Woodstown Healthcare Limited

Woodstown House

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
Woodstown House is a care home providing personal and nursing care for up to 40 people, some of whom were living with physical disabilities or sensory impairments. Woodstown House also provides a rehabilitation service with in-house healthcare professionals, such as a physiotherapy team. The service is set across four floors in one purpose-built facility. At the time of our inspection there were 11 people using the service across one floor.

People's experience of using this service and what we found
People told us staff were kind, caring and they felt safe in the service. There were sufficient staff to support people effectively with their care needs. Staff were aware of risks associated with people's care and how to reduce these. People's medicines were received, stored and administered safely.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

Safety checks of the premises and equipment had been undertaken. There were evacuation plans in place in the event of a fire or other emergencies and people had personal emergency evacuation plans.

Care plans were person-centred and included information on people's risks in relation to their care. This included details on the steps staff should take to best support the individual to be safe whilst respecting their preferences.

People and their relatives told us they had access to healthcare professionals when they needed this, and care records we reviewed confirmed that healthcare professionals had been involved in people's care.

There was a range of activities available for people and this included group and one-to-one interactions. We received mixed feedback from relatives in relation to this and the provider confirmed that they were already aware and had addressed this; and they were in the process of recruiting activities staff. One relative told us, "I think they could possibly do a little more [in relation to activities]."

Staff had considered the risk of social isolation and records we reviewed confirmed that regular checks of people had been undertaken where this was appropriate.

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.

People, their relatives and staff told us they felt there was a positive culture at the service and that the service was managed well. There were systems in place to monitor the quality of care provided. People and

their relatives told us they knew how to complain and felt confident complaints would be listened to and addressed appropriately by the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 9 February 2021 and this is the first inspection.

Why we inspected
This was a planned inspection based on when the service first registered with us.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Woodstown House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team consisted of two inspectors.

Service and service type
Woodstown House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Woodstown House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since its registration. We sought feedback from

the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, the clinical lead, the senior physiotherapist, the senior clinical trainer, housekeepers and carers. We observed interactions between staff and people who used the service. Where people were unable to talk to us, we observed their body language and interactions with staff.

We reviewed a range of records and this included two people's care records, nine people's medication records; and five staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with one person who used the service and three relatives about their experience of the care provided. We reviewed three people's care records. We reviewed records in relation to training and quality assurance. We sought feedback from healthcare professionals who regularly visit the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with staff. One person told us, "I feel safe." A relative told us, "[Person] is safe there, [person] tells me."
- Staff understood what consisted abuse and the steps they would take if they suspected abuse. One member of staff told us, "It could be anything from hitting to not handling right. [I would] report it to my line manager, if nothing, then I'll take it up to my manager [or] I would contact CQC."
- We reviewed documentation which showed staff had received training for safeguarding vulnerable adults (SOVA). One member of staff told us, "SOVA training is done all the time."
- There was a safeguarding policy in place which informed staff how to raise concerns. For example, there were clear instructions for staff to ensure they raised concerns in a timely manner and there were examples of indicators of abuse for staff to refer to. The provider had also placed posters all around the premises which informed staff how they could report discrimination and bullying anonymously.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff had undertaken assessments to identify and manage risks to people which included information on the steps staff should take to manage risks. For example, where a person had a catheter, there were clear instructions for staff to follow in relation to regular monitoring and escalating concerns.
- Staff told us they knew what to do to reduce known risks in line with the person's risk assessments. One member of staff told us, "We've got certain residents that need turning every few hours. It's in the care routine, [and in the person's repositioning] chart." Another member of staff told us, "One of our residents has a magnet [for epilepsy]. We count how long the seizure is. We call 999."
- The provider had undertaken fire safety risk assessments and there was an emergency evacuation plan in place. People had individual personal emergency evacuation plans (PEEPs) which included how many staff members and which aids were required to evacuate. Where the local fire and rescue service had made recommendations, these had been addressed by the provider.
- We observed staff assisting people to transfer safely by ensuring they were using appropriate equipment in line with a person's risk assessment and removing potential hazards from the environment before starting the task.
- Where accidents or incidents had occurred, the registered manager looked at ways to reduce the risk of this happening again. For example, the registered manager had looked at ways to reduce the risk of falls and the steps that could be taken including ensuring that people were sitting in the appropriate chair.

Staffing and recruitment

- People and their relatives told us there were sufficient staff deployed at the service to meet their needs.

One person who used the service told us, "There is enough staff, at night too." A relative told us, "They seem to look after [person] straightaway when I drop [person] there." Another relative told us, "I don't think [person] has to wait at all."

● The provider followed safe recruitment practices. We reviewed staff files which showed the provider had completed appropriate checks prior to commencing employment. This included requesting and receiving references from previous employers; and checks with the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Where necessary, evidence of up to date registration with the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) was available.

● We observed people being attended to quickly by staff and call bells were answered promptly. People's needs were assessed regularly and the provider adjusted staffing levels to ensure people's needs could be met.

Using medicines safely

● People's medicines were received, stored and administered safely. People's medicines were recorded in Medication Administration Records (MARs) and included a photograph of the person, their allergies, instructions and guidance for 'as required' (PRN) medicines.

● Staff had undertaken regular training and competency checks to ensure they had the relevant skills to administer medicines.

● Where topical medicines needed to be applied to the skin, there were instructions in place informing staff where and how to apply these. We saw external healthcare professionals had been involved in the management of medicines and the route through which they were administered.

● Where people were prescribed medicines to manage their epilepsy, there were detailed plans in place on how to manage this. For example, there were clear instructions on when medical assistance should be sought.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● The provider facilitated visits for people in accordance with government guidance. People were able to see their friends and relatives at a time that suited them and were supported by staff to do so. One relative told us, "I visit when I can. They're very welcoming."

Good

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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 provider had undertaken pre-admission assessments to ensure they were able to meet people's care and social needs prior to admission to the service. This included the involvement of the in-house physiotherapy team. A relative told us, "They very thoroughly assessed [person]." Another relative told us, "They've done the assessment. We had a look around."
- Pre-admission assessments included information about the prospective service user's allergies, preferred communication methods, medical history, mobility needs and dietary requirements. The service admitted people for long-term stays and for shorter respite stays where this was required.
- Care provided was in line with national guidelines and the service's policies and procedures supported this. For example, staff had followed National Institute for Care Excellence (NICE) guidance in relation to a person's equipment to maintain their airway, by undertaking regular checks and appropriately escalating concerns.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were competent and had the skills required to perform their role. One person told us in relation to the care they received from staff, "The care is always good." A relative told us, "They are competent and very attentive."
- We reviewed training records and saw staff had undertaken an induction period which involved shadowing an experienced colleague, completing mandatory training and competency checks. One member of staff told us, "Here it was structured, and you knew exactly what you're doing."
- Staff had received regular training and refreshers. This included training for health and safety, fire training and first aid. In order to check staff understood the training they had done, the provider had a competency checking system in place which included enteral pump device competency checks with staff. This ensured staff were competent at using the equipment before they were able to operate it.
- Staff had received supervisions during which their performance was evaluated and future ambitions discussed. There was a 'level' progression system in place which meant staff were rewarded for gaining experience and encouraged them to progress in their career.
- The provider had a training matrix in place to inform them when staff needed to refresh their training. Where staff had not yet refreshed annual training, there were timelines in place by when this should be completed.

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

- People told us they were able to choose what they wished to eat. One person told us, "I [have special dietary preferences]. They'll cater for it and they listen." A relative told us, "He loves the soup that he gets

there."
● Where people required adapted cutlery or crockery, we observed people independently eating and drinking using these. This meant people were able to continue enjoying their meals independently with minimal support from staff. Where people were unable to eat independently, staff supported them in a kind and dignified way.
● We saw in care records that people had input from speech and language therapists (SaLT) where they needed this. Care records provided staff with instructions on when to escalate concerns in relation to people's eating and drinking.
● Where people had specific cultural and religious needs in relation to their diet, staff understood and worked together to ensure these were catered for. One member of staff told us, "Everybody's culture is respected. We do Ramadan celebrations, Christmas, we bring sweets and we do Chinese New Year. Everything is respected."
● We saw from records that staff had undertaken training in relation to food hygiene. We observed staff supporting people to eat and drink in a dignified and respectful manner. People were offered snacks and refreshments throughout the day and were supported to have these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff supported people to maintain their health and wellbeing. People and their relatives told us they were able to access healthcare professionals when they needed this. One relative told us, "The GP liaison is excellent. Everything gets followed through."
● We saw from care records that healthcare professionals had been involved in people's care by working closely with staff. For example, where a person had been seen by a doctor, this was recorded in the care plans including which steps staff should take if they have concerns about the person's condition.
● We were told by healthcare professionals that staff ensured they had received timely care and that staff liaised effectively with them. One healthcare professional told us, "Communication between us is great." Another healthcare professionals commented, "[Registered manager] made sure she found out contact information for all the services required for the home e.g. Referral Management Centre and Continence Service."

Adapting service, design, decoration to meet people's needs
● The premises were purpose-built and maintained to a high standard. People had access to a garden and were supported to enjoy this. One person told us, "I can use the garden when I want to." One relative told us, "It's lovely and made for the purpose."
● People's rooms had been personalised where they wished to do so and all rooms had access to specialist equipment which was maintained and regularly checked. People who required pressure-relieving air-flow mattresses had these in place. Where people had a history of falls, there was monitoring equipment in place with the necessary documentation in relation to people's capacity to consent to this.
● There was only one floor being used as a residential area at the time of the inspection. Whilst the area was decorated, the provider had already identified that there could be further improvements made to the environment to make it more homely. The provider had weighed up the risks of this in relation to infection prevention and control and was able to demonstrate that they had plans in place to enhance their decorations.
● Bathrooms and communal areas were on the same level and corridors were wide enough for wheelchairs to comfortably move around the home.

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 MCA 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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● We observed staff interacting with people in a respectful way and seeking consent prior to commencing a task. One person told us, "Staff are respectful, yes and they are nice."
● Staff told us they knew the principles of the MCA and knew where to check if they were unsure about the MCA. One member of staff told us, "If they don't have mental capacity, there will be a meeting with the GP and nurse in charge and family members to make a decision for that aspect of their lives."
● Staff had completed mental capacity assessments, best interest decisions and submitted DoLS applications to the local authority. This involved any interested persons (such as relatives) and was decision-specific in line with the legislation. For example, where a person required a seat belt whilst they were in their wheelchair, there were explanations as to why this was necessary to prevent the person from falling and reduce the risk of harm. We saw from records that this was balanced in order to ensure it was done in the least restrictive way.

Good

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were kind and caring towards them and treated them with respect and dignity. One person told us, "They are very good and very caring." A relative told us, "When [person] goes in there, they're all happy to see [person]. They smile and are pleased to see [person]."
- We observed staff interacting with people in a kind and compassionate way. For example, staff interacted on eye level with people and spoke clearly and slowly so the person could understand them and make an informed decision independently.
- The registered manager had been in contact with the local church in order to organise a regular church service in the home for a person who lived there.
- Staff had undertaken training for equality, diversity and inclusion and understood the importance of respecting people and their wishes. One member of staff told us, "We have to always be respectful and respect our residents' and colleagues' right to be who they want to be. We did mandatory training for this (equality, diversity and inclusion)."
- We observed staff taking steps to respect people's right to privacy. For example, where people chose to remain in their rooms, staff ensured they knocked before they entered and undertook regular welfare checks in line with the person's wishes to reduce the risk of social isolation.

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

- People and their relatives told us they felt involved in making decisions about their care. One person told us, "I say what I want and they do it." A relative told us, "I was involved in the writing of the care plans."
- We saw people's rooms had been personalised where they wished to do so. This included family photographs and some of their own furniture if they wished.
- We reviewed care plans which showed that people had expressed their views in relation to the care provided and these were taken into account by staff. We saw that this was the case when people were offered assistance.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated 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

- People's care and support was planned to meet their individual needs and respect their preferences. One person told us, "I can tell what I want so they always ask, they know me well." One relative told us, "They asked what [person's] needs were."
- Care records were person-centred and outlined individuals' care and support needs. This included detailed information on mobility, nutrition & hydration, communication, skin integrity, continence support and interests. People's social history and preferences had been documented by staff in their care plans and staff knew people well.
- Staff told us they completed daily handovers to discuss changes to people's health and we saw that this was the case. One member of staff told us, "First thing in the morning [there is a] handover, [there are] joint assessments and reviews around behaviour, mobility, pressure sores."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager showed us they were able to provide documents in an accessible way, such as large print and easy-to-read formats should people require this.
- We saw care records which confirmed people had access to appropriate healthcare professionals in relation to communication and detailed people's communication methods, such as whether they were only able to answer using one word. There were instructions for staff to follow such as to listen for vocal cues.

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; End of life care and support

- There was a range of activities available for people and this included group and one-to-one interactions. We received mixed feedback from relatives in relation to this and the provider confirmed that they were already aware and had addressed this; and they were in the process of recruiting activities staff. One person who used the service told us, "The activities are what I want." One relative told us, "I think they could possibly do a little more [in relation to activities]." Another relative commented, "Activities were mainly one-to-one for the first few months while the first residents were being settled in, but now seem to be getting

more established."
● We observed staff engaging people in activities and people appeared to enjoy these. Activities that had taken place included painting, sing-alongs and going for walks in the garden.
● Whilst nobody was being supported with end of life care at the time of the inspection, we saw in care plans that this had been discussed with people and their relatives. People's wishes in relation to this were respected where they chose not to discuss this.

Improving care quality in response to complaints or concerns
● The provider and registered manager took people's complaints and concerns seriously and used the information to improve the service. One person told us, "I go to [registered manager] if I have any issues. She is very approachable and she would certainly address it." A relative told us, "I speak to [registered manager] a lot and she would definitely listen." Another relative told us, "If I had any concerns, I would raise them. They're very easy to talk to."
● The provider had a complaints procedure in place, and this was explained to people when they moved into the service. Where complaints could not be resolved immediately, the provider explained this to people including the timeline by which they intend to resolve the complaint.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were exceptionally complimentary about the leadership and culture of the service. One person told us, "It is the best place I have used. I like it here." A relative told us, "[Registered manager] is very hands-on and approachable. What impressed me was the people (staff) introduced themselves, including the housekeeping staff." Another relative told us, "The team leadership feels to me very sound."
- Staff were complimentary about the leadership and the culture in the service. One member of staff told us, "I think it's a positive culture because we are multicultural but everybody is included." Another member of staff told us, "The managers are very friendly. It's a good atmosphere."
- We observed the registered manager was visible and approachable throughout the inspection and knew people's needs and preferences well.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. There had been no notifiable incidents since the registration of the service, but the registered manager demonstrated that they were aware of the criteria for notifying CQC.
- Relatives told us they had been informed of significant incidents that they wished to be informed of. One relative told us, "They do inform me of things that have happened." Another relative told us, "They're in contact straightaway."

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

- There was a clear structure of governance in place for staff to follow and staff knew what their responsibilities were. One member of staff told us, "I know what to do but I always check with the nurse." Another member of staff told us, "They told us to ask when we don't know. The support here is one of the best."
- The provider had undertaken regular audits of the quality of care. This included audits of care plans, repositioning records, oral hygiene, medicines management, catering and health and safety. Where actions were identified, these were addressed and there were plans in place for long-term actions.
- Where we highlighted minor areas of improvement in relation to the range of activities available, the

registered manager immediately responded and informed us of the actions they had already taken, and the actions they were planning to take.

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

● People and their relatives felt engaged in the running of the service and that their comments would be considered. The provider had sought feedback from people who used the service and their relatives. One person told us, "[Registered manager] sits and chats with us." A relative told us, "They do ask for feedback. I did feedback. They had a big questionnaire."

● Staff understood the vision of the service and felt engaged and valued. One member of staff told us, "I feel valued. I enjoy working here, otherwise I will not stay." Another member of staff told us, "I feel valued. It makes me happy when I go home." A third member of staff told us, "We try and make people independent again, that is the vision. Sometimes [they are] very small steps but you know you're helping."

● Staff told us they were asked to complete feedback surveys about the service and felt they could answer these honestly. One member of staff told us, "Surveys are filled in and go up to HR (Human Resources). They can be anonymous, so I say what's on my mind. I feel I can raise it." Another member of staff told us, "They've done surveys asking us what we think."

● Healthcare professionals told us they felt the service worked well in partnership with them. One healthcare professional commented, "The residents appeared very content and happy (singing) and staff were very focused and engaged with the residents, (smiling and joining in with the singing) it was clear this was a natural environment and resident centred." Another healthcare professional told us, "Leadership is good, and we all work together to provide a high level of care. I have some staff training booked in with them later this month regarding [area of training]."