

Dr & Mrs M Crooks

The Woodlands

Inspection report

The Woodlands
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Date of inspection visit: 31 March & 1 April 2015
Date of publication: 29/04/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 31 March and 1 April 2015 and was unannounced.

The Woodlands is a two storey residential home which provides care to older people including people who are living with dementia. The Woodlands is registered to provide care for 19 people. At the time of our inspection there were 16 people living at The Woodlands.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

All the people we spoke with told us they felt well cared for and safe living at The Woodlands. People told us staff were respectful and kind towards them and staff were caring to people throughout our visit. Staff protected people's privacy and dignity when they provided care and asked people for their consent before any care was given. Staff protected people's confidential information from others.

Summary of findings

Care plans contained accurate and relevant information for staff to help them provide the individual care and treatment people required. We saw examples of care records that reflected people's wishes and how they wanted their care delivered. People received support from staff who had the knowledge and expertise to care for people.

People told us they received their medicines when required. Staff were trained to administer medicines and had been assessed as competent which meant people received their medicines from suitably trained, qualified and experienced staff.

Systems and processes were in place to recruit staff who were suitable to work in the service and to protect people against risks of abuse.

Staff understood they needed to respect people's choices and decisions. Assessments had been made and reviewed to determine people's individual capacity to

make certain decisions. Where people did not have capacity, decisions had been taken in 'their best interest' with the involvement of family members and appropriate health care professionals.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). The registered manager had contacted the local authority to make sure people's freedoms and liberties were not restricted unnecessarily. At the time of this inspection, no applications had been authorised under DoLS.

There was a comprehensive audit system completed by the registered manager and senior staff to identify and improve the quality of service people received. These checks and audits helped ensure actions had been taken that led to improvements. People told us they were pleased with the service they received. If anyone had concerns, these were listened to and supported by managers or staff and responded to in a timely way.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received care from staff who had the knowledge, skills and time to meet people's individual needs. People's needs had been assessed and where risks had been identified, up to date risk assessments advised staff how to manage these safely. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their prescribed medicines from staff as directed by their doctor.

Good



Is the service effective?

The service was effective.

People and relatives were involved in making decisions about their care and people received support from staff who were competent and trained to meet their needs. Where people did not have capacity to make decisions, support was sought from family members and healthcare professionals in line with legal requirements and safeguards. People were offered choices of meals and drinks that met their dietary needs and systems made sure people received timely support from appropriate health care professionals.

Good



Is the service caring?

The service was caring.

The provider encouraged staff to spend quality time with people and to treat people respectfully. People told us they were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's individual needs. Staff had a good understanding of people's preferences and how they wanted to spend their time.

Good



Is the service responsive?

The service was responsive.

People's relatives were involved in care planning reviews which helped make sure the support people received met their needs. Staff had up to date information which helped them to respond to people's individual needs and abilities. There was an effective system in place that responded to people's concerns and complaints in a timely way and to people's satisfaction.

Good



Is the service well-led?

The service was well led.

People and staff were complimentary and supportive of the registered manager and provider. There were thorough and effective processes in place such as regular checks, meetings, surveys and quality audits that identified improvements. Where improvements had been identified, we saw action plans were in place and we saw evidence that actions had been taken.

Good



The Woodlands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 March and 1 April 2015. The inspection was unannounced and carried out by one inspector.

We reviewed the information we held about the service such as statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to

us by law. We also spoke with the local authority who provided us with information they held about this location. The local authority did not have any information of which we were not aware to share with us.

We spent time observing care in the lounge and communal areas throughout our visit.

Most of the people living at the home had varying levels of dementia which meant people had limited abilities of communication. We spoke with three people who lived at The Woodlands to get their experiences of what it was like living there. We spoke with three visiting relatives, five care staff and a visiting sports therapy masseur. We also spoke with both owners (referred to as the provider) and the registered manager. We looked at three people's care records and other records including quality assurance checks, medicines, complaints and incident and accident records.

Is the service safe?

Our findings

We asked people who lived at The Woodlands if they felt safe living at the home. One person said, “I do feel safe. I can lock my door but I prefer it open. Some people (people living at the home) have come in (my room), but I have a gate to stop people.” This person told us this was a solution that met their requirements. Another person said, “I feel safe around the staff.” A relative we spoke with said their family member was, “Safe and we know they are well looked after.”

We asked staff how they made sure people who lived at the home were safe and protected. All staff we spoke with had a clear understanding of the different kinds of abuse, and what action they would take if they suspected abuse had happened within the home. For example, one staff member said, “I have never seen staff treating anyone disrespectfully, but if they did, I would tell the managers. It upsets me thinking about that.” Another staff member said, “We have contact numbers for social services, I would call them and tell the owners (provider).”

Staff had access to the information they needed to help them to report safeguarding concerns. A local safeguarding policy was displayed which provided details and contact numbers for staff should they be required. The registered manager was aware of the safeguarding procedure and described to us how they would deal with referrals in the event of any allegations received. The provider had reported safeguarding concerns to the local authority and us.

Assessments and care plans identified where people were potentially at risk and actions were identified to manage or reduce potential risks. Staff spoken with understood the risks associated with people’s individual care needs. For example, staff knew how to support people who could sometimes display behaviours that challenged to minimise the risks to them and to keep others safe. Staff identified changes in people’s moods that could trigger behaviours that challenged. Risk assessments and action plans were regularly reviewed and updated by senior staff so staff had up to date knowledge to support people safely and meet their changing needs.

All the people and relatives spoken with said there were enough staff to support people and meet their needs. One relative praised the staff team and told us, “Staff are lovely

and you always see the same faces.” Other relatives told us there were enough staff to support people and meet their needs. One person told us when they called for assistance, staff usually responded within two minutes. Staff told us they had enough time to provide the care and support people required, but also had time to stop and talk with people. People we spoke with confirmed this.

The registered manager told us they were not reliant on agency staff because they had recruited enough staff, which meant they had flexibility to ensure the rota was covered. The registered manager said the staff team had changed and they now had staff they could rely on which minimised unexpected absences. We spoke with the deputy assistant manager who completed the rota. They told us they completed the rota by balancing the skill mix of the staff so new staff were supported by experienced staff and senior staff.

The provider told us they had a dependency tool but preferred not to use it. They told us, “I prefer to ask the staff to tell us what’s needed on the floor.” The provider recognised people’s needs changed and said, “That’s why staff get what they need. They have carte blanche to do this.”

We were told if people’s needs increased, staffing levels would be increased if required. The provider told us, “Staff only have to say we need more staff and they will have them. Staff don’t have to jump through hoops.” The provider told us they held regular conversations with the assistant deputy manager to ensure staffing levels continued to meet people’s needs. The provider told us, “We have never left the home understaffed.”

All staff spoken with told us the provider had undertaken employment checks before they started work at the home, for example, references and security checks to check that staff were suitable to provide care to people.

People told us they received their medicines when required. One person said, “I get my medicines every day.” We looked at six medicine administration records (MAR) and found medicines had been administered and signed for at the appropriate time. Staff told us a photograph of the person kept with their MAR reduced the possibility of giving medication to the wrong person. People received their medicines from experienced staff who had completed medication training which maintained their knowledge to

Is the service safe?

ensure they administered medicines in a safe way. The management of MARs were checked regularly by the registered manager to make sure people continued to receive their medicines as prescribed.

The registered manager had a system to review and analyse incidents and accidents that happened within the home. The registered manager said they reviewed each incident for patterns or emerging trends. They told us they looked to reduce the risk of further occurrences, such as checking for infections after a person had fallen or putting alarm mats in place which alerted staff to check people were safe in their rooms.

Maintenance schedules were in place to make sure the environment was safe and equipment was kept in good working order. This included a system of internal inspections of equipment and maintenance by external contractors where required, such as lift maintenance.

The provider had plans to ensure people were kept safe in the event of an emergency or unforeseen situations. Fire emergency equipment was checked regularly. There was a central record of what support each person required to keep them safe if the building had to be evacuated and this was accessible to the emergency services. Staff we spoke with were aware of the emergency plans, particularly in the event of a fire.

Is the service effective?

Our findings

People told us staff were knowledgeable and knew how to provide the care and support they needed. One person said, “The girls (care staff) are pleasant and are willing to do things for you.” A relative we spoke with said staff knew how to care for their relative who required the use of specialist equipment to maintain the health. This relative said, “They know what they are doing.”

Staff told us they completed an induction and received training to support them in ensuring people’s health and safety needs were met. Staff told us they received the training necessary to provide the care and support people required. For example, staff spoken with told us they were confident and understood how to support people whose behaviours challenged others. One staff member told us, “We can tell by their moods, or facial expressions and we know what to do to stop things escalating.” The provider completed a training schedule which made sure staff received refresher training at the required intervals which helped keep staff knowledge updated. Training records showed some staff had not received their training updates as required but we were told training was being arranged for those staff who required it. The registered manager told us when they completed a daily walkabout, they observed staff to make sure they continued to support people effectively. Staff told us they had regular supervision meetings which gave them opportunity to discuss any concerns they had or further training they required.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

We found staff understood the key requirements of the Mental Capacity Act 2005 (MCA) and what this meant for people. Staff understood the importance of obtaining people’s consent before they provided care and support to people. Staff knew which people made their own decisions

and which people wanted to remain as independent as possible. People we spoke with told us staff helped them to be independent, which included making their own decisions.

Where people lacked capacity to make decisions, the provider had systems in place which recorded information about people’s capacity so they could provide the individual support people required. Where people were unable to consent to certain decisions, they were protected because family members or healthcare professionals were involved and decisions were taken in people’s ‘best interests’. The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and had sought advice from the local authority to ensure people’s freedoms were effectively supported and protected.

People told us they enjoyed the food and we saw they were offered a variety of drinks during our visit. One person told us, “It’s beautiful. You get a choice and I can eat it in my room.” Staff told us if people did not want the choices on the menu, alternatives would be provided. People who had risks and individual requirements associated with eating and drinking, had their food and drink monitored to ensure they had sufficient. Where risks had been identified, care plans provided guidance for staff to follow, so they were sure people received their food, drink and support in a way that continued to meet their needs. People were weighed regularly to make sure their health and wellbeing was supported.

Records showed people received care and treatment from health care professionals such as dentist, opticians, district nurses, occupational therapists, speech and language therapists and dieticians. The GP visited the service on a regular basis and saw people who required treatment. Staff were made aware of any changes and followed GP recommendations.

On the day of our visit, we spoke with a visiting sports therapist masseur. They told us they provided weekly visits and did a range of treatments, such as head massages which helped reduce people’s anxiety levels. They said, “It relaxes people, especially those with dementia. You can tell when they are agitated.” They also said that they had written to over 70 care home providers and The Woodlands

Is the service effective?

was the only home that requested their services. Staff we spoke with told us people who received treatment from the therapist were more relaxed and their wellbeing was improved for a period of time.

Is the service caring?

Our findings

People told us the staff were caring and treated them with respect. People said they were happy living at the home and satisfied with the care they received from staff. One person we spoke with said, “I am very happy. Best move I made was coming here. The staff, you can’t fault them.” A relative told us, “The staff are caring because they go above and beyond.” This relative told us staff spent quality time with their family member and went on to say, “Staff don’t just run in and out. [Carer] gets emotionally involved.” We found a staff member shared and commented about their personal experiences to family members. A relative told us it made a positive difference to them because someone understood.

People told us they received care from staff who knew and understood their personal history, likes, dislikes and how they wanted to be cared for. People who were independent told us staff respected their choices and supported them to be as independent as they wanted. One person said, “They give me the flannel and let me wash myself.” Staff gave people choices about how and where they spent their time. We saw some people preferred to stay in their rooms, whilst others sat in communal areas.

Staff had a good understanding of people’s individual communication needs and gave examples of how they involved people who had limited communication skills. For example, staff looked for non-verbal cues or signs in how people communicated their mood, feelings, or choices. Some of the signs people expressed showed they may be in pain, or may have episodes of behaviours that challenged. Staff told us they understood what to look out for. For example, we saw staff asked one person if they wanted a drink. This person smiled and staff told us they understood this to mean they wanted a drink. Staff told us if the person did not want something, they would use hand gestures, such as pushing something away.

We spent time in the communal areas observing the interaction between people and the staff who provided care and support. Staff were friendly and respectful and people appeared relaxed with staff. Staff supported people at their preferred pace and helped people who had limited mobility move around the home. We saw staff were caring and compassionate towards people, engaged them in conversations and addressed people by their preferred names.

Staff we spoke with had a good understanding and knowledge of the importance of respecting people’s privacy and dignity and we saw staff spoke to people quietly and discreetly. When people needed personal care, staff supported people without delay and took them to their rooms to carry out any personal care needs discreetly. Staff knocked on people’s doors and waited for people to respond before they entered their rooms. Staff spoken with told us they protected people’s privacy and dignity by making sure all doors and windows were closed and people were covered up as much as possible when supported with personal care. One staff member said, “I explain what I am doing and cover people as much as possible.” Staff told us when they provided care for two people who shared a room, privacy curtains were always closed.

Staff told us they treated people’s personal information confidentially. We saw a person ask a staff member about another person’s health. The staff member was polite and courteous in their response, but did not disclose any personal information about the other person. This staff member told us, “I can’t say anything about others, it’s Data Protection.” They also said, “I won’t disclose anything. It’s not right.”

People told us there were no restrictions on visiting times and their relatives and friends could visit when they liked. One relative said, “We come most days and we can visit whenever we want.”

Is the service responsive?

Our findings

People told us the care and support they received was personalised and responsive to their individual needs. People who wanted to live at the home, had their needs assessed before they moved to The Woodlands. The provider told us this gave them an opportunity to make sure they had the staff with the right skills and qualifications to meet people's needs. People we spoke with said staff met their needs and responded when they needed assistance. One person said, "I have a call bell, if I press it, staff come within two minutes." A relative told us, "[Person] was like a young kid, very happy and could do their own thing. [Person] never said they wanted to go back home. They were settled."

We asked people if they were involved in their care decisions and how they wanted their care and support provided. All the people we spoke with said they had not been involved in those decisions, however no one we spoke with said they wanted to be. People told us their relatives were involved and they were satisfied with the care they received. A copy of people's care plans were kept in their rooms which they, relatives and staff could refer to. One person we spoke with said they only wanted care staff to support them who were of the same gender. This person told us their request was complied with which made them feel comfortable when receiving personal care.

Relatives spoken with told us they were involved in care decisions and they said staff regularly contacted them when their family member's conditions had changed or if GP's or other health professional's involvement was required. One relative told us how their relation's health had improved since moving to The Woodlands. Another relative said, "[Person] is better here, is more safe here than in their own home."

Staff told us they regularly reviewed care plans and assessments to ensure they responded to changes in people's care needs. The registered manager recognised the review system previously used in the home was not effective and had introduced 'Room of the day'. This included a review of the care plan and a deep clean of a person's room and meant within one month, every care plan was reviewed and room thoroughly cleaned. Staff told us this was better because it was more manageable and made sure everyone's needs were reviewed and updated as required. We found some elements of 'Room of the day'

were not consistent and some plans had not been reviewed in line with expectations. The registered manager had identified this and put further measures and processes in place to ensure the system remained responsive to people's needs.

Staff told us they were informed of any changes in people's needs at the staff handover meeting at the beginning of their shift. They said the handover provided them with the knowledge and information they needed to support people, particularly those who had concerns or health issues since they were last on shift. We looked at four people's care files and found staff had good knowledge about people's individual needs. For example, one person required special equipment to help aid their breathing. Staff told us they regularly cleaned and maintained this equipment to make sure this person's health was not put at risk of infection. Staff monitored this person to make sure advice provided by other health care professionals was followed so the person continued to receive the support they needed to manage their health condition.

The home provided group activities for people within the home, as well as supporting individuals with their own hobbies and interests. During our visit we heard people singing to music of a time that suited the people involved. Some people we spoke with preferred to stay in their rooms and not participate in group activities. These people told us staff spent time with them on a one to one basis which they enjoyed, such as doing their hair, painting their nails, or talking with them. One person told us they enjoyed going outside. They told us a staff member took them out to see their old house. They told us they enjoyed this and liked to see how things in the local area had changed. We spoke with two staff members responsible for activities and they told us how they involved people in pursuing their interests. One staff member told us they had introduced 'Getting to know me' booklets which, "Provided staff with information that helped the person receive care centred around their needs." This booklet contained useful personal information that helped build up a picture of this person's life based on information provided by families. This was a new initiative and was in its infancy as not everyone had one completed.

Relatives and residents' meetings were held twice yearly which gave people the opportunity to provide feedback about the service. Minutes of meetings were held and we saw suggested improvements had resulted in actions. For

Is the service responsive?

example, some relatives were not aware of the Care Quality Commission (CQC) so information was displayed within the home about CQC's role and responsibilities. People and relatives said the registered manager was available should they wish to raise any concerns about the service provided.

We looked at how written complaints were managed by the service. The registered manager told us the home had received one complaint which was being investigated at

the time of our visit. The registered manager told us they had planned a meeting with this relative so they could discuss their concerns and they assured us if any improvements were required, action would be taken.

There was information available in the home for people and relatives about how they could make a complaint. The registered manager told us complaints were taken seriously and the provider told us any complaints were reviewed to ensure appropriate measures and learning was undertaken.

Is the service well-led?

Our findings

People and relatives we spoke with, had no concerns about the quality of care provided at The Woodlands and found management were open and approachable. One person said the registered manager was, “Excellent, she comes in to see me and if I have any problems, I can talk to her.” A relative said they found the registered manager was, “Fair, listens and takes on board things you say. Some manager’s wouldn’t entertain those things.”

Staff told us they felt motivated and were supported and encouraged by the provider’s and registered manager’s leadership. Staff told us the registered manager had made improvements to how the home was run on a day-to-day basis. Staff we spoke with said, “Policies and procedures have really improved, they have helped guide me”, “If care plans are not updated, [registered manager] wants to know why” and “I love the home, the people, the job. We work as a team and the [registered manager] is very good, we can always contact her.” Staff gave us examples of how the quality of care people received had improved since our last visit. One staff member said, “We have ‘Room of the day’ which has made it easier to get things reviewed which has helped.” This staff member told us it had reduced the pressure on staff who completed care plan reviews and it meant people had a care plan that accurately supported the care they needed.

We asked the registered manager what they identified as being the main challenges they had faced since they became registered manager 11 months ago. They told us, “My main priority was getting up to speed with audits, checks, the quality of service and getting their [people’s] feedback.” The registered manager told us they did a daily walk around to identify concerns which ensured prompt action was taken if required. They told us the daily walk around helped them to identify any other potential issues, but also to talk with people who used the service and staff. They also told us they had an open door policy which meant people, staff and visitors could talk to the manager without prior appointment.

The registered manager had focussed on strengthening the audit process and the provider told us they were proud of the effort the registered manager had put in to ensure

audits and follow up actions were taken. The provider said, “The organisation, systems and structure has been a success.” We looked at a programme of audits and checks that were completed. For example, we checked audits for equipment, health and safety, housekeeping, medicines and room of the day. Where these checks identified areas for improvements, we saw action plans were in place to address and monitor the improvements required. For example, flooring was in need of replacement in some of the rooms which presented potential trip hazards. Action plans showed what had been completed and where further improvements were required, plans were monitored to ensure follow up action was taken.

However, we found some plans had not been followed through. For example, we found fridge temperature checks for medicines had not been completed for two months and some ‘room of the day’ activities had not been completed. The registered manager acknowledged further improvements were required and had identified senior staff to be responsible for completing further checks to ensure improvements were made.

Meetings with people and relatives were held so they had opportunity to raise concerns they had. We looked at the minutes of the last meeting held in February 2015. We saw actions had been taken to improve the quality of service or to raise people’s awareness of certain topics. The registered manager told us ‘Relatives and friends’ feedback forms were sent out twice a year. They told us they analysed the feedback and took actions that led to improvements in the quality of service people received.

The provider sent out a newsletter to families on a quarterly basis. This newsletter, ‘Spring 2015’ provided information about past and future activities, upcoming events, and request for prizes for raffles and sensory boxes. The newsletter also included updates on refurbishment of the home.

The registered manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. During our inspection we did not find any incidents that had not already been notified to us by the registered manager.