

Devon County Council

Woodland Vale

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

About the service: Woodland Vale is a residential care home that provides accommodation and personal care for up to 20 older people. At the time of the inspection there were 18 people using the service. The home specialises in caring for people living with dementia.

People's experience of using this service: People received a service which fully promoted their wellbeing. Staff understood that the feelings of safety, value and respect were paramount to delivering person centred care, and having a happy home. Staff were knowledgeable and skilled and took great pride in making people's lives as good as possible, taking people to the cinema, for example.

People's health and care needs were met and their care planned in detail with family or health care professionals, making decisions in people's best interest. The standard of care planning was exceptionally high. It provided detailed information about the person, from which staff could learn and develop ways to deliver what could make each person's life as good as possible.

People knew staff well, responding to them with a smile and sometimes fun and laughter.

The design led dementia friendly environment promoted people's independence and feelings of wellbeing.

Staffing numbers were under regular review through looking at people's level of dependency, from which staffing decisions were made. Where necessary, additional staff had been deployed.

Health care professionals said they had no concerns at all. One said the care was excellent. Medicine management was safe and medicine use was kept under regular review.

There was effective leadership supported through a strong provider overview. People's views were sought and actions taken to improve where possible.

People's safety was fully promoted. All aspects of the service were under regular review.

Activities were provided which people identified with and enjoyed. Relationships with family and the community were promoted.

The service was very clean and fresh and the premises were well maintained.

People received a nutritious diet in a relaxed and supportive atmosphere.

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

Rating at last inspection: Good (June 2016)

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

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.

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?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Woodland Vale

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. 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:

The inspection was carried out by one inspector, a specialist advisor who was a general nurse 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. The expert by experience's area of expertise was services for older people.

Service and service type:

Woodland Vale is a care home. 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. On-site is a day centre. The day centre was not part of this inspection as it is not a registered service.

The service had a manager registered with the Care Quality Commission. This means they and the provider are 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 June 2016. 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 sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

People using the service were unable to tell us about their experience of living at Woodland Vale and so we used a number of different methods. This included undertaking observations of the interactions between the 18 people and staff. We also used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with three relatives and seven members of staff, including the registered manager. We saw a survey for families, dated 2018, which included the family's comments about the service. We reviewed six people's care and support records, six medicine records and two staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

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.

Staffing and recruitment

- ☐ At the inspection June 2016 we found that staffing levels were only sufficient to meet basic care needs. This inspection found staffing had been reviewed and improved with a fifth member of the staff team on duty throughout the day. This was under regular review.
- ☐ Staff expressed concern that the staffing changes might be reversed but said the improved staffing numbers had made sufficient difference for them to provide the level of care they felt was required. The registered manager acknowledged their concern, but said they were very careful to match what the service could offer to prospective admissions so that people's needs would be met appropriately.
- ☐ We saw care interventions being provided in a timely manner.
- ☐ A health care professional who visits the service daily felt there was a good ratio of staff to people using the service.
- ☐ Recruitment was undertaken following Devon County Council policy and procedure which ensured people were protected.
- ☐ Staff had the required checks completed prior to starting work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff were knowledgeable in how to protect people from the risk of abuse and how to respond if they had any concerns.
- ☐ Policies and procedures were in place to promote good practice in safeguarding people.
- ☐ Referrals had been made to the local safeguarding authority when appropriate. Actions had been taken to safeguard people.
- ☐ Where any form of restriction was in place, such as movement monitors, this followed discussions and agreement with relevant people, such as health and social care professionals, and people's family.

Assessing risk, safety monitoring and management

- ☐ Risk assessments were in place for people. Risks to people's health and welfare were assessed and mitigated with as least restriction as possible.
- ☐ Equipment and the environment were regularly checked. Servicing and maintenance were up to date.
- ☐ The premises were in a safe state; well maintained.
- ☐ There were arrangements in place should an emergency, such as a fire, take place.

Using medicines safely

- ☐ People's medicines were under regular review.
- ☐ Medicines were stored, administered and disposed of safely.

- Where medicines were to be administered 'as required' staff had detailed information from which to ensure a consistent approach.
- Senior staff received the training they needed to administer medicines safely.
- Regular medicine audits helped to ensure good medicine management.
- Covert medicines, to ensure people received them as needed for their welfare, were used. This was only done in people's best interest and with GP agreement. However, to date the pharmacist had not been included in the decision-making process, which would then include their specific knowledge of the medicine.

Preventing and controlling infection

- The premises were very clean and fresh.
- Systems were in place for laundry, cleaning and the kitchen area to ensure infection control risks were minimised.
- Staff were trained to protect people and themselves from infection and cross contamination. They had the protective clothing required to do this.

Learning lessons when things go wrong

- Accidents and incidents were reported, recorded and an overview helped to reduce accidents. Only one serious accident had occurred in the previous 12 months.
- Staff worked to promote safety. They had written to each GP requesting clarification of how to use topical medicines when prescribed. A copy of each clarification was now available for staff to follow.

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.

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

- ☐ The premises were designed in line with research based best practice in dementia care. This helped people maintain their independence and feelings of wellbeing.
- ☐ Equipment was chosen to help people maintain their independence. For example, eating utensils and crockery were very colourful, textural, and so easy to identify and handle.
- ☐ The premises were light, airy, had a variety of pleasant, shared spaces and a safe and pleasant courtyard garden.
- ☐ A variety of private lounge areas were available to provide private space, such as for meeting family members.

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. We found there was a good understanding of how to protect people under the legal framework of MCA and DoLS. The registered manager followed all of the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations. Staff ensured that people were involved in decisions about their care where possible. Capacity assessments had been completed for people and decisions made in their best interests were recorded.

Staff support: induction, training, skills and experience

- ☐ Staff were complimentary about the training they received. Their comments included, "Excellent. Spot on."
- ☐ New staff received an in-depth induction when they began at the service. This included orientation to the service and shadowing a more experienced staff member.
- ☐ Staff received training in conditions relevant to people's health care needs. This included, a specially

designed environment which set out to replicate some of the difficulties individuals with dementia might experience. Staff found this gave them a better understanding of how people with dementia might experience their environment.

- ☐ Staff were encouraged to progress in their career.
- ☐ Staff received regular supervision of their work, and appraisal, so they could deliver care to the expected standard.
- ☐ Staff felt fully supported.

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

- ☐ The menu was designed by the registered manager and the two cooks with the aim to provide a variety of different meals.
- ☐ There was a good balance of different foods available to people, sourced locally.
- ☐ Staff ensured people were provided with sufficient diet and fluids, alternatives being offered. We saw a staff member encouraging a person with three different pudding options.
- ☐ Staff recorded what people ate and drank so they could monitor this and follow up on any concerns.
- ☐ Mealtimes were relaxed and unhurried. People were fully supported to eat and enjoy their food.
- ☐ All staff received training in how to promote safety where people had swallowing difficulties. They were skilled in protecting people from choking.

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

- ☐ A health care professional said, "Staff work with us and follow through on guided/recommended treatment programmes... and advice."
- ☐ Four health care professionals gave positive feedback about the service. None had any concerns.
- ☐ Referrals to other agencies were said to be relevant and appropriate.

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

- ☐ People were assessed in detail prior to arriving at the service. This ensured their needs were understood and could be met. One relative said, "Its first-class care here... before (the person) came here the manager wanted to know all about her past, her husband, her hobbies."
- ☐ People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion, diet and gender preferences for staff support. Care plans included depth of personal, relevant information from which appropriate care could be delivered.

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

- ☐ One person's family said, "The night staff had to call the paramedics, they kept me fully informed, I am really happy with the care provided."
- ☐ People were supported to have regular health care checks, such as eye, dental and hearing.
- ☐ In a 'Family Feedback' survey in 2018, people's family were asked, 'Do the staff look after the person you care for well?' Six said, 'always' and three said, 'most of the time.' However, a GP said, "I think they are excellent. I would be happy to place a family member there."

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; equality and diversity

- ☐ All observation showed staff to be kind, respectful and compassionate. People smiled when interacting with staff and shared banter, fun and laughter.
- ☐ Staff had developed positive relationships with people. For example, when we observed a medicine round it was very relaxed, yet safe. The staff member clearly knew each resident, and them her.
- ☐ A visitor said, "The staff are wonderful, very caring, amazing with the residents. They are so kind. I have never seen staff frustrated or impatient."
- ☐ Compliments about the service included, "I would like to thank everyone from the bottom of my heart... you showed so much compassion... I know (the person) was happy. When (the person) could no longer respond I know he recognised your voices."
- ☐ A GP said, "They are caring and offer a personalised service."
- ☐ Recognising people's diverse needs, staff supported male residents to attend the onsite day centre, where they met other men who they could relate to and engage with.

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

- ☐ Most people were unable to express their views verbally but did so through facial expressions, body language and behavioural patterns.
- ☐ Staff were adept at understanding how people felt and whether they felt positive or negative about their care and support. Staff responded quickly to any negative feelings.
- ☐ People and their relatives were consulted about their care.
- ☐ Resident and family meetings were held, where views were expressed and opinion taken into account.
- ☐ Creation of a quarterly newsletter for families and friends helped to maintain important contacts.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff preserved people's dignity and promoted their independence.
- ☐ We observed staff supporting people in a calm and unhurried manner. They talked to people, reassuring them and gave clear instructions. Staff were gentle and ensured people were supported in a dignified way.
- ☐ People had a private bedroom and en-suite. Their rooms were very personalised and homely. People had the option of keeping a key and locking their room if they chose.
- ☐ Staff respected people's private space.

Is the service responsive?

Our findings

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

Services were both, tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. Staff put much effort into ensuring people's interests and needs could be met.

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

- ☐ An agency staff member said, "This is more like a family, it's the best home I've ever worked in. It's their approach, listening, talking, lots of encouragement. Dignity...nicely spoken, making sure people have enough fluids. The residents are always first."
- ☐ One person liked taking things apart and so staff gave them an old tool box. Their family said, "Dad loves it."
- ☐ One person had become preoccupied with numbers. Staff found out that this related to their occupation. They provided the person with a book and numbers so they could spend time booking the numbers in, which the person found satisfying.
- ☐ Care plans were very highly personalised, with very specific information on each person identified prior to admission and subsequently integrated into the person's care plan. The information related to people's physical, emotional and social needs, and ensured risk was managed with the least restriction possible for their safety.
- ☐ Activities were provided which would help people tap into happy memories. For example, nine residents were taken to the cinema to see Mary Poppins. This had involved staff giving their own time and arranging families to help. People had enjoyed the film. They knew the story and the songs, and joined in.
- ☐ Aids to people's wellbeing were provided, to help some people feel settled and happy. For example, 'comfort dolls' weighted to feel like real babies, were available and used.
- ☐ Staff organised a wedding week. This included cake making, flower arranging, and a wedding display of fashion through the past 50 years. Staff brought in their dresses to share and show the residents.
- ☐ Staff identified that a room at the end of one corridor was causing confusion for some people who moved around the home. After some research it was agreed that the door would be wallpapered with paper that had spines of books on display. From a distance this door now looks like a bookcase, which has reduced this confusion.
- ☐ People and staff built "the guy" for the local firework display.
- ☐ A relative said, "They had a singer here yesterday, they were encouraged to dance. Everyone was smiling and clapping."
- ☐ Another relative said, "There are always activities going on."
- ☐ Staff said that a person that visits provides hand massage. Several staff members brought in their pets, including a chicken, rabbit and guinea pig.
- ☐ Each year people can see chicks hatch, as an incubator is brought in and people can help look after the eggs and then enjoy the chicks.
- ☐ Some people liked to help in the kitchenettes, washing up for example.
- ☐ The provider complied with the Accessible Information Standard. The Accessible Information Standard is

a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns

- ☐ People and their representatives were fully informed about how to complain if they had any concerns about their care or the service.
- ☐ The Care Quality Commission has received one, anonymous concerns about the service. This was investigated fully by the registered manager in line with the service procedure.

End of life care and support

- ☐ Staff showed care and compassion about people's end of life care. For example, from the January 2019 staff meeting it was recorded, '(The person) is spending more time in bed, and (a different room) is a brighter room for them, with a low level look over the garden.'
- ☐ Two staff members completed a nine-month programme, called the Gold Standard Framework. This provided them with knowledge and skills to support people and their families and colleagues in managing end of life in a positive way. Two staff are Woodland Vale end of life champions, which means they take a lead to maintain standards in end of life care.
- ☐ A health care professional said, "No concerns at all. Its good care."
- ☐ People's end of life choices were recorded and those requests were followed through to the best of staff's ability.

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.

Working in partnership with others

- ☐ A health care professional said, "The management team respond to our advice and recommendations, and are alert to the need for communication with our team."
- ☐ Staff joined colleagues at North Devon District Hospital in a joint apprenticeship scheme, which saw three students have six months working in three different location, including Woodland Vale. At the end of the 18th month the candidate would have achieved a level 2 qualification and be offered a permanent place in any of the locations.
- ☐ Staff had joined the "Proud to Care" campaign. Parts of this work involved staff attending career days at local schools. They shared their story and experience of the industry.
- ☐ The service supports a career week with colleagues from the NHS.
- ☐ The service had developed links with local organisations. For example, the local arts centre, activity providers, local schools and with families. This helped people stay engaged with meaningful activities and maintain contacts with the people they cared for.

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

- ☐ The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of how the service is provided. The registered manager was completing level 5 in health and social care with all specialist units in the course being associated with dementia care. They had also completed the 'Dementia Care Matters' and 'Butterfly Project' and Plymouth University dementia led studies.
- ☐ A health care professional said, "No negative feedback – If you ever need a care home, this is it."
- ☐ Staff and people said there was a positive atmosphere and culture. One staff said, "I love it here it is fantastic." All staff felt the service was well-led.
- ☐ All aspects of the service were audited and closely monitored at local level and through the provider organisation.
- ☐ The provider had displayed their assessment rating at the service and on their website, as they are required to do.
- ☐ Notifications were submitted as required.

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

- ☐ There was a current initiative to look at the values which were considered vital to provide high quality

care. These included: positive experience, individuality, laughter and self-worth. This showed the service continued to reflect on the standards provided and how they could be improved.

- The service aim was to provide the best possible outcomes for people using the service, who live with dementia. To this end the environment had been adapted, based on the Stirling University research based guidelines. This helped people maintain their independence and live in a safe and pleasant 'home'.
- The service had moved to recording all its records electronically, implementing the personal centred software system. They said this increased the accuracy and the amount staff had to record. Staff said this had taken some getting used to but it was now easier for them to access information and record the care provided.
- The provider organisation maintained a close overview of the service and standards. For example, in a resource manager residential review, January 2019 it was found that the Business Continuity Plan was up to date but it was not clear from records who had Lasting Power of Attorney in place. An action plan was in place to correct this.

Continuous learning and improving care

- To promote safe working, 200 GP letters had been sent a request for clarification regarding topical medicines they had prescribed.
- The service used research based learning to improve care and safety.
- Systems were in place to ensure information was effectively communicated through the staff team. For example, verbal and written handovers, a diary with appointments, and a message book with actions to take.
- Incidents and accidents were discussed at regular staff meetings toward continuous improvement. Examples included, providing care during each changeover of shift and supporting and managing staff.
- The registered manager used all feedback to look for ways to improve the service and followed up on any actions required.

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

- A relative's survey was completed in 2018. Results were mostly positive. Where not positive this was followed with a time related action plan.
- Regular meetings were held with staff and people using the service and their representatives.
- A staff member said, "Communication can always be improved but I think it is good, and improving."
- The provider organisation was fully aware of equality and diversity, with policies and procedures in place for reference.