SCL Care Limited

Woodlands Gate Rest Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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:
Woodlands Gate is a care home that provides personal care for older people, some of whom are living with dementia. At the time of the inspection, 17 people lived at the service. The home is established over two floors, with a range of communal areas included three lounges, a dining room and a large garden.

People's experience of using this service:
People told us they were safe, felt happy with the service and that staff were caring and responsive. Staff enjoyed working with people and relatives recognised that staff and managers often went 'the extra mile' to make sure people received the support they needed.

There were sufficient staff on duty on the day of the inspection to keep people safe and meet people's needs. People told us they sometimes had to wait for their care if the home was not fully staffed on a particular day. Staff were checked to make sure they were suitable to work in the home and were well trained for their work.

Medicines were well managed although records did not always show whether people had received their medication or not. Audits and checks were effective in highlighting areas for improvement and action was taken when errors had been found.

People enjoyed the food and had access to regular drinks and snacks throughout the day. Staff ensured people's health was monitored and referrals were made to healthcare professionals as and when required.

The service was working within the principles of the Mental Capacity Act 2005 and people's consent was obtained before care and support was given. People were supported in the least restrictive way possible so that they had maximum control over their lives.

People were consistently treated with respect and patience and were able to make choices about how they wanted to be supported and how they wanted to spend their day. People were also supported to maintain their independence wherever possible.

People and their relatives knew how to complain and were asked to give feedback on the service on a regular basis. Staff ensured there were regular activities on offer for people to take part in if they so wished and relatives were made to feel welcome in the home.

People, staff and relatives were happy with the way the service was being led and managed and we saw that managers were visible in the home and approachable. There was a culture of delivering good quality care which was person-centred and reflected people's needs.

More information is in the detailed findings below.

Rating at last inspection: Good (report published 21 September 2016).

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

Enforcement:
No enforcement action was required.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 not consistently safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our Well-Led findings below.	**Good**

Woodlands Gate Rest Home

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team:
The inspection team consisted of one inspector.

Service and service type:
Woodlands Gate is a care home. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. However, the operations manager was in the process of applying to be registered and there was also a care manager in post.

Notice of inspection:
This inspection was unannounced.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the Provider Information Return (PIR) had submitted. Providers are required to send us a PIR at least once annually to give some key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with four people and four relatives to ask about their experience of the care provided. We also spoke with four members of care staff, the cook, the care manager and the regional

manager.

We reviewed a range of records. This included two people's care records and medicine records. We also looked at two staff files around staff recruitment. We also reviewed records relating to the management of the home including checks and audits.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● People did not always receive their medicines as prescribed. For example, one person had missed two doses of medication in the two days leading up to the inspection. We spoke to staff about this and they told us that the person may not have required this medication on these days and therefore records should have reflected this. No harm had occurred as a result of these missed doses.

● Some people required medication 'as and when' required and we observed staff offering these to people. If people could not consent or understand, there were clear protocols in place for staff to use when deciding if medicines should be given.

● Medicines were stored and disposed of correctly and staff received training in how to give medicines safely.

Staffing and recruitment

● People and relatives had mixed views on staffing levels. There were usually four staff on each shift during the day and there was agreement that this was about right. People told us that there were occasions where there was only three staff. When this happened, people still felt safe but told us they had to wait longer for their care and support. One person said, "It makes a huge difference to me when there are three staff on. I have to wait longer for care because I need two people to help me".

● We spoke to the regional manager about this and saw that they were using a dependency tool which was reviewed when someone new was admitted to the home. This indicated there were sufficient staff to meet people's needs. Staff told us they were happy when four staff were on duty. One member of staff said, "The staffing levels are about right – we do have time to speak to people and do things."

● We looked at staff rotas for the last two months and saw that there were not four staff on duty at least twice a week. We spoke to the regional manager about this and they told us staff absence and sickness was covered wherever possible and the provider was actively recruiting for bank staff who could cover shifts at short notice. Rotas also showed there were always two staff working at nights. Some people required support at night but told us staff responded promptly when they pressed their call bells.

● Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from risk of abuse

● People and their relatives told us that staff kept people safe in the home. One relative told us, "I know [person's name] is safe here and I can trust the staff."

● The provider had effective safeguarding systems in place. Staff had received training in how to recognise abuse to protect people from harm and were able to tell us who they would report concerns to.

Assessing risk, safety monitoring and management

● Risk assessments were in place to reduce the risks to people and staff understood how to reduce these risks. For example, some people had sensor mats in their bedrooms to monitor their movement at night if they were at risk from falls.
● We saw that people had access to mobility aids and a lift to help them move safely around the home and we observed staff moving people safely in line with their care and support plans.
● Records showed that checks were carried out on the building to ensure people were kept safe. These included checks on fire safety and moving and handling equipment and we saw the environment was free from clutter to reduce the risk of trips and falls.

Learning lessons when things go wrong
● Incidents and accidents were investigated and actions were taken to reduce the risk of re-occurrence. For example, the care manager had recently increased the number of times night staff checked in on some people in the home who had had recent falls.

Preventing and controlling infection
● The home was clean and staff used personal protective equipment to reduce the risk of infection.
● We saw that the home had recently improved hygiene standards in the kitchen and had been awarded a five star food hygiene rating.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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
- People's needs were assessed prior to admission and were reviewed every month. One relative told us, "The staff came to do an assessment at home before [person's name] arrived at the home."
- Records showed that the management team made referrals to healthcare professionals appropriately in order to deliver care in line with best practice guidelines.

Staff support; induction skills, knowledge and experience
- People were supported by staff who had received appropriate training to enable them to deliver effective care. One member of staff said, "We have all done dementia training now because we are caring for more and more people with dementia." The regional manager had a system in place to monitor and ensure that staff training was up to date, and refresher training was completed.
- New staff completed an induction and mandatory training when they first started work in the home. One member of staff told us, "I was teamed up with a senior for the first few shifts so I got the gist before I was put on the rota."
- Staff received face to face training which was supported by regular 1:1 supervision with the care manager.

Supporting people to eat and drink enough to maintain a balanced diet
- People told us they enjoyed the food and that they were given a choice at meal times. We saw that the cook had prepared a specific lunch for two people who had made a special request. Drinks and snacks were also provided throughout the day. One relative told us, "The food seems to be fine here. My Mum hasn't lost weight and they bring lots of drinks round".
- We saw that staff took care to create an enjoyable and relaxed dining experience. People were assisted when required at mealtimes and people were supported to eat in the lounge or in their rooms if they wished to do so.
- Records showed that people's food and fluid intake was recorded and monitored if people were at risk from weight loss.

Adapting service, design, decoration to meet people's needs
- Communal areas were spacious and well laid out and people could choose to spend time in their rooms or in communal areas. There were three separate lounges which enabled people to have some privacy when family and friends visited. Bedrooms were personalised and people were able to have their personal belongings with them.
- There was a tidy and private accessible garden with ramps and handrails for people to enjoy in warmer weather and a lift to help people move safely around the home.

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

● People had access to visits from external healthcare professionals such as GPs, community nurses and chiropodists. Records showed that people were referred to specialist teams when required.

● Staff were vigilant and monitored people's health closely, such as checking people's weight and skin when required. One person told us, "They [the staff] do check my blood pressure when they are supposed to."

● There were effective systems in place to ensure staff knew about changes to people's care and support. These included handover meetings and communication books.

Ensuring consent to care and treatment in line with law and guidance

● The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. For example, sensor mats had been fitted in some bedrooms to monitor people's movement when they were at risk of falls. This was seen to be less restrictive than having bed rails. Records of best interests discussions were not always kept and the care manager assured us this would happen in the future.

● We saw that where people had capacity, they were supported to make decisions and choices. For example, one person had expressed a wish not to be resuscitated and this decision had been recorded and signed by the person and their family.

● Mental Capacity assessments had been completed appropriately and DoLS applications had been made when people did not have the capacity to consent to receiving care and treatment.

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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.

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

- People and their relatives were positive about the staff's caring attitude. One person said, "The staff are very helpful and cheerful." We saw one member of domestic staff notice that one person's shoe had come off and they put it back on for them quickly.
- We observed staff supporting people with dignity and patience. A relative told us, "The staff are very patient with my Dad. He has settled very well here and he thinks his room is his flat". Another person did not want to go into the dining room for their lunch so staff left them a while and tried again later.
- Staff enjoyed working in the home and were motivated to provide high-quality care. For example, one member of staff said, "I like working here. It's quite small so you get to know the people really well. It's like an extended family".
- Staff were aware of the individual wishes of people living at the home that related to their culture and faith. Care files contained information about people's personal histories, people's preferences and interests so staff could consider people's individual needs when delivering their care. For example, we saw that people received visits from local churches in line with their religion. Staff respected people's individuality and diversity and understood how people's past experiences could affect their responses now.

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

- People were asked to make choices about everyday life in the home such as what they wanted to wear and where they wanted to sit. One person told us, "The staff are very respectful and always give me a choice of everything."
- Staff knew how people preferred to communicate, even when people had no verbal communication. One member of staff explained how one person made her choice around medicines. They said, "[Person's name] will point and grind her teeth when she is in pain so we can give her some pain killers." Another member of staff told us how important it was to speak slowly and clearly to one person living with dementia so that they could make a choice.

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected and promoted. Staff supported to people to do things for themselves where possible. For example, some people were getting around the home independently using walking frames.
- People's dignity and privacy was respected. For example, we saw that staff always knocked on their bedroom doors before entering.
- People were supported to maintain and develop relationships with those close to them. There were a number of visitors during the inspection and we saw one family having tea together in one of the lounges that had been set aside for their visit.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

● Peoples' needs had been assessed and care and support was provided in line with these assessments and peoples' preferences. Care plans were personalised and contained good detail about how people wanted to be supported. For example, the cook told us that they had been to see a new resident that morning to see what food they liked.

● Care plans were reviewed and amended when peoples' needs changed. One relative said, "The staff are lovely and friendly and always responsive."

● Staff were knowledgeable about people and their needs and how individuals preferred to communicate. For example, people's communication needs were identified, recorded and highlighted in care plans. We also saw that information, such as planned activities, was displayed in an accessible format to help people know what was happening.

● There were activities organised on the day of inspection that people enjoyed and we saw that people had a choice of whether to join in. There were plans in place to invite families and friends to a Mother's Day party and we saw that a number of people visited the home regularly to deliver specific activities.

● Relatives told us they were kept informed of any changes to people's support or health needs. One relative told us, "I can visit anytime and I am always made to feel welcome. The staff always keep me informed".

Improving care quality in response to complaints or concerns

● People and relatives we spoke with knew how to complain and felt confident that any concerns would be dealt with quickly. There was a complaints policy available in the home for people and their relatives to use. One relative said, "I have never had to complain about anything but I would know who to speak to. The manager's door is always open".

● The provider had received no formal complaints in the previous 12 months

End of life care and support

● Care plans contained information in relation to people's individual wishes regarding end of life care, including religious preferences and who they wanted to arrange their funeral. Families had been involved in making these choices where people did not have capacity.

● One person was receiving end of life care at the time of our visit. We saw that the home were working with external professionals and had plans in place to ensure this person could be supported in a dignified and pain-free way.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had notified us of various incidents and events as they are required to do.
- A range of checks and audits were carried out to monitor the performance of the service and staff. These included checks on falls, medication, health and safety and care plans.
- We saw that action was taken as a result of these audits; for example, medication audits had highlighted some recording errors which had then been corrected.
- We saw that the provider took an active interest in the running of the home and completed a monthly audit of the service. Improvements were being made to bathrooms and shower rooms and new equipment had been purchased for the kitchen as a result of these visits.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The regional manager and care manager led by example and had created a culture where there was a focus on people's needs and a commitment to provide high-quality care. Staff and relatives spoke positively about the management team. Comments included "We can call the managers any time – I have done this before and the phone is always answered" and "Managers are very supportive and encouraging".
- Records showed that relatives were promptly informed if anyone had a fall or accident in the home. Managers were open and transparent during the inspection and demonstrated a willingness to listen and improve.

Continuous learning and improving care

- There were systems in place for staff to discuss standards and quality of care and identify areas for improvement. Staff told us that the care manager would challenge staff and address areas of underperformance. We saw this reflected in supervision records.
- One member of staff told us, "This home is run for the residents and not for how the staff want it."
- Management meetings were held every quarter and actions agreed were implemented to improve the service. For example, a more modern nurse call system had been purchased which meant staff had to physically respond to calls in people's rooms.

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

- The regional manager and the care manager were visible throughout the day and took time to speak to people, their relatives and the staff team.