

Woodleigh Rest Home Limited

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Inspection report

Brewery Lane
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Woodleigh Rest Home is a care home which provides accommodation and personal care and support for up to 33 older people, people living with dementia and people with physical disabilities. At the time of the inspection there were 22 people using the service.

People's experience of using this service:

Improvements to people's hydration needs have been made since our last inspection in April 2018 and the service met the characteristics of good in most areas; more information is in the full report.

Staff were kind and caring and there were sufficient numbers to keep people safe and to meet their care needs.

People were supported by staff who were motivated, enjoyed their job and felt well supported through supervision and training.

The atmosphere in the home was warm and friendly, with lots of laughter between staff and people using the service.

Care plans were up to date and detailed what care and support people wanted and needed.

Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified.

People felt safe at the home and appropriate referrals were being made to the safeguarding team when necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Medicines were being administered safely and people's health and dietary needs were met.

Activities were arranged to keep people occupied.

The home was clean and tidy.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

The manager provided staff with leadership and was approachable. Audits and checks continued to be used

to drive improvements to the service people received.

People's feedback was used to make changes to the service, for example, to the menus and activities.

We have made a recommendation about improving the response time to making essential repairs.

Rating at last inspection: Requires improvement (report published 24 May 2018). The overall rating has improved to good following this inspection

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

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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Woodleigh Rest Home Limited

Detailed findings

Background to this inspection

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

Inspection team:

One inspector, one assistant inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case their experience was with care of older people and people living with dementia.

Service and service type:

Woodleigh Rest Home is a care home which provides personal care and support to older people, people living with dementia and people with physical disabilities. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the final stages of being registered with the Care Quality Commission. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in April 2018. This included details about incidents the provider must notify us about. We assessed the information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with seven people who were using the service, eight relatives, five care workers, the cook, two housekeepers, one district nurse, the manager and the provider.

We looked around all the home and reviewed a range of records. These included three people's care records, medication records and risk assessments. We also looked at two recruitment files, staff training records and records relating to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. Their comments included, "I'm happy with regards to safety. I've no concerns." "It's very safe, definitely. [Name] wasn't at all safe at home."
- The manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.
- The manager held money on behalf of some people for safekeeping. Checks were in place to make sure people were protected from any financial abuse.

Assessing risk, safety monitoring and management

- Regular safety checks took place to help ensure the premises and equipment were safe.
- Risks to people's safety were assessed and plans put in place to try and keep people as safe as possible.

Staffing and recruitment

- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- The service was adequately staffed which meant staff provided a person-centered approach to care delivery. A relative said, "There seem to be enough staff, [Name] is always seen to when needed."
- People were supported by a consistent team of staff.
- The provider and manager kept staffing levels under review to ensure there were enough staff on duty to meet people's needs and keep them safe.

Using medicines safely

- People using the service were supported to take their medicines by staff who had been trained to do this safely.
- Staff were knowledgeable about what medicines people had been prescribed and what they were for.
- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- Staff completed training in infection control. Gloves and aprons were available and waste was disposed of correctly.
- The home was clean, tidy and odour free.
- The service had been given five stars for food safety in January 2018, which is the highest award which can be given.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which helped to prevent a reoccurrence.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- When we inspected in April 2018 we found people's hydration needs were not always being met. On this inspection we found improvements had been made.
- People told us meals at the home were good with plenty of choice and variety. One person said, "You can't fault the food, there's nothing wrong with the meals here."
- Plenty of drinks were on offer and people who stayed in their bedrooms had jugs of water or juice.
- People's dietary needs and preferences were documented in their care plans.
- If people needed a special diet or modified diet this was provided.
- The meal time experience for people was a relaxed and social occasion.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure the service could provide appropriate care and support.
- People visited the service and could stay for a meal to help them decide if they wanted to live at Woodleigh.
- People's care and support needs were discussed with them and a care plan put in place.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Staff told us the training on offer was good and relevant to their role.
- Staff were given opportunities to review their individual work and development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.

Staff working with other agencies to provide consistent, effective, timely care

- The manager had developed links with social workers, the community mental health team and health care professionals.
- If people's needs changed the links required to get support from other agencies were in place.
- If someone needed to go to hospital a system was in place to ensure the relevant information would be sent with them.

Adapting service, design, decoration to meet people's needs

- Refurbishment and redecoration was ongoing to ensure people were provided with good quality accommodation.
- Some signage was in place to help people find their way around the home. The manager had plans in

place to improve this further.

- Specialist equipment was available when needed to deliver better care and support.

Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were supported. Records showed people had been seen by a range of healthcare professionals including GPs, district nurses, podiatrist and opticians. A district nurse told us staff were vigilant about people's healthcare needs and were quick to report any concerns.
- One person told us, "When I first came in my back was bad. They said, 'we'll soon get that better' and they did." A relative said, "When [Name] first came here they were going downhill rapidly but they involved the doctor and now they are better than they were five years ago."

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

- The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- The manager ensured when specific conditions had been attached to DoLS authorisations these had been met.
- The manager ensured when someone lacked capacity the best interest process had been followed when a specific decision had needed to be made.
- When representatives did not have the legal authority to make decisions on behalf of their relative, the best interest decision making process had been used.
- Staff spoke with people before any care and support was delivered to get their consent.

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

- Staff in all roles were motivated and offered care and support which was caring, compassionate and kind. People's comments included, "They're so good as a staff. Nothing is too much trouble." "It's my home now is this." A relative told us, "Last week [Name] said 'I'm glad I came here, I'm really happy here.'" "This is the perfect home for [Name]. The staff are wonderful, nothing is too much trouble." "[Name] always says how kind everyone is. It's very friendly and staff are so kind and helpful." A district nurse said, "The staff are lovely, always helpful and ready to assist."
- People were cared for by staff who were upbeat and enjoyed working at Woodleigh.
- Staff received training in equality and diversity and people's individual needs were addressed through the care planning process.
- Staff knew people well and engaged with them at every opportunity.
- Staff were caring and considerate and listened to what people had to say. One person told us, "They've got the patience of Job some of them. I couldn't do it."
- People were content and happy in the company of staff. One relative had posted a comment on social media, "My [relative] unfortunately had to go into a residential home this week as they could no longer manage at home. They are now living at Woodleigh where in 3 days they [staff] have made them smile more than I have managed in months."

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

- Staff supported people to make decisions about their care. People's views had been recorded in their care plans.
- Relatives we spoke with told us they were kept well informed and were involved in discussions about care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff knew people well, their individual likes, dislikes, life history and interests.
- People looked well cared for and staff offered appropriate support to make sure people were well presented.
- Staff supported people in a caring way to promote their independence. One person said, "I like having someone close by when I'm walking, for more security."
- People were supported to maintain relationships with friends and relatives, who were welcome to visit at any time. One relative told us, "They [staff] are always very welcoming."

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 choice and control

- People received personalised care from staff who knew them well.
- People's care needs and preferences were reflected in their care plans. People had been involved in designing their care plans and in the care plan reviews.
- Staff understood people's communication needs. These were identified, assessed and recorded in people's care plans.
- Staff organised activities and entertainment and to keep people occupied. Staff provided activities both on an individual and group basis. People's comments included, "On Thursdays a young woman comes to do exercises with us. It's good and everybody loves her." A district nurse said, "When I come in staff are laughing with people and there are activities going on."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people told us they would feel able to raise any concerns. One relative said, "I would know how to complain but haven't had any concerns at all."
- Complaints and concerns were logged and reviewed to see if there were any emerging patterns or trends.
- Complaints had been responded to and managed appropriately.

End of life care and support

- People had been asked about their end of life care wishes but had not always wished to discuss these. The manager was aware this was an area which needed to be addressed.
- There were lots of 'Thank You' cards relatives had sent complimenting staff on the care they had provided. For example, "Your care was exceptional and it always showed through the love and compassion you gave."

Is the service well-led?

Our findings

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Quality assurance systems were in place whilst these had been effective in identifying issues, the provider had not always taken action in a timely way to rectify issues with the environment. For example, on 5 May 2019 issues with window locks, a cracked glass panel in a door and a broken gas fire had been identified. At the time of the inspection these works remained outstanding. There was no action plan was in place detailing when these works would be completed.

We recommend that systems are improved to ensure essential repairs are completed in a timely fashion.

- There was a manager in post who was in the final stages of being registered with CQC. They provided leadership and support.
- People who used the service, relatives and staff all commented very positively about the manager. Their comments included, "The new manager seems very efficient. They are on the ball." "[Name] is very good and has made improvements."
- There was an open and friendly culture in the home and staff told us the manager was approachable and supportive. Staff told us the service felt like a large family.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.

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

- The service had manager who was supported by a deputy manager and senior care workers.
- The home was well run. The manager and staff were committed to providing good quality, person-centred care.
- Relatives and staff told us they had and would recommend the service. One relative said, "I could live here myself."

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

- People who used the service were involved in day to day decision about what they wanted to eat and what social activities they wanted to take part in.
- Meetings were held to discuss what people wanted from the service and these were responded to.
- Staff meetings were held and staff were also consulted during handovers between shifts.
- The manager made themselves available to people using the service, relatives and staff.

Continuous learning and improving care

- The manager understood their legal requirements. They were open to change and were committed to

providing the best service possible.

Working in partnership with others

- The manager had only been at the service since February 2019 they were planning to attend the relevant meetings held by the local authority and registered managers meetings.
- The manager was also working with relatives and staff to develop links with the local community.