

Woodlands Care (Cheshire) Ltd

Woodlands Care Centre

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 Care Centre is a care home providing personal and nursing care to 23 people aged 65 and over at the time of the inspection. The service can support up to 30 people. Accommodation was provided in a large adapted former private residence.

People's experience of using this service and what we found

People were positive about the support they received at Woodlands Care Centre. A person-centred approach was clearly evident at the home.

People felt safe and safeguarding procedures were in place. Staff knew how to report any concerns. Overall the registered provider had ensured concerns were appropriately reported to the local authority. People received their medicines regularly and systems were in place for the safe management and supply of medicines. New records for topical medicines were implemented during the inspection.

Some new staff had been recruited and generally people were supported by familiar staff. There were enough staff to meet people's needs in an unrushed way and staff had been recruited safely.

Risks to people's health and well-being were assessed and action was taken to manage these as safely as possible. Regular well-being checks for people nursed in bed needed to be recorded more robustly. Overall staff understood and monitored risks relating to people's dietary needs. Records were available for staff to identify where people had any allergies, however one staff member was unaware of this information. The registered provider confirmed they would ensure all staff were reminded and would organise further training.

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

The environment was generally clean and safely maintained. In places the home was tired and worn. The new registered provider had undertaken several environmental improvements and had extensive plans to refurbish and extend the rest of the building.

Improvements had been made to the dining experience and people were positive about the menu choices. Staff understood their roles, were well trained and supervised. They felt supported and were kept up to date through regular training and updates. The home worked closely with external health professionals. This helped achieve good outcomes for people. Staff responded to any changes to people's needs and intervened effectively to prevent further deterioration.

People were supported by staff who were caring. The atmosphere within the home was friendly and

welcoming and staff were considerate towards the people they cared for. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

Staff provided individualised care and people's choices were respected. Care records were person-centred and provided staff with guidance about people's needs, preference and life histories.

Meaningful activities were provided, and the home had links with the community. People felt able to raise any concerns and were given the opportunity to provide feedback about the care they received. Staff were undertaking further training and development around end of life care.

Staff were motivated and positive, they felt able to raise any concerns. The registered provider and their management team were open and approachable. People told us the home had improved since the new provider had been in place. There were effective quality assurance systems in place to monitor the quality of the care. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 October 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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 always 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 Care Centre

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a specialist nurse advisor and an 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.

Service and service type

Woodlands Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider; who is also the registered manager a nurse, care assistants, domestic staff, the administrator, the maintenance person and the chef. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Overall, the registered provider had followed local procedures and reported any safeguarding concerns when identified. However, in one case concerns had been addressed as an internal complaint but had not been reported to the local authority. We discussed this with the registered provider who confirmed this had been an oversight. They had a meeting planned with the local authority around updates to local safeguarding procedures.
- Everyone we spoke with told us they felt safe living at the home. One person commented, 'I have stayed in other care homes, but this is the best'.
- Staff were trained in safeguarding and understood how to recognise signs and report any form of abuse.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risks to people had been assessed and were safely managed.
- Overall staff were knowledgeable about identified risks and knew how to support people safely. Records were available for staff to identify where people had any allergies, however one staff member was unaware of this information. This had not impacted on the person; however all staff should be aware of this information. The registered provider confirmed they would ensure all staff were reminded and would organise further training.
- Risk assessments were in place which linked to people's care plans. Appropriate actions had been taken to reduce risks. For example, where a person had experienced some falls, measures had been put in place to help reduce this risk.
- Records indicated people received regular positional changes to reduce risks associated with pressure ulcers. Where people were nursed in bed, they had access to call bells. However, where they were unable to use the call bell, their care plans did not specify how frequently staff should check on their general well-being. The registered provider took steps to ensure this was included and for staff to record when they had made these checks.
- Regular safety checks had been carried out on the environment and on the equipment. A number of new windows had been fitted and flooring replaced to maintain safety.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

Staffing and recruitment

- There were enough staff to meet the needs of the people living at the home. People said staff came quickly when they called for support. One person said, "They have time to listen and don't rush me. I appreciate everything the staff do."

- Staffing levels were kept under review and staff told us there were usually enough staff to meet people's needs. They told us the management team were very hands on and would help if required.
- The registered provider had used agency staff to cover occasional short falls where necessary. Following a period of recruitment there was now a stable staff team.
- The registered provider ensured safer recruitment procedures were followed, such as obtaining references and criminal records checks.

Using medicines safely

- People's medicines were managed safely. Systems were in place to ensure all medicines were ordered, administered, stored safely and audited regularly.
- Staff were trained to administer medicines and their competency was checked.
- Medicines administration records indicated people received their medicines regularly. However, records in relation to topical medicines such as creams and ointments did not provide staff with clear guidance about where or when to apply creams. The registered provider implemented new documentation by the second day of the inspection.

Preventing and controlling infection

- The registered provider had focused on best practice around infection control and now monitored staff practice.
- Staff had undertaken training in preventing and controlling infection and new stations had been installed to ensure they had access to personal protective equipment (PPE) such as gloves and aprons.
- The home was generally clean; however, we noted a couple of malodorous areas . The new provider had replaced some older carpets and the refurbishment of toilets and bathrooms was planned, new chairs were on order.
- Cleaning schedules were in place, however these had been impacted by recent staff absences. The registered provider was arranging increased domestic support.

Learning lessons when things go wrong

- Accidents and incidents were appropriately reported and recorded. These were reviewed to consider any further action needed to reduce ongoing risks.
- A regular "lessons learn" analysis was carried out to identify whether any themes or trends could be identified, and action taken as necessary.
- Systems were in place to respond to any external safety alerts. For example, a risk assessment had been completed in response to a recent alert.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 and their relatives had been involved in the assessment of their needs prior to moving to the home.
- Staff used nationally recognised assessment tools to assess people's needs in line with guidance and best practice, such as an assessment for the risk of pressure ulcers.
- Care plans had been developed with people and their relatives and contained details of people's diverse needs and preferences.

Staff support: induction, training, skills and experience

- Staff were well trained and knowledgeable about the needs of the people they supported. Everyone we spoke with said staff were good at what they did. A relative commented "We are very happy with (relative's) care, they all know what they are doing."
- Each new member of staff undertook an induction when they started and confirmed to us they received appropriate support.
- Staff undertook ongoing refresher training, they were informed when their training was due.
- Staff were encouraged to continually learn and develop their practice; they were supported through regular supervision meetings, and annual appraisals; as well as staff meetings and other communication to keep their knowledge up to date.

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

- The registered provider had focused on making improvements to the dining experience. Alterations had been made to the kitchen and people were complimentary about the food on offer.
- People were supported to have enough to eat and drink. Drinks and snacks were available throughout the day and people were offered a choice of menu. One person commented, "The chef comes and ask's me what I would like."
- A "fine dining" evening had been arranged, where people had shared a meal with family members, which everyone had enjoyed.

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

- The home was an older adapted residential home. Since purchasing the home, the registered provider had undertaken a number of improvements, including new windows and flooring.
- They were undertaking a continued programme of refurbishment and planned some building works to extend and improve the home.
- People and their relatives have been involved in decisions about the plans for the environment, for

example, a cheese and wine evening had been held to discuss people's views.

- Some areas were cluttered and used as storage, which we raised with the registered provider. The smaller lounge was better presented on the second day of the inspection.

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 healthcare professionals as needed. Records demonstrated they had been referred to specialists such as speech and language therapists or dietitians when required.
- People told us staff were very good at supporting them with any issues and always called the doctor when needed.
- Oral hygiene was considered and supported by staff. Assessments had been carried out and care plans included details about people's needs, for example, when tooth brushes needed changing. The management team were monitoring this aspect of the care
- An holistic therapist visited the home on a weekly basis to support people's well-being.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments had been completed when people lacked capacity and best interest decisions were recorded where required. We discussed the wording on the assessment forms to ensure it was always clear which decision was being assessed and the registered provider made some immediate adjustments.
- Staff had received training in MCA and asked people for consent to ensure they were able to make daily choices. We saw staff explaining to people what they were about to do and seek consent.
- Any restrictions on people's liberty had been authorised and staff were acting to meet a condition placed on a DoLS authorisation.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 felt well supported by staff who were kind and caring in their approach. Relatives commented, "It's truly a home from home" and "They all seem caring".
- There was a welcoming and homely feel to the home. We observed many positive interactions between people and staff.
- People had built effective relationships with staff. There was a stable staff team and staff were knowledgeable about people's histories and preferences. One relative said, "I feel the staff know (relative) very well and they are very accommodating."
- The provider promoted people's rights and had systems in place to ensure people were not discriminated against. There was a policy and procedure for promoting equality and diversity within the home and staff had undertaken training.
- People's spiritual needs were taken into consideration and a priest visited the home on a regular basis and offered Holy Communion.

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

- People told us they felt staff listened to them and they were able to make routine choices about how they spent their days.
- Staff had involved people and their relatives when appropriate in developing and reviewing their care plans. We saw a positive comment and involvement from a relative in a review record
- Relatives told us communication with staff was good and they were kept well informed about their relatives' care and well-being.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and ensured they were happy with the support they received.
- Staff had a good understanding of how to promote people's dignity and described actions such as knocking on doors and ensuring they were closed during personal care. Care plans emphasised dignity and privacy.
- The provider had purchased clothing specifically designed for people living with dementia to help maintain their dignity, for example whilst having a shower or at meal times.
- Staff had been trained in keeping people's information confidential. There was a locked cabinet in the lounge to store people's care records. However, the key was kept in the lock which meant the records weren't secure. We raised this with the registered manager who acted to ensure the cabinet was kept secure

in future.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care needs were met in an individualised way and they had choices about the way their needs were met. People and relatives told us staff listened and acted on any requests they made.
- Staff had a good understanding of people's preferences and respected their choices. They commented, "It depends on the resident, there's no certain time to get up, we will ask if they're ready, it's their choice." and "We try and respond to people's choices, it's their home."
- Care plans were in place for each person and contained personalised and detailed information about the way people liked to be supported. This not only included information about their physical support needs but also about their likes, dislikes, wishes and things of importance to them. For example, one person tended to feel calmer when staff sang to them.
- Staff kept records within individual weekly booklets of the care provided to people, such as personal care, mouth care or support with eating and drinking. These were well maintained.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication was addressed within people's care plans and steps were taken to ensure people were supported to express their needs. Specialist lighting had been purchased to support a person's vision.
- The registered manager was aware of the AIS and described how this can be achieved within the home. For example, the service user guide was available in larger print and technology could be used if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives were positive about the opportunities available to take part in activities and follow their interests. One person enjoyed knitting and they were supported to do this.
- Two activity coordinators were employed and planned a range of activities and entertainment. For example, several people went to the park for a picnic on the day of the inspection.
- The registered provider had recently purchased an interactive light game specifically designed for people living with dementia and we saw people were enjoying using this.
- People were encouraged to maintain positive relationships with people who were important to them. Relatives were able to visit the home without restriction. They told us they were made to feel welcome and said there was a family feel to the home.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and was displayed in the reception area of the home
- People and relatives said they felt able to speak to the management team at any time or raise any concerns.
- Where any complaints had been made, records were kept which demonstrated they were dealt with appropriately.

End of life care and support

- The home had commenced the nationally recognised 'six-steps' approach to promote good practice in end of life care. The home was also arranging dementia training with the end of life partnership.
- Care plans were in place to support people at end of life, however in some cases we found these could be more detailed and meaningful.
- Other professionals such as GPs were involved in helping ensure people received effective and compassionate care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a registered manager in post, who was also the registered provider. They demonstrated clear values and a strong commitment to putting people at the centre of their care. They were very visible within the home and led by example. A significant number of changes and improvements had been made under the new provider, with further improvements planned.
- Staff were positive about the management of the service. They felt well supported and told us the manager was very approachable. Comments included, "The owner is hands on" and "They are very supportive, we work well as a team."
- People and their relatives were complementary about the management of the service. They told us the new provider seemed very passionate and they were aware of plans to make further improvements to the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered provider ensured CQC were notified of events as required by regulation.
- They were aware of their legal responsibilities and the importance of investigating incidents/events that occurred.

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

- Robust audits were in place and were effective at identifying improvements within the home. Improvements had been tracked through an action plan to ensure they were completed.
- Night spot checks had been undertaken, where issues had been identified these had been addressed and discussed with staff during staff meetings.
- Staff understood their roles and were well motivated, they told us communication was good.
- The management team had introduced procedures to ensure staff practice was monitored and action taken if there were any concerns about performance.
- The registered provider kept staff up to date and reminded them about good practice through a monthly communication. For example, staff had been reminded about the importance of oral hygiene in this month's letter.

Continuous learning and improving care

- The management team were open to suggestions and acted straight away on any feedback provided during the inspection.
- The registered provider had introduced a "policy of the month" which staff were required to read and consider.
- The registered provider had sought the expertise of a registered manager from another location to help develop and prioritise further improvements.

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

- Staff told us they were involved in the development of the service. They had regular staff meetings and were able to add items to the agenda for discussion.
- A satisfaction survey had recently been undertaken and responses were being submitted.
- Information was displayed to demonstrate how the provider had responded to feedback received from a previous survey.
- Residents meetings were held, and a newsletter sent out to keep people up to date with developments.

Working in partnership with others

- The registered provider worked closely with other agencies to ensure good outcomes for people.
- Links had been developed with the community and services to help engage people and support with social interaction.

