The Society of Friends

Woodlands Quaker Care Home

Inspection report

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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?	Good

Summary of findings

Overall summary

This inspection took place on 9 and 10 February 2016 and was unannounced. At the last inspection completed 9 April 2014 the service was meeting all legal requirements inspected.

Woodlands Quaker is a residential home that provides personal care and accommodation for up to 44 older people. The service accommodates up to 35 people in the 'Main House' and up to 9 people in a self contained unit called 'The Spinney'. The Spinney accommodates people with higher levels of dependency, most of whom are living with dementia. At the time of the inspection there were 44 people living at the service and a registered manager was 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 told us that they felt safe living at the service and we found they were protected by staff who could recognise any potential signs of abuse. Risks to people were reduced through the use of risk assessments and effective reporting of accidents and incidents. People received their medicines as prescribed. Staff were recruited safely and background checks were completed for all staff members and volunteers. People were supported by sufficient numbers of staff to keep them safe.

People were supported by a staff team who had received the training and support they needed to carry out their roles effectively. People were supported to understand and consent to the care they received. Where they lacked the capacity to provide consent or make decisions about their care, the principles of the Mental Capacity Act 2005 were followed. People enjoyed the food and drink they received and their nutritional needs were met. People's day to day health needs were met and they were supported to access healthcare professionals where needed.

People were supported by a kind and caring staff team who knew them and supported their individual preferences. People were encouraged to make choices about their day to day care. We saw that people's privacy and dignity were protected by staff and their independence was promoted. People were supported to maintain relationships that were important to them.

People and their relatives were involved in the development and review of their care plans. They received the care and support they needed. People had access to leisure opportunities and plans were in place to further develop the range of activities that people could access. People told us that they were able to raise complaints if they needed to. We saw that complaints were responded to appropriately.

People and staff were involved in the development of the service. The registered manager proactively sought people's views in order to identify areas for improvement. The service was well-led by management and managers made themselves visible and available to people. Quality assurance systems were in place in order to identify and action areas for improvement within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe living at the service and were protected by staff who knew how to identify and report potential abuse. Risks to people were identified and steps taken to minimise these risks. People were supported by a staff team who had been through a thorough recruitment process. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by a staff team who had received the training and support they needed to be effective in their role. People were supported to consent to the care they received. People were happy with the food and drink they received and their nutritional needs were met. People had access to healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by a kind and caring staff team who knew them well. People were encouraged to make choices about their day to day care and activities. The privacy and dignity of people was protected and their independence promoted.

Is the service responsive?

Good

The service was responsive.

People received the care and support they needed. Relatives were involved in people's care where appropriate and people's needs were reviewed regularly. People had access to a range of leisure opportunities. Complaints were listened to and responded to appropriately.

Is the service well-led?

Good

The service was well-led.

People were involved in the development of the service and their views were proactively sought. People were cared for by a staff team who felt supported by the management team. Quality assurance systems were in place to identify and make improvements to the quality of service people received where required.

Woodlands Quaker 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.

This inspection took place on 9 and 10 February 2016 and was unannounced. The inspection team consisted of one inspector and a specialist advisor. The specialist advisor was a qualified nurse who has experience working with older people. As part of the inspection we reviewed the information we held about the service. We looked at statutory notifications sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with eight people who lived at the service and four visitors who were friends or relatives. Some people who lived at the service were unable to share their experiences so 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 spoke with the registered manager, the deputy manager and eight members of staff including care staff, the cook and volunteers. We reviewed records relating to medicines, six people's care records and records relating to the management of the service; including recruitment records, complaints and quality assurance. We also carried out observations across the service regarding the quality of care people received.

Good

Is the service safe?

Our findings

People living at the service told us that they felt safe and that they could speak to staff if they had any concerns. One person told us, "I do feel safe" and another person told us, "I think I could talk to most of [the staff]". Staff were able to describe the signs of potential abuse and knew how to report any concerns about people. We saw that staff had raised concerns about people previously and managers had investigated these concerns.

We looked at how people were kept safe through the effective management of risk in the service and saw that risk assessments were in place. Specific measures were in place to protect people according to their needs. For example, one person with a visual impairment had a call bell on a pendant to ensure that they were able to quickly alert staff if they required assistance. Accidents and incidents were recorded and monitored and evidence of investigations were in place where appropriate. We saw that the registered manager reviewed accidents and incidents in order to identify issues and put additional actions in place to reduce any potential risk to people. For example; the registered manager had identified an increase in the number of falls in one area of the service. A new risk assessment tool was introduced to further analyse the incidents involving a floor map of the area on which incidents were being recorded for detailed monitoring. People were protected by staff who understood how to keep the environment safe within the home.

Most people and visitors told us there were sufficient numbers of staff available to meet people's needs. One visitor told us, "There's always someone around." However, one person said that they weren't always able to have personal care at the time they wanted as staff were busy. Some staff members we spoke with told us that while they felt there were enough staff to keep people safe, they were not always able to spend as much time with people as they would have liked. During our inspection we observed there were sufficient staff available to keep people safe. However, the staff team were very busy which meant call bells were often ringing and sometimes people had to wait for a short period of time for the support they required. Although people were not placed at risk of harm during to these waiting times, staff were not always able to respond as promptly as they would have liked. We spoke with the registered manager about our observations and they advised they would review staffing levels.

People were supported by care staff who had been recruited safely with a thorough recruitment process. We saw that pre-employment checks were completed before staff were able to start work in the service. These checks included reference checks and checks on the staff member's potential criminal history. Background checks were also in place for volunteers in the service.

People told us that they were happy with how they received their medicines and that they got them as prescribed. We looked at how medicines were managed and stored within the service. We saw that medicines were stored safely. Where people administered their own medicines appropriate storage and risk assessments were in place. We looked at people's medicine administration records (MARS) and found that people were receiving their medicines as prescribed. The remaining stock levels of people's medicines matched the quantities that were specified in their medicines records. Staff were able to describe when people might need to be given their 'as required' medicines and how they might communicate these needs.

This information was not always recorded in people's care plans or medicines records, however, staff understood how to meet people's needs.

Good

Is the service effective?

Our findings

People were supported by staff who had received training that enabled them to be effective in their roles. One staff member told us, "We've been given quite a lot of training which is good as it keeps you up to date." We saw that a comprehensive training programme was in place which included further training where specific needs had been identified. Staff told us they were given specific training when people had a diagnosis that might require staff to have additional skills. We saw this reflected in training records. For example, one person had a visual impairment therefore additional training for staff had been arranged. Another person required thickeners to support their nutritional needs and training in this area had also been arranged. We saw that the registered manager had identified a gap in staff knowledge with pressure ulcers and record keeping and therefore further training was being arranged.

All care staff were required to complete the 'care certificate' which is a nationally recognised standard for staff members working in care. Staff told us that the induction for new staff was comprehensive and involved shadowing more experienced staff members. We were told by staff members and the registered manager that 'Care Champions' had been appointed, recognising the standard of their care practice. The Care Champions were involved in mentoring new members of staff. We were told by staff that supervision meetings were held with a manager. We were told that these meetings had not been as regular as they should be in recent months, however, staff told us they were able to speak to a manager whenever was needed. One staff member said, "If I had any concerns I'd go in between the date and ask". Staff had access to sufficient support and training in order to perform their role.

Care staff knew how to obtain people's consent to their care before providing support. People told us that care staff would ask their permission. One staff member told us, "I always say what I'm going to do before I do it. I try to explain. If they say no we don't do it." Where people did not have the capacity to consent to their care, staff told us they would follow the guidelines outlined by managers in the person's care plan. 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. We saw that the registered manager and care staff had completed assessments of people's capacity and were supporting decisions to be made about their care in people's best interests.

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). We saw that where people had been deprived of their liberty in order to protect their health and well being, the required applications had been submitted to the Local Authority.

People's day to day health was supported by care staff who were proactive in monitoring people's health needs and involving health professionals where required. We saw that a number of health professionals visited people living at the service during the inspection, including GP's and the optician. We saw that staff

discussed people's health needs and any specific concerns during staff handover meetings to ensure staff continued to monitor people's needs.

People enjoyed the food and drink that they received. One person told us, "[The food] is excellent and it's well presented and cooked". Another person told us, "I think the food is very good". Where people had special dietary needs we were told and saw that their needs were met. One person told us, "I'm a coeliac. They get me what's needed". We saw this person discussing pancakes that were being served on Shrove Tuesday and heard staff confirm that a gluten free option had been made for them. People told us that they had a range of choices at meal times and we saw that menus were prepared and a variety of options were made available for people in addition to the menu. The cook told us, "Food is a big part of their life. They can have whatever they want. We don't have a say the residents do". We saw that meal times were a social occasion and saw several visitors and volunteers enjoying lunch with people living at the service. A visitor eating lunch with their relative told us that the meal they had eaten had been very good.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "I'm very happy here, well cared for. [Staff] are very caring here. It would be so hard if I weren't happy." Another person told us, "There's no one that's ever spoken in a way that isn't nice. There's not one that I could fault and they're friendly as well." A visitor told us, "It's a cheerful, friendly place". One staff member told us that the best thing about the service was, "The level of care. I always imagine my Mom or Dad being here." We observed positive interactions between care staff and people living at the service. Care staff were knowledgable about people, their preferences and details that made people comfortable and happy in their home. One member of staff described details such as how one person liked their nightwear and socks to be warmed slightly before they put them on.

We saw that people were offered a range of choices about their day to day care and people told us that staff supported them to make choices. One person told us that staff recognised, "Not everyone likes the same thing". The registered manager told us that they recognised people's choices and preferences could change daily and told us, "Today is a new day". One member of staff told us that they supported people to make a range of choices, including choosing their own clothes, where they wanted to sit and what time they went to bed, because it was, "Up to them". We saw choices being made in areas such as food and drink, where people sat and how they wanted to spend their time. We saw that staff knew people well and understood their preferences. One visitor told us, "All staff know the residents well. The care taker and the domestic staff included." People were offered choices around how their rooms were decorated and laid out. Several people referred to their bedrooms as their "place" or their "flat". We saw that people were able to have their own furniture in their rooms and many were laid out in a homely way with side boards and sofas. One person asked us to take a look at their bedroom as it was "the best in the house". We saw that bedrooms had people's personal possessions within them and people were proud of their home.

Staff that we spoke with were able to provide examples of how they would protect people's privacy and dignity. One member of staff said, "[It's] little things like making sure doors are shut and curtains closed." Another member of staff said, "It's important to people not to go down to the dining room in their dressing gown." We saw that people's privacy and dignity was protected by staff. We saw one example of a member of staff asking if she could "borrow" someone who was sitting in the lounge area. When the person queried why, the staff member whispered in their ear, "I need to take you to the toilet". We saw that where people wanted to purchase personal items this was supported by staff in a confidential way that protected their dignity.

People's independence was promoted within the service. One person told us, "They don't pamper you. Independence is good isn't it". One visitor told us, "[My relative] became more independent when [they] came here". They also told us how, "A good home encourages independence." Staff could describe how they would promote people's independence. One member of staff said, "If they can do it we just help. For example, if they can brush their own hair we encourage them to do it". We saw examples of how staff were encouraging people and promoting their independence. This included encouraging people to stand independently, walking and taking part in activities.

People were encouraged to maintain relationships that were important to them. We saw visitors were welcomed into the service and were involved in day to day events such as meal times. The registered manager told us that they liked to involve relatives and friends in meal times, "Because it's important for people isn't it". One visitor told us, "It's lovely that we can lunch with [our relative]". We saw that other facilities were made available to support people to maintain relationships and independence. For example, a post box was situated in the reception area for people to send cards and letters to those living outside of the service.

Good

Is the service responsive?

Our findings

People told us that they received the care and support they needed and that their views were taken into account. One person who had the capacity to make decisions about their care told us that they could be involved in their care plan if they wanted to be. Visitors told us that they were involved in developing and viewing people's care plans where this was appropriate. One visitor told us that the person and their next of kin were always involved in reviews of care received. Staff that we spoke with were able to describe people's individual needs. We saw that care plans were regularly updated by staff and reflected people's needs including their personal preferences. We saw that systems were in place to ensure that staff were aware of specific needs. For example; 'acute care plans' were put in place for specific physical or medical needs. Communication systems were also in place to ensure that staff understood people's changing needs.

People told us that they had access to leisure opportunities. One person told us, "There's plenty to do. Not everyone chooses to do it. We have a walk in the garden…There's a variety. Not everyone likes the same thing." Another person told us, "I think this is a wonderful house to live in. Gardening is my hobby and the grounds are lovely. My [relative] is joining me for lunch today." Several people and their visitors told us about the gardens and how this was important to people. One person told us how they liked to sit in a porch area to see the garden. Some people had raised that they wanted another area to sit in and the registered manager was in the process of arranging for a summer house to be converted for people to use. Staff told us that a range of games, quizzes and entertainment events were organised for people. We saw an exercise session taking place during the inspection that was well attended by people.

A Social Inclusion Coordinator had recently been appointed who told us that they were developing the range of opportunities available for people to become involved in. They told us how they were obtaining people's feedback to understand their individual preferences and said, "It's taken for granted that people all still like Vera Lynn and the war but we've moved on a bit since then." They told us about some of the activities and events that were being organised, including bibliotherapy and poetry reading. We heard one person discussing the poetry at lunch and saying how much they had enjoyed this. We saw that where people wished to practice a religion they were supported in doing so. A Quaker worship meeting and bible study classes were held weekly.

People told us that they felt able to make a complaint if they needed to do so. Most people told us that they had not needed to raise a complaint but felt they would be listened to if they did. One person told us, "If you need to sort something out you'd talk to the staff and they'd sort it". A visitor told us, "You can go into the office if you need to. Nobody will tell you they don't have time". We saw that leaflets explaining how to make a complaint were available in the reception area. Staff that we spoke with knew what action to take if they received a complaint. We saw that complaints were recorded and responded to appropriately. This included complaints received from staff, people living at the service and their relatives. We saw that the registered manager had reviewed the complaints that were received and had recorded 'lessons learned' as a result, indicating how the service would be improved in the future.

Good

Is the service well-led?

Our findings

We found that the management team involved people and the staff team in the development of the service. The registered manager proactively sought the views of others in order to identify areas in which improvements could be made. We saw that feedback surveys were completed and staff and residents meetings were held regularly. Staff members told us that they were given the opportunity to attend Staff Development Meetings that were designed specifically for staff to share their views about the service people received. We were told by staff that their views were listened to and improvements had been made as a result of these meetings. We saw from the minutes of residents meetings that people living at the service were involved in the service. We saw that meetings had included people sharing their views on various areas of the service including the colours that areas of the building would be painted and the activities available to them. We saw that where people had made suggestions, progress was discussed at following meetings. One visitor told us that the management were always making improvements to the service. They told us, "This is a Quaker home so they put the profit back into it. There's always ongoing improvements…You always see [staff] doing a project."

People told us that they felt the service was well-led and they were happy at the service. One person told us, "I couldn't come to a nicer place. I haven't got one complaint. It's a super place." A visitor told us, "[The manager's] very good. [They're] always there if we need to speak". Staff told us that they felt the culture within the service was open and that the managers had developed a committed staff team who worked well together. Staff told us that they were well supported by management. One staff member told us, "You can go to seniors or managers and they'll help you." Another staff member told us, "[The managers] are really approachable and they do listen". The registered manager told us that they were well supported by the committee and trustees who oversaw the running of the service. They told us that the committee were supportive of improvements and we saw that they made regular visits to the service to ensure that the standards of care provided to people were good. Staff knew who the committee were and told us that they could approach them if they had any concerns about the service people received.

The registered manager and their management team had developed a quality assurance system that mirrored the requirements of CQC's inspection framework. We saw that this system was used to identify areas of improvement within the service. Each area was rated as either 'inadequate', 'requires improvement' or 'good'. An 'improvement report' was in place for each area of improvement identified. The registered manager had not yet been asked to produce a 'Provider Information Return' for CQC. This is a report requested by CQC asking for specific information about the service and how it is run. The registered manager had included the completion of this report in their management and quality assurance system and were revising this each month to assess service provision in line with regulatory requirements.

We saw that the registered manager took actions to make improvements where required. This included arranging further staff training in some areas. We saw that where one concern about infection control had been identified, a specialist from the Local Authority had been invited to speak at a management meeting to assist in driving improvements. We saw that a representative from the committee that were responsible for providing the service attended each month to complete audits on a range of areas in the service. This

included people's satisfaction with the service they received, care plans and medicines. We saw that there were some areas in which the registered manager could further improve their quality assurance system. For example, they were not currently keeping a central record of any safeguarding referrals for monitoring and audit purposes. They also were not compiling a central record of actions identified through various tools into one overall improvement plan to track the completion of these actions.