

Carisbrooke Healthcare Ltd

The Woodlands Care Home

Inspection report

Woodlands Way
Spion Kop
Warsop
Mansfield
Nottinghamshire, NG20 0FN
Tel: 01623 845258
Website: www.woodlandsatspionkop.com

Date of inspection visit: 25 and 26 June 2015
Date of publication: 11/09/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected the service on 25 and 26 June 2015. This was the first inspection since the service registered with us and opened in February 2015, and it was unannounced.

Woodlands is a brand new purpose built care home which has been designed to accommodate older people. The service has a large car park and enclosed garden around the back of the building and is based in a small housing estate near Mansfield.

The service can take up to 40 people however it is building up numbers slowly as it is a new service. When we visited there were 21 people living there including two people for a short term break. There are two floors, the second floor is designed to meet the needs of people living with dementia and there were 8 people based there at the time of the inspection. The service has several areas for people to use including a cinema room and sensory room. The entrance and building are accessible for people who use wheelchairs.

Summary of findings

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 2008 and associated Regulations about how the service is run.

People's care was provided in a safe manner and staff knew how to report and raise concerns if someone was at risk of harm. Systems had not always been followed to report incidents to other authorities as required.

People were not always supported to make decisions or have these made for them in their best interests by following the Mental Capacity Act 2005 (MCA.)

Adjustments had been made to staffing arrangements to provide better support to people at busier times of the day. People enjoyed a varied and healthy diet which maintained their health and wellbeing.

People received care from staff that were kind and compassionate and understood their individual needs. Relatives and visitors were actively encouraged to be involved in people's every day care and routines. People were encouraged to be involved in activities.

People viewed the manager as approachable and they were implementing ways to involve people in running the service and seeking their views.

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 could be confident staff would put take action to promote their safety.

Staffing arrangements were varied to provide people with support when they needed this.

People's medicines were managed safely.

Good



Is the service effective?

The service was not always effective.

People were not always supported to make decisions following the requirements of the MCA.

People were encouraged to make choices about what they preferred to do.

People were supported by staff who were trained to carry out their roles and responsibilities.

People enjoyed nutritious and plentiful food to maintain good health.

Requires Improvement



Is the service caring?

The service was caring.

People were treated kindly and patiently.

People were supported by staff who knew them well.

Relatives were encouraged to spend time with people when they wanted.

People's privacy and dignity were supported in a sensitive manner.

Good



Is the service responsive?

The service was responsive.

Staff knew how to respond to people's needs.

People were supported to take part in activities that they enjoyed.

People's complaints were taken seriously and changes made to resolve any issues.

Good



Is the service well-led?

The service was well led.

The management team were approachable and sought the views of people who used the service, their relatives and staff.

Good



Summary of findings

<p>The service had systems in place to review the service and had identified actions to bring about improvements.</p>	
---	--

The Woodlands Care Home

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.

We carried out an unannounced inspection on 25 and 26 June 2015. This was the first inspection of the service since it was registered in February 2015. The inspection team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received by other organisations, such as local authority commissioners and statutory notifications. A notification is information sent to use by the provider about important events which the provider is required to send to us by law. We also used

the Provider Information Return (PIR). The PIR is a form which the provider is requested to send to us with information about the service, including what they are doing well and what they plan to do to make improvements.

During the visit we spoke with nine people who used the service, four relatives, a community nurse visiting the service and an external training professional. We spoke with the manager, three senior staff members, four care staff, a house keeper, an activity co-ordinator and another care home manager visiting the service.

We observed care and support that was provided in the communal areas including lunch time on both floors and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of five people who live in the service, The medicines records for four people, staff handover notes, staff training, audits completed by the manager and other records relating to the running of the service.

Is the service safe?

Our findings

People and relatives we spoke to told us they were confident that people were safely looked after. One person said “I am safe here.” A member of staff told us, “We know how to look after people to keep them safe.” They told us about training they had received and that if they thought someone was at risk of harm they would report this to the manager. Records showed staff had been provided with training on how to safeguard people, and information was displayed that showed who to contact in the event of any concerns.

There had been occasions where the provider had not followed their system to report any incident of abuse or harm to people who used the service to the local authority or ourselves, the Care Quality Commission (CQC.). We discussed this with the manager who told us they had now taken the action needed to rectify this and any incidents of harm or abuse were now reported. We saw evidence which showed where there had been a recent incident the manager had dealt with this by putting into place actions to ensure the person was safe.

A relative of one person said their relative was safe in the service. They told us that equipment to keep the person safe at night was checked to make sure the person still needed the equipment and their needs were re-assessed. Staff told us about people’s needs and how best to keep them safe but allow as much independence as possible. For example they told us about one person who needed help at night and showed us a sensor mat next to the bed which alerted night staff so they could offer help when needed. We saw the care plan for the same person explained that the sensor mat was in place and staff should support the person at night to keep them safe.

People could have a delay in receiving the support they needed at busier times, but changes had been made to the staffing arrangements to improve this. One person said there were, “Not enough staff at night time, but days seem to be okay.” Two people said they had to wait sometimes at meal times when staff were busy and a relative told us “[The service] could do with extra staff, at times they seem a little rushed.” We saw that most people who needed support with their meals had help from staff when they needed it. However we observed two people living on the second floor had to wait until staff had finished assisting other people before they were given the help they required.

One relative told us that there was always a staff member in the communal areas so people were not left on their own. Staff said they thought they had enough staff to keep people safe, but it could be difficult during busy periods. The manager told us new staff had been appointed recently to make sure that there was enough cover at busy times of the day. We saw that staff rotas had been changed recently so staff could be used more flexibly to ensure there were sufficient staff at all times of the day taking into account busy times.

We saw people received care and support at other times during the day when they needed it, for example when buzzers were pressed and when people requested assistance with personal care.

People told us that they were given their medicines when they should have them and had no concerns. One relative told us how helpful the staff were and made sure their relation got their medicines on time and other relatives confirmed this. The manager told us that there had been some mistakes with recording and they had identified some improvements needed in this area. The provider had sent us information about some errors with recording medicines, and an action plan had been prepared so these were not repeated in the future.

When we visited we checked the records and saw that improvements had been made, for instance staff had recorded correctly when people received their medicines. We checked the way that medicines were stored and saw that there were gaps in the records completed to show that medicines were stored at the right temperature. We spoke to the manager who raised the issue with the staff member concerned immediately and we saw changes made to the recording system to prevent this happening again. The manager told us that the way medicines were being stored and given was being improved further and we saw that a different system was being introduced to reduce the risk of errors and to ensure people’s medicines were given safely.

Medicines were secured safely. One person told us staff checked to make sure they had taken their medicines when they brought them round and they were locked away in another part of the building. We checked and saw that medicines were stored in a locked room and in locked cupboards on both floors of the building. Staff told us that medicines were only accessed by staff who were competent to support people with their medicines.

Is the service safe?

We saw that four staff were trained and assessed as competent to give medicines, and that a small number of additional staff were being trained to ensure there were enough staff to support people with their medicines at all times. We observed staff giving medicines during our visit

and saw that these were given safely, staff checked that people had taken their medicines properly and made a record at the time. People were assessed if they wished to take their medicines independently and there were lockable cupboards in bedrooms if they wished to do so.

Is the service effective?

Our findings

People who had difficulty in making decisions were not always assessed to check if they were able to give their consent to receive care in line with requirements of the Mental Capacity Act 2005 (MCA).

Not all staff were aware of the MCA although they told us how important it was to support people who had difficulty in making decisions about aspects of their care. We checked people's care plans and saw that some assessments had not been completed following the requirements of the MCA legislation. For instance people who were living with dementia had not been assessed to determine how their medicines should be given in the least restrictive way or how best to support the person's mobility when using equipment such as wheelchairs.

We discussed this with the manager who told us that this gap had been identified and we saw that where people required an assessment of their capacity to make a decision, updates had been planned. One of the senior staff members told us that they had experience of completing mental capacity assessments and this was one of the areas they were working on with the manager. Staff training had also been planned to make sure that people were being cared for in line with the legal requirements of the MCA.

We saw other people's assessments that were completed showed they had been consulted, for instance family members and other professionals to ensure that the decision was made in the best interests of the person.

The provider was working hard to ensure that people who required a Deprivation of Liberty Safeguards (DoLS) application were identified and applications made. Professionals need to ensure that the DoLS is in the best interests of the person and is the least restriction option to provide that person's care. The manager and some senior staff told us about three people who had a DoLS and we saw that these were in place. The manager was reviewing other people who may require a DoLS and we saw that advice had been sought and acted upon from the DoLS team.

People told us they were asked how they preferred to be supported in the mornings and how they would like to spend their days and given choices about what they liked

to do. One person said, "I can choose what I want to do, go where I want, go to bed when I am ready." We saw people were asked for their consent during the time we visited, for instance where they wanted to sit and other daily matters.

One person told us, "Staff mostly know what they're doing." This person told us they felt that staff knew how to support people even when their needs were complex. A relative said, "Staff are fantastic and well trained."

All staff we spoke to told us they had attended induction training, and we saw newly appointed staff attend training when we visited. The training included fire procedures, food safety, moving and positioning and safeguarding. New care staff were also completing the Care Certificate which is a recommended induction for care staff when starting work in a care home. Some staff had previous experience in the care sector but explained they still had to attend initial training. The manager told us about other ongoing and planned training to ensure that care was effective.

Staff told us they felt well supported by the manager and had clear guidance about their role. They told us that they were regularly observed by the manager and supervision was used to check their practice so that people were cared for in the right way.

People who used the service and their relatives told us they thought the food was good. One person said, "The food's good, it's excellent." Another person told us, "It's absolutely fabulous. The food is wonderful."

We saw food being served on both floors of the service and it was hot, freshly prepared from the main kitchen and looked appetising. Staff knew which foods people liked and didn't like and what portion sizes they preferred. There were jugs of juice on the tables and people were encouraged to drink. The daily menu was posted on a board in the dining room, although there was no picture menu which would have been helpful for some people. There was a choice which residents were asked about the day before.

People who had been assessed as requiring special diets were given the right sort of food that was prepared in the right way, for instance soft and diabetic foods. We saw a staff member explaining the ingredients of part of a meal so the person knew what was suitable for them to eat. Staff who prepared people's meals knew people's dietary needs well and the information was displayed in the kitchen for staff to refer to.

Is the service effective?

We observed staff supporting people to eat enough, for instance one person was reluctant to come to the dining table as they said they were not hungry. The care staff responded cheerfully and ensured they had the meal provided in the communal room where the person ate and enjoyed the meal.

People's health needs were being met. We received information from other organisations and from the provider before we visited and saw that there had been some inconsistencies in people's health care when the service first opened but we saw improvements had been made.

One person told us they saw the doctor when they needed to. A relative told us when a nurse was needed they were called for straightaway and they were confident that staff knew when to seek help. One staff member told us, "I think

we get on ok with other professionals, like the nurses. We all do our best." We saw health professionals visiting the service to attend to people during our inspection. For example we saw one person who appeared unwell so the carer checked the person and we saw the GP visiting the person shortly afterwards.

One health professional we spoke to said that people were referred to them in a timely way and advice was always acted upon by staff. We checked care plans and saw that people were referred to the doctor, chiropodists, mental health specialists and other external professionals and appointments were made and kept. When equipment had been recommended, for instance a special mattress for a person who was at risk of pressure ulcers we saw this was being used.

Is the service caring?

Our findings

People were supported kindly and patiently. People told us they liked living in the service. One person said, "It's very nice, I like the people who work here," and another said, "They are very kind." A relative said, "It's all about care," and told us they were really pleased their relative was living there.

We saw that staff treated people with warmth and compassion throughout our visit and there was good natured banter between people and staff. We saw staff respond patiently to people who were upset, and found it difficult to express their feelings. For instance one person was comforted by a staff member who took their hand and spent time reassuring them and told the person, "You're doing ever so well today." Another member of staff told us about a special object that was important to another person and we saw that person being supported to make sure they had hold of it when they moved to another part of the room.

We saw people sat at small tables or chose to eat their meals in the sitting area and there was a good atmosphere with some conversation between residents and staff.

The manager told us that staff were supported to, "see the person first" which was essential when providing care to people living with dementia and we saw staff were working hard to use this approach. One member of staff and an external professional told us they thought staff would benefit from some specialist training as the service supports people living with dementia. The manager had identified this as one of the areas staff needed increased knowledge and an external training provider told us that some specific training had been planned.

One relative told us that staff knew their relative very well, "They know everything about [the person] and their

history". The manager told us that staff knew people well and they were improving the information about people's histories, interests and preferences to ensure that people's individual needs were met.

A relative said that staff had been really kind and their relative had been "well looked after" following a period of ill health. Another relative said, "They know everything about [the person] and their history." Some staff were new but told us that other staff were really good at passing on information and they used the care plans to get to know each person.

People who had requested to bring in small pets were encouraged to bring them into the home and we saw that this happened. Other small animals were kept in the garden so people could spend time with them outside and they were brought in for people to "pet" on a regular basis. People told us they enjoyed helping to look after and spending time with the pets as it made them feel good too.

People's dignity and privacy was respected. One person told us they preferred to deal with some of their personal care privately, but they were confident they could ask for help when they needed it. Another person said they liked to get ready in the morning in a certain way and that this was supported by staff to make sure their privacy was respected. Staff told us they had received training about dignity and tried to ensure that people were treated "as people".

Relatives told us they were always welcomed into the service and they were encouraged to spend time with their relative in the service or to take them out to ensure they kept up relationships and social contacts that were important to them. We saw relatives calling in throughout the day and they were made welcome, offered drinks and spent as much time with people as they wanted.

Is the service responsive?

Our findings

People we spoke to weren't aware of the care plans but told us they were asked about themselves when they came to the care home. Two people told us they had come to stay for a while to see if they liked the home and for staff to get to know them. One relative told us they had been involved in discussions about their relative's care plan when they came to live in the service and they were encouraged to tell staff about any new information. Staff said that the manager completed the care plans and they found the information helped them to get to know and support people in the way they preferred.

We saw some care plans included some very detailed personal histories which families had helped with, including photographs and pictures as well as written information. We did note that some risk assessments needed updating in line with people's changing needs. The manager was aware of this and had started work with new senior staff to make improvements. We spoke to staff and they told us they used hand over meetings and a handover book to pass on updates about people.

People told us they enjoyed singing, playing board games and spending time with some of the small pets kept in the home. Staff showed us the cinema and activities room which had a range of games and equipment that were available for people to use. We spoke to a staff member with special responsibility for activities and saw them spending time with one person using pictures and information about the person's past occupations to talk about important memories and events in that person's life.

We saw some individual and small group activities being enjoyed with people on the second floor. The communal areas and people's rooms had been designed and decorated to support people living with dementia. For instance there were pictures and memorabilia that were used throughout the home.

Feedback about activities was encouraged by the manager. We saw the minutes of a meeting where people had told staff which parts of a recent event they had particularly enjoyed and said they would like more activities. One person told us they would like to take up a hobby they had previously enjoyed. The manager told us there had been staff appointed to spend more time with people to do activities to increase people's opportunities to follow their hobbies and interests.

People were confident that when they had a problem they could raise it with staff and they would try to sort it out for them. One person told us, "Anything you request you get good service." and a relative said, "If you mention anything it will be done." Another person told us about an issue they had told the manager about and we saw that this was being resolved. The manager had taken the issue seriously and taken steps to solve the problem for the person concerned and to prevent it happening again.

Staff knew there was a complaints procedure and we saw that both complaints and compliments about the service had been recorded and were being used to make improvements to the service.

Is the service well-led?

Our findings

Ways to obtain feedback from people who used the service had recently been implemented. The manager had recently introduced meetings for people and their relatives so that they could be involved in the development of the service by bringing ideas and any concerns they had. We saw that the first meeting had looked at areas such as activities and that changes had been made in response to people's views.

People were confident that the manager would sort out any concerns and that the home was well run. One person told us they came to stay for regular breaks and said this was, "The only place I will come." People knew who the manager was and during our visits we saw people appeared comfortable and at ease, and chatting with the manager. Complaints were logged and responded to in a timely way and used to identify gaps in the service and areas where it could be improved.

One relative said the manager is, "Very hands on." Relatives we spoke to knew who the manager was and told us when they raised any issues or passed on information about their relative this was acted upon.

One member of staff said the manager was, "Very approachable," and another said they were "Always there

for you." Other staff spoke highly of the support and guidance they received in their work. Another staff member told us, "We work as a team; we get on with each other." Staff told us although there had been a lot of new staff this was better for the service. One said, "It's about getting the right staff." Staff we spoke to were enthusiastic about their role and told us they were confident to express their views to the manager. The manager told us it was important to get feedback and involvement from staff. We saw that there had been one staff meeting and more were planned.

We saw staff working together as a team, talking and passing on information to one another throughout the day and staff had handover meetings to share information so that people's current needs were known.

The provider was working hard to improve care provision and had identified a number of shortfalls since the opening of the service. Audits were carried out by the manager to check the quality of the service for instance way care records were completed and updated. The provider also used recommendations from external organisations, such as the local authority who had looked at various aspects of the service. We saw that shortfalls had been identified and that changes had begun but were not all in place yet.