

Carisbrooke Healthcare Ltd

The Woodlands Care 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: The Woodlands Care Home is a residential care home that provides personal and nursing care for up to 40 people. At the time of our inspection 38 people were using the service, 19 people were receiving nursing care.

People's experience of using this service:

People that we spoke to said that The Woodlands Care Home was a good place to live and that staff treated them well with kindness, respect and patience.

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.

There were enough staff to meet people's needs and staff told us that they worked well together as a team. People told us that staff were kind and caring and treated them respectfully.

People's health and social care needs were managed well and people were referred on to health professionals should they need specialist attention. There were positive relationships with professionals which supported people's overall wellbeing.

Medicine was administered safely and there were clear protocols in place for medicine which was taken when required. Records were kept up to date and Medication administration records (MAR) were all correct and checked by staff and the registered manager.

The registered manager showed evidence of ongoing quality monitoring across all aspects of the service. Any concerns raised by residents' relatives or staff were investigated and addressed. This was also used to inform improved practises throughout the home.

People had enough to eat and drink. People were offered choices and had an input into the menu planning. The lunchtime experience was relaxed, and staff were assisting with serving meals and assisting people where necessary.

There were a variety of activities both to keep people occupied and entertain them and physical activities to assist with people's mobility. There was an activity co-ordinator employed at the home and they also engaged with local churches to ensure people had their religious needs met.

There was a focus on improving end of life care and the registered manager had refurbished a room for relatives to stay when people were receiving palliative care. The registered manager had plans to make improvements to the home and make it more person centred.

Rating at last inspection: At the last inspection on 11 March 2017 The Woodlands Care Home was rated as Good at this inspection the home remains the same.

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

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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.

The Woodlands Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector 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: The Woodlands Care Home is a residential care home that provides nursing and personal care. 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:

The inspection was unannounced.

What we did:

Before our inspection, we reviewed information we held about the service. This included the last inspection report, information received from local health and social care organisations and statutory notifications. A notification is information about important events, which the provider is required to send us by law, such as, allegations of abuse and serious injuries. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection. We reviewed the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We gave the management team the opportunity to share any other additional information they wished to share. During the inspection we spoke with six people who used the service and three relatives. We spoke with

nine members of staff including three domestic assistant's, two care assistants, the cook, the registered manager, operations manager and the managing director.

We reviewed a range of records. This included five people's care plans and medication records. We also looked at five staff files in relation to recruitment, training and supervision records. We reviewed records relating to the management of the home and a broad range of policies and procedures.

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 good, at this inspection this has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staffing levels were calculated around a person's needs. There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and outings.
- People using the service told us that they felt safe because staff were on hand.
- We saw that staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

Assessing risk, safety monitoring and management

- Risks were assessed and reduced, and risk assessments were regularly reviewed. The registered manager had processes in place to audit all aspects of the home to ensure that the environment was safe, and equipment regularly serviced and maintained.
- Staff knew about people's individual risk in detail. Staff could tell us about the needs of people they cared for and the domestic assistants knew about how to manage infection control and what to do if the risk increased.
- Risks to people's safety were assessed, recorded and updated when people's needs changed. These explained what actions staff should take to promote people's safety and ensure their needs were met appropriately.

Using medicines safely

- People were provided with their medicines in a safe way.
- There was an audit in place to check medicine including MAR (medicine administration records) to ensure that all entries had been signed when people had been given medicine. The registered manager carried out audits and ensure that medicines were managed and monitored.
- PRN protocols were in place for medicine which could be given 'when required'. The information was clear and concise and had a guide to how a person would present if they needed medication such as pain relief.
- MAR charts were signed for when medicine had been given and there were no missing signatures. People received their medicine when prescribed and there was a system in place for ordering repeat medicines.
- Staff who gave medication had been assessed as competent and all staff who administered medicine were trained to do so.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and knew how to spot the signs of abuse. The staff that we spoke to said that they wouldn't hesitate to challenge anyone who they felt were not behaving appropriately towards a person and they would also report on to a senior or the registered manager. Staff were aware of the whistle blowing policy.

- Safeguarding concerns were reported through to the local authority safeguarding team and the care quality commission (CQC). Information on safeguarding was clear and an investigation had taken place after any concerns were raised.

Preventing and controlling infection

- The home was clean, and we observed domestic staff cleaning throughout our visit. Domestic staff had been trained in infection control and knew how to stop the spread of infection. One relative told us, " Beds are changed regularly and I have never had any cause for concern regarding the cleanliness of the home."
- All staff used Personal Protective Equipment (PPE) and we saw them frequently change gloves and aprons.

Learning lessons when things go wrong

- We saw evidence that the manager had a robust quality monitoring and improvement plan in place for all aspects of the service.
- Incidents and accidents were managed and monitored, and systems were put in place to improve from the information they collected.
- People, relatives and staff were given the opportunity to give feedback to the management team which was used to drive improvements where needed.

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 now 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 had ensured people's needs had been thoroughly assessed before a placement at The Woodlands Care Home was arranged. This helped to ensure the staff team were able to meet individual needs in accordance with people's wishes and preferences.
- Staff applied learning effectively in line with best practise, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff told us that the training was good and helped them to both understand their role and carry out tasks more effectively.
- We saw induction programmes had been completed by new staff members and the provider had enabled the staff team to complete a good range of training modules.
- Supervisions were taking place frequently and staff told us that they felt supported which enabled discussions around work performance, areas of concern

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

- The registered manager had introduced nutritional risk assessments, so that people's dietary requirements could be assessed and monitored, in accordance with their needs.
- People were very positive about mealtimes and enjoyed the choice of food available. People were consulted on what they liked to eat and were always given a choice.
- People who required on to one support during mealtimes were supported by staff who were patient and kind.

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

- We saw that the service had forged good working relationships with professionals involved in the care and treatment of people.
- One person told us, "I saw the doctor yesterday for my chest. I got antibiotics. The staff called him [GP] and he came pretty quick."
- People had oral health care plans and risk assessments, these were detailed and regularly reviewed.
- We saw evidence of appropriate, timely referrals to health and social care teams in people's care plans.

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

- The home was well designed to accommodate people's equipment and aids for their daily living. Corridors and doorframes were wide enough for people to be supported with walking aids or in wheelchairs.
- The home was decorated tastefully in neutral colours, people had memory frames outside of their door which had items in that identified the person living there. They also contained other important information which would assist if the person needed to be relocated in an emergency.
- The premises had enough amenities such as bathrooms and communal areas to ensure that people were supported well.

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 provider had ensured mental capacity assessments and best interest decisions had been conducted for each area of people's care. DoLS applications had been made as appropriate.
- The provider had obtained evidence to demonstrate legal authority had been granted for named individuals to act on behalf of people who lacked capacity to make decisions.

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; equality and diversity

- We observed that people were treated with kindness, dignity and respect. We received feedback from people and relatives which supported this.
- People's religious and cultural needs were considered. The registered manager told us that there were regular church services available.. We saw that staff treated people as individuals and planned religious and cultural requirements at the time of their assessment to live at the service.
- People had effective relationships with staff who provided their care and support.

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

- People and their families were involved in care planning and invited to express their views in all aspects of their lives.
- The registered manager listened and acted on any feedback received from people. People were consulted about their care and treatment and any changes explained and discussed with people and invited to give their views.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected. We observed that one person needed attention in the dining room and staff used a screen to respect their privacy whilst attending to their needs.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way.
- People's needs were recorded in detail and staff demonstrated a good knowledge of people's personalities and individual needs, and what was important to them.
- People had access to Advocates who represent the interests of people who may find it difficult to speak out for themselves.

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 remained the same. This meant people's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who knew them well and understood their preferences.
- People had care plans which were personalised and detailed. The plans had been reviewed as needs changed.
- People's communication needs were assessed, and staff could explain what different formats could be used to communicate should this be needed.
- A variety of activities were planned by an activity co-ordinator; however, they also had regular entertainment and singers from different companies. People were consulted on what activities they would like to do. The service had also forged relationships with local churches and provided regular services for people.

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.

- Information was available in different formats to meet the needs of those using the service. For example, pictures and larger print were available where required.

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

- The registered manager frequently spoke with people and their relatives about the care provided and what they needed support with.
- We saw that there was information about activities and events and people were consulted on what they wanted to do. People were encouraged to have relatives and friends to visit as and when they wished.

Improving care quality in response to complaints or concerns

- People knew how to complain and were confident that they would be listened to.
- The registered manager actively requested feedback from people and their relatives. Complaints and compliments were followed up and a resolution sought for complaints.
- Feedback from relatives and residents was collated and addressed. The registered manager was proactive on responding to feedback and was keen to engage with people and relatives to gain an understanding of how they could make improvements.

End of life care and support

- Preparation was made for end of life care sympathetically and with the aim of people being supported to have a pain free and dignified death.
- The registered manager showed us a 'tranquillity area' which they had developed. This allowed relatives to stay at the home and be on hand when people were receiving palliative care. The room was calming and tastefully decorated and enabled relatives to have some time to reflect and rest at a difficult time.
- Staff understood people's needs, were aware of good practise and guidance on end of life care, and respected people's religious beliefs and preferences.

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 had 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

- The staff we spoke to were enthusiastic about their work and felt that they were supported well by the manager.
- People knew the registered manager by name and we were told by people and their relatives that they felt that the registered manager was approachable and that they felt that they were listened to.
- Management supported staff to provide person centred, high quality care, tailored to the needs of people living at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management showed clear evidence of a robust quality monitoring process for the home which was recorded. This included all aspects of the environment, staff supervision and appraisals and health and safety.
- The service was well managed. People at all levels were clear about their roles and responsibilities and managers were accountable for staff and further understood the importance of their roles.
- The registered manager told us that they had planned improvements to make the home more person centred. They had already completed work around improving end of life care.
- There was a system in place to monitor all incidents. This highlighted if appropriate action had been taken including sending notifications to external parties such as the local authority and statutory notifications to CQC.

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

- There had been notifications received in line with statutory requirements to inform the Care Quality Commission (CQC) when there had been an incident that they are legally bound to notify us of. There was a system in place so that the manager could monitor any incidents. The system would highlight the appropriate action had been taken including sending notifications to third parties such as the local authority.

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

- The manager was aware of the importance of understanding equality and diversity and protected characteristics.
- People's views on how the service was run were gathered by having regular meetings to discuss various aspects of the service.

Continuous learning and improving care

- The registered manager had learned from mistakes and kept staff informed of any changes that could affect people's care. Regular meetings were held with staff to discuss issues and to allow staff to have their say.
- The registered manager was keen to engage with people and their relatives and have feedback to inform future improvements. There were systems in place to gain feedback from people and this formed part of an action plan to improve the service.
- The staff we spoke with said that they felt confident to raise any issues with the registered manager.

Working in partnership with others

- We saw evidence that people were supported to access health and social care services required. They had regular visits from healthcare professionals who people told us had a good relationship with the home.
- The registered manager explained that they had engaged with the local community and supported people to access it as they wished.