we held about the service and the 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.

Around the time we were carrying out this inspection, CQC received some information of concern that we have considered in this inspection.

During the inspection we carried out a tour of the premises, viewed a variety of records including four people's care records, servicing and maintenance records for equipment and the premises, medicines administration record charts, three staff files, audit reports and a sample of policies and procedures. We observed the mealtime experience for people and interaction between people using the service and staff.

We spoke with eight people using the service, six visitors, the registered manager, four care staff, an activities coordinator, the cook, the cleaner, the administrator, the hairdresser and five healthcare professionals involved with the service.

Requires Improvement

Is the service safe?

Our findings

People were not always protected against the risks associated with medicines because the provider did not have suitable arrangements in place in relation to medicines management. We viewed the medicines administration records (MARs) and noted medicines stocks received from the pharmacist at the beginning of the current cycle had not been recorded. We also found that the balances of medicines remaining from the previous medicines cycle had not been carried forward onto the current MARs. Therefore there was no record of the amount of medicines held in the home and it was not possible to carry out a stock check of boxed medicines, to ascertain if the correct number of tablets had been administered to people.

Medicines audits had been carried out in February and June 2014 and had not identified any shortfalls in recording. We viewed a sample of the MARs for the previous cycle and found medicine receipts had been recorded appropriately.

For one medicine that had been supplied mid-cycle, 15 tablets had been supplied by the dispensing pharmacist, 14 had been signed for as having been administered at the service and there were three left in stock when we inspected the service. This showed that people did not always receive their medicines as prescribed. Medicines supplied in 28 day monitored dosage packs accurately tallied with the number of entries on the MARs and showed these were given to people appropriately.

The medicines storage trolley was tethered to the wall in the dining area and any medicines that had to be refrigerated were kept in a bag in the kitchen fridge. A designated, secure container for this storage was not available so refrigerated medicines were not kept securely and could be accessible to unauthorised people. The fridge temperatures were not being accurately checked and recorded. Therefore systems were not in place to ensure medicines were always stored according to the manufacturers' instructions so these were safe to give to people who used the service.

An information sheet was available with the MARs for each person using the service and this included a photograph and any known allergies, so staff had this information to hand. MARs had been signed to show that medicines had been administered. If a medicine was omitted for any reason then the relevant coding had been used to identify why it had been omitted. The MAR was printed by the pharmacy however some hand written entries were seen, which had not always been signed by staff. Good practice guidance from the Royal Pharmaceutical Society states that two staff should sign to show they had checked that the entry is correct to reduce the likelihood of errors.

Staff we spoke with confirmed that they were not able to administer medicines unless they had undertaken medicines training and been assessed by an experienced member of staff as being competent. One member of staff accurately described the procedure to follow if a person refused medicines to make sure they were able to support the person as much as possible. Healthcare professionals told us the service requested prescriptions in a timely way to ensure a stock of prescribed medicines was always available for people. We noted that people's conditions were monitored when they were given medicines for diabetes or anticoagulants, so they received the right doses of the medicines at the appropriate times.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We drew the shortfalls to the manager's attention during our inspection.

We looked at three staff records. These showed employment checks were being carried out to ensure only suitable staff were employed at the service. We saw that application forms and health questionnaires had been completed for each member of staff. The records also showed the provider had carried out checks including criminal record checks, references from the previous employers, proof of identity and right to work in the UK.

One person told us, "The carers are good and they are never short staffed, it's like being at home. You have someone to chat to all the time." We observed staff were available to support and assist people throughout the inspection. People were either attended to in small groups or individually, depending on whether there was an activity taking place or people needed individual support. When we spoke with staff, they said the number of staff on duty was adequate and if they were ever short of staff the manager arranged replacements. The manager told us he recorded the use of agency staff on occasions to cover staff shortages, so enough staff were available in the home.

Requires Improvement

Is the service safe?

Staff said they had received safeguarding adults' training and this was recorded in the staff records we viewed. We gave staff safeguarding scenarios and they demonstrated they knew they had to report any suspicions of abuse to the manager or person in charge. Staff also understood whistleblowing procedures and knew they could contact the local authority if they had safeguarding concerns. Policies were in place for safeguarding and whistleblowing, and staff were familiar with these.

People told us they felt safe in the home. Comments included, "I like it here I can't ask for much else, it is very safe", "No one rows or shouts, just nice music," and "We are like a family, we are all friends." People also said they were comfortable and felt safe during the provision of their care. Comments included, "I like the care workers, they come and chat to me and I always feel safe" and "I feel ever so safe here because there are people to look after me, all the time."

Care records contained a document covering the assessment of various areas of risk so appropriate interventions were planned to minimise the risks whilst promoting people's independence. These included moving and handling, mental health, physical health, behaviour, pressure ulcers, nutrition and falls. We spoke with a healthcare professional about the risk of falls, and they said staff worked hard to keep people safe and interventions to help minimise risks had been discussed with them. For example, they said they advised on the use of a wheelchair to assist a person with their mobility to reduce the risk of falls.

Policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were in place and there was a flow chart to identify when it was appropriate to make a referral under DoLS. The manager said he had attended training provided by the local authority about MCA and DoLS. He said if he had any concerns he consulted with the local authority DoLS representative to ensure the service followed 'best interests' decision-making processes. Staff we spoke with had also received training and understood the need to act in a person's best interests. We did not observe any potential restrictions or deprivations of liberty during our visit.

We viewed a sample of equipment servicing and maintenance records. These showed that equipment such as the hoist, the lift, gas appliances, and the fire alarm and emergency lighting systems had been checked and maintained at the required intervals, to ensure these were safe. We observed people with walking frames, some of which were in need of repair as the rubber covers on the legs of the frames were worn. We spoke with the manager about this and on the last day of inspection we saw walking frames had been repaired or replaced. One person said, "They always check that my equipment is in working order and are constantly checking for safety."

Following anonymous concerns we received regarding the standard of catering and safety in the kitchen a referral was made to the local authority environmental health department. They carried out an inspection and identified some shortfalls in the kitchen with equipment, temperature checks and recording, for the service to address. We spoke with the manager about this and he told us the shortfalls would be addressed to ensure the kitchen was safe.

We also received anonymous concerns regarding the general cleanliness of the service. During the inspection we viewed bedrooms and equipment and spoke with the cleaner. The service was clean and fresh at the time of inspection. There was a list the cleaning tasks to be done contained within the job description and the cleaner said she followed this. We also spoke with a care worker who said they dealt with any spills or cleaning requirements when the cleaner was not on duty, so any issues were dealt with promptly. Policies for infection control were in place and being followed and staff told us they received training in infection control and we saw certificates for this in the staff files we viewed.

Is the service effective?

Our findings

People we spoke with were very positive about the care staff. One person said, "The carers are good, they ask what I would like and get it."

Staff confirmed they had received induction training and shadowed experienced members of staff when they started working at the service, to learn about supporting and assisting people. They said they had also received training and updates in topics including moving and handling, health and safety, fire safety, safeguarding and dementia care. Records showed that nine staff held a recognised qualification in health and social care. Staff we spoke with said the training they received helped them to better understand the needs of people and how to meet them effectively. People said they were satisfied that the staff had been trained and were competent to meet their needs.

Staff had received regular supervision and we saw a record of this was maintained. The administrator said the supervision dates were planned ahead to fit in with the staff and the manager. Staff said the supervision sessions were used to identify strengths and also any development needs. They said training needs were discussed and training was arranged.

Healthcare professionals we spoke with were positive about the service and said staff contacted them with any concerns, listened to them and followed the advice they gave. The GP said they carried out annual reviews of people and staff contacted the surgery for anyone who was unwell and required GP input. Input from healthcare professionals was recorded in people's care records. This included a GP, district nurse, diabetic care nurse, mental health team, optician and chiropodist. Relatives said they were kept informed of any changes in their family member's condition.

A healthcare professional told us they satisfied with the way people were supported with their nutrition. One person told us, "The food is very nice, fresh and well presented." The cook was aware of people's preferences and those with specific dietary needs, for example, diabetes, or if someone required fortified meals to increase their calorie intake.

During the inspection we observed lunch being served. The dining areas were appropriately prepared to provide a pleasant environment for people to have their meals. People engaged with each other and staff. They told us they were enjoying their lunch. We saw staff supporting people with the meals where needed. We observed a member of staff providing support and assistance to a person. The member of staff was calm and patient and took time to provide the support the person required. Another person was clear they were not hungry and became impatient. Staff listened to and reassured them and they went on to engage in another activity.

If people refused a meal we heard staff offering an alternative. Snacks were also available throughout the day. Staff told us if someone had a reduced dietary intake or concerns about their nutrition were identified, food and fluid charts were put in place to monitor the amount of food or drink they consumed. Throughout the inspection staff were gently and regularly encouraging people to have a good fluid intake. The weather was very hot and staff were aware of the risk of people becoming dehydrated if they did not drink enough. People's weight was monitored each month and recorded, and if concerns were identified the person was referred to the GP and their weight was then monitored weekly to ensure any changes were identified promptly and could be addressed.

Is the service caring?

Our findings

People told us they were happy with the care they received and the way the service was run. They said it catered for their needs and they liked the variety and the freedom to choose where they wanted to be and with whom. One relative said of the staff, "They were excellent when [relative] went into hospital." Another said, "It doesn't feel like an institution, it feels like home from home." We heard staff asking people for permission to provide them with assistance and support and staff listened to what people said. One person said, "The carers ask for permission all the time –they really care for me here." People we spoke with confirmed that they were always involved in their care provision.

We observed staff providing care and support in a gentle and caring manner, listening to what they were saying and treating people with respect. One person said, "They are very caring and treat everybody as an individual." This was the general feeling of the people and relatives we spoke with. They also said the manager spoke to them as individuals and cared for their wellbeing. One person said, "The manager comes to me twice in a day and says 'how are you today?' He is a great guy."

Relatives said they were involved in making decisions about their family members. For example, they told us they were offered the opportunity to visit the service before their family members were admitted to decide if it was somewhere nice to live. They also confirmed they had been involved in the preadmission assessment of their family members' needs and in the on-going review of their care. We saw that people and their relatives had been involved with the care plans, so they were able to provide input and information about their wishes.

We spoke with staff about people's care needs and they were able to describe the individual care and support people required. We observed staff encouraging people to do what they could for themselves and promoting their independence whilst being on hand to assist when needed.

Relatives described the service as being caring, compassionate and offering their relatives dignified care. People confirmed the staff always asked what and how they wanted things done and used phrases like 'Would you like…' One relative said, "Carers always ask [relative] politely before any procedure." Comments we received from people included, "The carers always listen to me", "The carers are always treating me nicely", "Yes they are very caring – and they are polite." and "The carers are good, they treat me with respect and dignity that I deserve and when I call for help they always are there, even in the night."

Relatives confirmed they could visit when they wished and could take their relatives out whenever they wanted to. One relative said, "They are absolutely fantastic. They treat people as individuals and understand how to care for them and how to approach them."

Is the service responsive?

Our findings

People we spoke with said they always had their needs addressed. Care plans were in place to address people's identified needs, and these had been reviewed monthly or more frequently such as when a person's condition changed, to keep them up to date. We saw people and their relatives had been involved with their review of care, so any changes could be discussed with them.

Where people had experienced falls, these had been recorded, care plans reviewed and accident records completed and reviewed by the manager. This ensured that falls were being monitored so action could be taken to minimise peoples' risk of falls. The manager said they had transferred one person with an increased risk of falls to a room where they could be more closely monitored by the night staff. He said he had also recently reviewed the staffing in the home and increased it by one carer in the morning and a cook in the evening. This meant there were more staff available during the day to monitor people in the day and dining room area and reduce the risk of people falling.

We watched activities in the lounge and staff interacted well with people. One person said "I always look forward to the quiz." and another said "There is flexibility here, I get family who come from abroad – they can visit when it's convenient for them." The activities coordinator told us activities and outings were planned in line with people's interests. For example, some people enjoyed theatre trips and these were organised to a local theatre. Representatives from the Church of England and Roman Catholic churches provided input at the service, and other religious input could be accessed if required.

The home had open visiting and people were encouraged to visit whenever they wished. The manager said he met with people and their relatives to discuss any matters they wished to speak about. For one relative who lived a distance away they told us, "They are very flexible...we have to come all the way from [country] to visit, but we are accommodated any time – he [the manager] and I always exchange emails if we are away and there is something that needs to change for [my relative]."

We saw a poster on display for the Alzheimer's Society Dementia Friends scheme. The administrator explained they encouraged relatives to join this to gain information to better understand dementia and their family member's needs. We saw information about the 'Relatives of Residents in Care Homes in Hillingdon' on display in the home. This is an organisation which provides relatives with information about local advocacy services if they needed it.

A copy of the complaints procedure was on display in the service. Staff told us that if anyone wished to make a complaint they would advise them to speak with the manager and inform the manager about this, so the situation could be addressed promptly. Relatives and people were confident they could raise any concerns they might have, however minor, and they would be addressed. The manager said he had not received any complaints in the past 12 months.

Is the service well-led?

Our findings

People and their relatives confirmed that they felt the home was well led, that the manager was approachable and led the staff team appropriately. One person said of the manager and staff, “They are always here, you don't have to call for help. You see the manager all the time.” Another person we spoke with said of the manager, “He is the best. See him many times a day, he comes to say hello.” People and their relatives also said they were asked for their views so these could be taken into consideration when planning any changes within the service.

The service carried out satisfaction surveys of people, their relatives and stakeholders, each of which contained questions relevant to the sector being surveyed. Food surveys had been carried out in May 2014 and the service had received six responses, all of which were positive. The manager said he was going to carry out a review of the four week menu with people to see if any improvements could be made. The most recent relatives’ survey had been carried out in May 2014 and the comments made about the service were similarly positive. We viewed two returned questionnaires from healthcare professionals who were positive about the service. The manager said should shortfalls be identified on surveys, he would take action to address these.

The most recent staff meeting was held in June 2014. Staff said they were encouraged to discuss any issues so they could be addressed. The manager said as a result of people’s changing needs he had introduced an evening cook. This meant the care staff could concentrate on providing care and support and someone was available to serve and clear the meal. Staff described the manager as ‘approachable and supportive’ and were confident they could discuss any issues with him. One member of staff said of the manager, “his door is always open.”

A health and safety audit had been carried out in May 2014 and no concerns had been identified. Accident forms were completed for accidents/injuries and these were reviewed by the manager. People’s care records had been updated to record the incident and reflect any changes in their care. The manager had carried out monthly accident audits and we discussed looking for any trends, for example, time of day when accidents occur. The manager said in response to night time falls he had reviewed the positioning of the night staff so there was one on each floor, so they were closer to people and could attend people promptly where needed.

An assessment of the premises had been carried out on 10 July 2014 and the manager said he was taking steps to address areas identified for action. The manager told us redecoration work took place when people were out of their rooms, using odour free paint, so people could continue to be accommodated in their own rooms whilst the environment was being improved. Risk assessments for equipment, environment and safe working practices were in place and had been reviewed annually to keep the information up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not protected from the risks associated with the unsafe use and management of medicines because appropriate arrangements for recording and safe keeping of medicines were not in place.