

Woodlands Rest Home Limited

Woodlands Residential Care

Inspection report

Wood Lane
Netherley
Liverpool
Merseyside
L27 4YA

Tel: 01514984266






Date of inspection visit:
10 March 2016

Date of publication:
26 April 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

This inspection took place on the 09 and 10 March 2016 and was unannounced.

The home was situated in a large period building and has registered to provide accommodation to up to 34 people who required personal care. The home had 29 bedrooms, five of which were able to have double occupancy.

At the time of our inspection there were 28 people living in the home and each person had their own room.

The home required a registered manager and there was a registered manager in post who had been there for since 2011. 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 2008 and associated Regulations about how the service is run.

We had some concerns about the staffing levels. We also found that many of the care records although they were person centred, were incomplete or difficult to follow.

We observed that staff were caring and that they treated people as individuals and respected their need for privacy and dignity.

The home operated safe recruitment practices. Staff had been trained in safeguarding procedures and able to tell us how to contact someone if they were concerned about abuse.

Staff had also been trained in other aspects of their job, such as medication administration and moving and handling. The home followed the appropriate guidelines in relation to the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

The home had been maintained well and had the required certification to say that such things as gas and electrical installations were safe and that fire safety had been checked.

We found that the food was tasty and nutritious.

The management was seen to be open and transparent and the provider was accountable. Plans were in place to further improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff had been recruited appropriately and safely and were able to tell us how to keep people in the home safe and how to report abuse.

We had concerns that the home may not have sufficient staff to meet people's needs safely.

Is the service effective?

Good ●

The service was effective.

We found that the home ensured that the requirements of the Mental Capacity Act and the associated Deprivation of Liberty process were followed.

We saw that staff had received training and supervision regularly.

The food we sampled was hot and tasty and we noted that people appeared to enjoy the food.

Is the service caring?

Good ●

The service was caring.

We saw good interaction between staff and the people living in the home.

People were treated with respect and dignity and were able to be private when they wished.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Some of the care planning and assessment was person centred, but many care records were incomplete and difficult to follow.

People were able to take part in a range of activities.

Is the service well-led?

Good 

The service was well-led.

There had been a manager in post for several years who was registered with CQC.

The home had policies and procedures and regularly conducted quality audits and held meetings with people who lived in the home, their relatives and other visitors and the staff.

Woodlands Residential Care

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 the 09 and 10 March 2016 and was unannounced. The inspection was carried out by an adult social care inspector and a specialist advisor who was a nurse with experience of caring for younger and older people, including those who were living with dementia.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We also looked at our own records, to see if the service had submitted statutory notifications and to see if other people had made comments to us, about the service

We talked with five people who lived in the home, with the provider, the registered manager, the deputy manager, the administrator, the chef, the maintenance person, and three care staff. We also talked with three relatives and visitors to the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at five care files, five staff files and other documents related to the running of the home.

Is the service safe?

Our findings

One person told us, "There is sometimes not enough staff".

The home employed 27 staff including senior care staff, a deputy matron, the registered manager, an administrator, two cooks, two part-time activity coordinators who together were a full-time post and a maintenance person. During the day the manager, a senior along with three care staff were on duty and at night there were two waking staff. The registered manager told us that the people who lived in the home had a combination of mental and physical health care needs to one degree or another.

There were eight people who lived in the home who had chosen to be there and had minimal care needs. We were told that most of the rest of the people in the home needed some support at some time, including help with toileting and eating.

The home did not use a recognised dependency tool but they did completed a risk assessment about the care plan and the support needs of the person and discussed this with staff in order to support each person appropriately. We noted however that staff seemed busy and had little time to interact socially with the people they were supporting.

One staff member told us, "My only gripe is the amount of carers on shift. There are just not enough to ensure that people are looked after safely. It's a massive accident waiting to happen. All the staff report their concerns but it just falls on deaf ears. Management say they were bringing agency staff if needed but that's not fair or safe for people who lived there".

One person told us, when we asked about staffing numbers, "It's very stretched at night. In the day it is stretched too. They rely a lot on agency staff. I'm not happy about the agency staff. You don't know who you're dealing with. They don't even know your name". Another person told us, "The night-time is the most vulnerable because there aren't enough staff. Sometimes they are full and there aren't enough staff to care for us". However another person told us, "I do think there are enough staff. They've had their problems with maternity leave and sickness in the past, but it's better now".

The registered manager told us, "We hate using agency staff. We have got a good agency we avoid them if we can, they don't know the patients as well as we do and they don't know the agency staff as well either. We are recruiting our own bank staff at the moment". Another staff member told us, "One of the problems is staffing; not the levels but getting them in the first place. At the moment we have enough staff". One person told us. "Some staff are absolutely marvellous and I feel extra safe when they are around. I feel safe generally apart from when agency staff are on at night-time".

We were concerned that the two staff who were on duty overnight, were not sufficient to adequately provide the right support to the people living in the home. We noted there was night-time medication administration required as well as routine care tasks. This meant that should people use the buzzer or otherwise need help, timely support could be compromised due to staff being otherwise occupied. A

person told us, "I don't believe this enough staff on, especially at night. How can they deal with somebody who is dying and the buzzer goes off somewhere else?"

We saw that systems to check whether the home was safe in respect of fire prevention were in place. However, there were no adequate quality checks in place to check the water system in respect of Legionella infection. These checks should also have included temperature checks in respect of scalding risks at all the water outlets. We did see that some water outlets had been temperature checked but these were done in the same rooms each time. We discussed this with the provider who assured us that they would commission a full Legionella check from a reputable provider and shortly after the inspection forwarded to us an e-mail requesting such a service. They also told us that they would implement regular temperature checks as best practice recommends.

We noted in the care records that risk assessments had been completed for pressure ulcer risk using the 'waterlow skin assessment tool'. However we found that a high number of people who had had this assessment and who were at high risk had not been reassessed within the suggested timescale.

We saw that other risk assessments had been completed, for example for manual handling and nutrition and most had been recently reviewed. Some of the information in the care records had not been dated which meant that it could not be accurately monitored.

The home had appropriate evacuation plans and procedures in place should an emergency occur. However, the registered manager told us that, "More staff need training to use the Evac chair".

The training records we were shown indicated that several staff had not received recent training in safeguarding adults. However, the staff we spoke with were able to tell us what abuse was and how to report it. We saw that there was information about how to report safeguarding issues and contact numbers, on notice boards. One person told us, "You always feel safe". Another told us, "I think it's okay regarding safeguarding, I know all about that".

When we looked at staff recruitment files and we saw that staff had been recruited using safe recruitment methods. There had been appropriate application and interview process and before any staff member had started in employment there has been checks made on their previous employment history and any criminal records. One person told us, "They are very tight on making sure that staff are okay".

We saw that there were appropriate employment policies and procedures in place, such as grievance and disciplinary procedures.

We inspected medication storage and administration procedures in the home. We found the medicine trolley was secure and clean. We saw the drug refrigerator provided appropriate storage for the amount and type of items in use. The treatment room was locked when not in use.

The medication cabinet was kept in the locked medication room along with the medication administration record (MAR) sheets. We found the MAR sheets to be of a high standard. They showed accurate recording of the administration of the medication, contained a photograph of the person for identification purposes and information about allergies.

We saw that the medicines stocks stored in the cabinet and the MAR sheets, tallied. All the MAR sheets had the person's photograph on them for easy identification. All the drugs were 'in date' and new stock had been checked in properly, stored correctly, and administered appropriately. PRN (as required) medication and

homely remedies were recorded in a similar way. Again the stocks tallied with the record.

We watched a medication round and noted staff checked people's identification and that they told people what their medication was for and gained their consent, before giving them their medication.

Is the service effective?

Our findings

One person told us, "I can go out whenever I like". A second person said, "I'm very well settled here. I can come and go as I please". A third told us, "I don't have the key code to get out but then I don't want it anyway".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 was in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any authorisations or conditions to deprive a person of their liberty were being met. We found that the home had followed the principles appropriately and had made 17 applications for DoLS. So far, five of these had been authorised. One visitor told us, "I'm not sure if he has a DoLS but he always goes out with a member of staff".

We saw that staff were inducted into their role appropriately. One person told us, "They do a lot of training. When they first come they do skeleton shifts and go around with more experienced carers for at least three weeks. They get paid for it but it's to make sure they are right for the job I know they also do criminal records checks".

The provider showed us the training records for their staff. This showed that several staff had not had recent training in respect of the mental capacity act. We noted in the 'training tracker' document which was sent to us by e-mail after the inspection, that the home grouped safeguarding and mental capacity act training as one training session.

We saw that most staff had received other training regularly and that training was planned for 2016. The provider had also e-mailed us shortly after the inspection with an example of an individualised training planner which would monitor certain training such as food hygiene and infection control as far in advance as to 2028. We were shown supervision records and staff confirmed to us that they had supervision approximately every six weeks. One staff member told us, "We have supervision regularly. The managers are all good and I can always go to them. I love the job and I want to thrive in it; we all support each other".

We noted that staff communicated well with the people living in the home and their relatives and visitors also told us that communication was good between them in the home.

We joined people for lunch. As some people had communication difficulties due to loss of sensory facilities, confusion or dementia, we completed a Short Observation Framework for Inspection Tool (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

Using the SOFI, we saw that the staff interactions with people were positive. We observed staff asking people if they had enjoyed their meals, offering to assist them with their food and having a laugh and a joke with people.

We noted that the dining room was well presented and that the tables were laid with a tablecloth, place settings paper napkins and condiments. There was a bowl of fresh fruit available.

The food was hot, tasty and well presented. People told us that they were asked what they wanted to eat each morning and each evening before going into the dining room. They told us they had a choice. However there were no menus available and one person told us, "I would like to see a menu".

We noted that there were three people being supported by two staff members. One staff member was sitting in between two of the people and alternately supporting them to eat their food which is not considered best practice. We saw that all the staff, who were helping to serve lunch, spoke with all the people by name and engaged in friendly chat with them. We saw that they encouraged people to eat and drink and offered choices to the main menu if people decided they want something different.

We noted that people were chatting amongst themselves and sharing jokes during lunchtime.

The kitchen was clean and tidy and had a environmental health food hygiene score of four. We saw that there were individual nutritional care plans available for the chef with information about people's likes and dislikes allergies and dietary needs. The chef told us that most of the food was cooked from scratch and that the main meal included a choice of two hot options but that they would make anything else if that wasn't suitable such as a salad or soup and a sandwich. We saw that the temperature checks on the fridges, freezers and hot food had been correctly completed apart from some missed entries at the weekends, when a different chef was on duty. There was a cleaning rota and we saw that was completed.

The home was a period building over three floors and had a passenger lift and a stairway. Because many of the people who lived at Woodlands had varying degrees of capacity and dementia, access to all parts of the home had been restricted. There were keypads to access the lift and the stairways were protected at either end with stair gates. However we were concerned that the stair gates were too short as people could fall over them especially coming downstairs. They could also pose a risk of entrapment because of the gap at the bottom of them. We discussed this with the provider who assured us they would be altered appropriately, immediately.

Is the service caring?

Our findings

One person said, "They been so very kind to me. They go out of their way to help make sure that you got everything you need".

Another person told us, "If you say you have a pain anything like that or if you're not feeling well they get it sorted right away. They make sure you get the right medical treatment".

It was clear from our observations that the majority of staff knew people well and were able to communicate with them and meet their needs in a way the person preferred. We saw and heard staff giving explanations and information to people throughout the two days of our inspection. Outside the dining room was a large noticeboard which told people about who was on duty that day, the weather and the date. We discussed that perhaps some other information such as a menu might be put on this board and the provider told us that it used to be. They told us they would ensure that the noticeboard would contain a little more information about the menu in future

A visitor told us, "From what I've seen, the staff are absolutely wonderful".

We saw the staff interact with the people when they had time and they appeared to know the person well and they had an understanding of the personal needs and the background of the person. Staff were all seen and heard to support the people, communicating in a calm manner and also reassuring people if they were becoming anxious. One person told us, "I am very well looked after by the carers who will do anything for you".

Another person told us, "The girls, every one of them are absolutely wonderful". Another person told us, "I would like to say they are all so kind and caring. The staff take such wonderful care of us. They are all over our friends and treat us with respect".

People told us that staff were caring and they treated them as their own family. One person told us that staff always took the trouble to check on them a couple times each evening.

A staff member said, "All the staff are lovely, they are warm and welcoming. They look after all the residents as if they were their own family. This is where I want my own Nan to be. They are professional though, of course".

We observed people being listened to and talked to in a respectful way by the manager and the staff members on duty. People were seen to ask questions and we saw that there were good interactions between them and the staff.

We observed that confidential information was kept securely in the manager's office and we observed the staff ensured the privacy and dignity of the people who used the service An example was that we noted that before staff entered people's rooms they knocked and obtained permission before doing so.

There was one person on end of life care in the home at the time of our inspection. The manager knew about and was able to tell us about the 'six steps' programme of end of life care, but as Woodlands was a residential home this person was being cared for by the district nursing team, the palliative care team and the local GP practice. Staff members had recently received training run by a well-known charity on advanced care planning and the registered manager told us they had benefited from this.

Is the service responsive?

Our findings

One person told us, "[The registered manager] really does take time bringing people here. She does it gently and slowly and gets to know everybody as individuals. Its person centred; wonderful".

We found that some of the care plans were written in a person centred way but they were arranged in such a way that they were difficult to find in the file. The paper records were also shabby and filed in such a way as to be difficult to access and follow. Some of the records appeared to have missing information and reviews of the care plans were inconsistent and did not make any reference to the effectiveness of the planned care or the inclusion of people and their relatives in the creation and review of their care plan. This meant that agency staff or new staff unfamiliar with people in the home would not be able to readily gain the information needed to support people appropriately.

The registered manager told us that they wrote the initial care plan after completing a pre-admission information sheet. They said, "I do a basic care plan and then enlarge it as I get to know them. We write it with them and with healthcare professionals and relatives".

The daily reports were written on ordinary lined paper taken from a pad and these were sometimes difficult to follow because some of these were not stored in date order within the plastic wallets.

We discussed the issues that we found with care records with the registered manager who assured us that the home was in the process of upgrading the records.

We saw that staff treated and supported the people who lived at Woodlands as individuals and it was obvious that they knew the people, their support needs and preferences. Visitors who came into the home told us that people were treated with knowledge and interest. One person told us, "[Name] really helps me with my very personal beauty care. I don't think you get that most places". A staff member told us, We have a good relationship with the service users. We know them inside out. We are good at person centred care and make sure they get the care they need".

A visitor said, "When [Name] arrived here I told them all about him, his dislikes and likes. They took a lot of notice of it and I can see that he's happy and content. He is well in himself".

Most of the people we spoke with told us that they were given a choice of how they want to spend their day. One person chose to spend their time in their own room and said, "I don't depend on anyone. I look after myself. I like doing bits. I don't want to do any activities. Sometimes I have visitors. If I wanted to have them they could visit any time".

We spoke with the activities coordinator who was on duty at the time of our inspection. They told us they tried to offer a variety of activities to suit everybody. The activities at the time of our inspection included exercises, baking, and reminiscence. One person told us that sometimes a group of people went out to the local pub. They told us that they really enjoyed this.

There was a small area on the top floor which had a computer which had a touch screen. This was used for staff training but it was also used by people living with dementia as a visual stimulation tool.

We spoke with one person who told us that, "There are a lot of things going on. I just decorated a cake".

The home had a complaints policy and procedures and we saw that any issues raised had been acted upon appropriately. The deputy manager told us, "We have an open door policy with visitors we have a chat and laugh. Relatives are also able to talk to us whenever they want. We give them a handover when they can and keep them informed. That's how you keep complaints to a one relative minimum. Good communication is so important". However, a relative told us, "When you have a problem, you are told that the manager will look into it, get back to you. This never happens".

People told us that they were able to see a doctor of their choice and that they were able to see other healthcare professionals such as opticians and dentists. They told us that the home and the staff arranged appointments for them and made sure that they got to the appointments on time. One person told us that they had just seen at their optician who had visited the home.

Is the service well-led?

Our findings

One person said, "It's a great home. You couldn't get better care anywhere else".

The home required registered manager and we noted that one had been in post for some time.

The registered manager, the provider and the staff had a clear understanding of the culture of the home and were able to show us how they worked in partnership with other professionals and family members to make sure people received the support they needed. We spent time talking to the registered manager and they told us how committed they were to providing a quality service.

During the course of our inspection the provider was also present and involved in many aspects of the inspection. It was also clear that they were well-known in the home as frequent visitors and that the people who lived there were on familiar terms with them and we saw that there was a mutual respect for each other. Staff told us the registered manager and the providers were easy to talk with and open and transparent. They told us they had a good relationship with them.

A staff member said, "The owners are very hands-on. If we ask for something he gets it".

The registered manager had submitted the required statutory notifications to the Care Quality Commission and met the registration requirements. They had also made appropriate referrals to either the local social services or local healthcare providers, as necessary.

We saw that the home had various policies and procedures related to its running, staff and its practices. The service had systems and process's to make sure it operated safely, to ensure compliance with the legal requirements. The provider and the registered manager completed many of these checks and the home had its own maintenance person. These checks included the fire system, maintenance and a building overview, window restrictors, evacuation strategy and the various equipment used in the home. We saw certificates to say that gas and electrical installations and portable appliances checked.

The registered manager and provider completed audits regularly on such things as medication training, risk assessments and staff records. We noted there was a quality assurance review meeting in June 2015 where redecorating, medication training, staffing problems and recent administration errors were discussed. A staff member told us, "We are always trying to improve the way we work".

We saw that there were regular staff and residents and relatives meetings and survey questionnaires and that notes been taken about conversations and discussions in the meetings. One relative had commented in a questionnaire that they had completed, 'Any requests are dealt with normally'. One person told us, "We can make comments at any time and the staff and management take notice. We have the confidence to say what we want". A visitor told us, "The managers are accessible, open and transparent".

The deputy manager was also present during our inspection and we were told that they often worked on a Saturday. One person told us, "[Name] puts her heart and soul into it; she make sure you're okay and

notices if you're not, right away".