

Lancashire County Council

# Woodhill House Home for Older People

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Woodhill House Home for Older People is a residential care home providing personal care to 45 people aged 65 and over at the time of the inspection. The service can support up to 46 people in one purpose-built building.

The home is arranged into four living areas called 'houses'. Three houses accommodate people who are living with dementia and one house provides accommodation for older people who have physical care needs.

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

People were safe and protected from harm and abuse. All staff who worked in the home had been trained in how to identify and report abuse. The registered manager had identified and managed risks to people's safety. There were enough staff to support people. The provider carried out checks on new staff to make sure they were suitable to work in the home. The staff handled medicines safely and people received their medicines as their doctors had prescribed.

The staff were trained and skilled to provide people's care. People enjoyed the meals provided. The staff supported people to maintain good health and to see their doctors as they needed. The staff respected the decisions people made and people's rights were protected. 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.

The staff treated people in a kind and caring way. The staff knew people well and respected their individuality and diversity. The staff asked people for their views about their care and respected the choices people made. The staff protected people's dignity, privacy and independence.

The staff planned and provided care to meet people's needs and take account of their choices. People enjoyed a range of activities and could see their families and friends as they wished. People knew how they could raise concerns about the service. The registered manager had processes to ensure people would receive care at the end of life to meet their needs and respect their wishes, beliefs and cultural needs.

People told us this was a good home and said they would recommend it. There was an experienced registered manager employed. People knew the registered manager and were confident approaching her. The registered manager monitored the quality of the service. She asked people for their views and made changes in response to their feedback to improve the service.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 30

July 2018) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Woodhill House Home for Older People

## **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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Woodhill House Home for Older People 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 inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and nine visitors about their experience of the care provided. We spoke with nine members of staff including the provider's operations manager, the registered manager, assistant manager, care workers and two managers from Lancashire County Council who worked for other departments within the local authority. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the environment and reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff training. We also looked at the staff training matrix and a variety of records relating to the management of the service.

# 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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to mitigate risks to people because they had not ensured all staff working unsupervised at the home had received training on safeguarding people from abuse. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 12.

- All staff who worked in the home had completed training in safeguarding people from abuse. This included staff employed by other departments within Lancashire County Council who were not directly employed by the home but who carried out roles such as laundry and cleaning.
- People who lived in the home and the visitors we spoke with all told us they were confident people were safe and protected from abuse. One person told us, "I feel cared for and very safe."
- The staff understood their responsibilities in relation to identifying and reporting any concerns. They told us they would be confident reporting any concerns to the registered manager or to a senior manager in Lancashire County Council.
- The registered manager had carried out risk assessments to identify and manage risks to people's safety. People's care records included detailed guidance for staff about how to provide their care in a safe way and how to manage any risks.

Using medicines safely

At our last inspection we recommended the provider review how best to administer and document medicine in line with good practice guidance on medicine administration and person-centred care. The provider had made improvements.

- The registered manager had systems to ensure medicines were available as people needed. Medicines were stored, administered and disposed of safely. People told us they received the support they needed with taking their medicines. One person said, "I don't have to worry about my medication."
- All staff who handled medicines had been trained to do so. The staff made accurate records of the medicines they had given to people.
- The registered manager carried out audits on medicines and medication administration records to check people had received their medicines safely and as their doctors had prescribed.

## Staffing and recruitment

At our last inspection we recommended the provider follow good practice guidance in relation to recruitment. The provider had made improvements.

- The provider carried out checks on new staff to ensure they were suitable to work in the home. New staff had to provide a full employment history and evidence of their good character. They were also checked against records held by the Disclosure and Barring Service. This checked they were not barred from working in a care service or have criminal convictions which would make them unsuitable to work in the home.
- There were enough staff to provide people's support. People received the care they needed promptly. A visitor told us, "I always feel there are enough staff on duty."

## Preventing and controlling infection

- The home was clean and people were protected against the risk of infection. People told us the home was always cleaned to a high standard. One person told us, "The home is lovely, fresh and clean."
- The staff were trained in infection control and food hygiene. The staff used appropriate personal protective equipment, such as disposable gloves and aprons, to protect people from the risk of infection. We saw the staff handled food safely.

## Learning lessons when things go wrong

- The registered manager analysed incidents and accidents in the home to ensure any lessons were learnt to keep people safe. Learning from incidents and accidents was shared with the staff team and appropriate external agencies to ensure learning was shared.



# 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

- The registered manager assessed people's needs before they were offered accommodation in the home. This helped to ensure the care and facilities were suitable to meet individuals' needs.
- Some people had complex needs. Appropriate specialist services had been included in assessing and planning their care. The needs assessments had been used to develop individual care plans which guided staff on how to support people.

Staff support: induction, training, skills and experience

- The staff were trained and skilled to support people. The staff told us they completed a range of training to give them the knowledge and skills to care for people. This was confirmed by training records we looked at. One staff member told us, "We do lots of training." Another staff member said, "We have good training."
- The staff had regular meetings with a senior staff member or member of the management team where they could discuss their roles and development. The staff told us they felt well supported by the management team in the home.

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

- People told us they enjoyed the meals and drinks provided in the home. One person told us, "The food is of a good quality and is very varied." We observed the midday meal being served and saw people had a choice of meals and drinks. The staff gave people the support they needed to enjoy their meals.
- The staff ensured mealtimes were pleasant and sociable occasions and understood the importance of this. They arranged dining areas to look attractive and spent time chatting to people and explaining the choice of meals. One person told us, "I do look forward to my food, it's important that mealtimes are enjoyable."
- The staff knew people's preferences about their meals and drinks. Where people required a specialist diet, due to cultural or dietary requirements, meals were provided to meet people's needs.

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

- People were supported by a range of appropriate services to help them to maintain their health. People told us the staff helped them to see their doctors if they were unwell. Visitors we spoke with told us the care provided had led to improvements in people's health. One relative told us, "[My relative's] health has definitely improved since coming here."

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

- People told us the home was comfortable and a nice place to live. One person told us, "My room is very nice."
- The home was purpose built as a care home for older people. It had a range of equipment to meet people's needs such as handrails in corridors and lifts to access accommodation on the first floor of the building. The provider had followed best practice in developing the home to meet the needs of people who were living with dementia. Clear signs were in place to help people find their way around the home on their own.

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 staff were knowledgeable about their responsibilities under the MCA and people's rights were protected. The staff knew people well and knew how people who could not easily share their views showed if they agreed to their planned care. We saw the staff respected the decisions people made.
- Where people required restrictions on their liberty, to protect their safety, the provider had applied to the local authority for a DoLS authorisation.

# 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

- The staff treated people in a kind and caring way. People told us they liked the staff and said they felt well cared for. One person said, "The staff are very kind. I am treated with respect. I feel my care is very important to the staff." Another person said, "The staff are just so kind and nothing is too much trouble." A relative told us, "The staff are very loving and I think really care for [my relative]."
- The staff knew people well and respected their choices and decisions. They respected people's individuality and diversity. One visitor told us, "The home has catered very well for my friend's religious beliefs."

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

- The staff asked people for their views about the support they provided. They included people in decisions about their care and gave people time to express their wishes.
- A visitor commented on how the staff involved people in decisions about their support. They told us, "The staff are always interested in what the residents want. Their opinion matters."

Respecting and promoting people's privacy, dignity and independence

- The staff protected people's privacy and dignity. They called people by their preferred name and spoke to people with respect. People told us the staff always treated them with respect. One person told us, "I am treated with respect." A visitor told us, "The staff are just lovely and treat [people] with respect."
- People were supported to maintain their independence. One person told us, "I have been able to remain independent with help from the staff." The staff gave people time to carry out tasks themselves. They ensured any aids people needed to be independent were available as they needed them.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to maintain accurate and complete care and treatment records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had ensured detailed care plans were in place for each person in the home. The care plans were reviewed regularly to ensure they provided up-to-date and accurate information to guide the staff in how to support people. People who used the service and their families had been included in developing their care plans.
- The staff told us the care plans gave them the information they needed to support people. The staff knew people well and knew what was important to them. They provided people's care to meet their needs and take account of their choices.

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.

- The registered manager had identified how people needed information to be provided. People's communication preferences and needs were detailed in their care records. The staff gave people information in the way they preferred and gave them the support they needed to understand information.

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

- People saw their visitors as they wished and were provided with a range of activities they enjoyed. People's families and friends were able to visit them in the home as they wished. The staff made visitors feel welcome in the home. A visitor told us, "I am always made to feel welcome."
- The home provided a range of activities people enjoyed. During our inspection people enjoyed watching an entertainer and visiting an ice cream van that called at the home each week. Some people enjoyed helping the staff with tasks such as making beds and laying the tables for mealtimes. One person told us, "I

can have lots of little jobs to do if I want to." Another person said, "There is always plenty to do at all times of the day. You can join in if you want to; the choice is yours." A visitor we spoke with said, "There is plenty of stimulation on a daily basis."

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

- The provider had a procedure for receiving and responding to complaints about the service. A copy of the complaints procedure was displayed in the home. No one we spoke with had needed to raise a formal complaint about the service. People told us the registered manager and staff were "approachable" and "helpful". They told us the staff always took appropriate action to resolve any issues they raised. One person told us, "Concerns are dealt with in an efficient manner."

#### End of life care and support

- The registered manager had links with services that could support the staff to provide the care people needed at the end of their lives. People had been asked to share their wishes about how they wanted to be supported at the end of their lives. People's wishes were recorded in their care records, so staff had information about how to support people's wishes, beliefs and cultural needs at the end of their lives.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to consistently assess, monitor and mitigate the risks relating to the health safety and welfare of people who may be at risk. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had taken prompt action to address the issues we found at our last inspection. The registered manager and provider had improved the safety and quality of the service. People told us this was a good home and said they would recommend it.
- People knew the registered manager and were confident to approach her as they needed. The staff told us the registered manager was "good at her job" and said they felt well supported.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had established a positive culture that promoted good outcomes for people. People told us they were happy living in the home and said it was a good place to live. One person said, "I don't think I can find fault with the home. ... Sometimes age makes you feel that there is not a lot left for you but here I have a reason to get up in the mornings." Another person said, "The quality of my life has improved since coming here."
- The staff told us they were happy working in the home and were supported to provide person-centred care.

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 provider and registered manager understood their responsibilities under the duty of candour. The registered manager had sent us notifications of significant incidents, as required. These showed information had been shared with relevant people when incidents had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager asked people for their views and made changes in response to their feedback to improve the service. They shared information about the improvements they had made in response to feedback with people who used the service and their families.
- People had been asked to complete a quality survey and there were 'suggestions boxes' for staff and people who lived in the home to share their views. People were also asked for their views on an informal basis as staff supported them. The registered manager also carried out formal audits of the service and visited all areas of the home each day to monitor the quality of the service.

#### Working in partnership with others

- The staff worked with other services to ensure people received support as they needed. Where specialist services were involved in providing people's care the advice they had given had been included in individual's care plans. We saw the staff provided people's care in line with the advice given by the specialist services that supported them.